

Министерство Здравоохранения и Социального развития РФ
Амурская Государственная Медицинская академия
Студенческое Научное Общество
Ministry of Public Health of Russian Federation
Amur State Medical Academy
Student Scientific Society

He who knows no
Foreign language does
Not know his own one
J.W. Goethe



СБОРНИК ТЕЗИСОВ

**17^Я НАУЧНАЯ СТУДЕНЧЕСКАЯ
КОНФЕРЕНЦИЯ НА
ИНОСТРАННЫХ ЯЗЫКАХ**

**ABSTRACTS
17th SCIENTIFIC STUDENTS
CONFERENCE IN FOREIGN
LANGUAGES**

17 ДЕКАБРЯ 2007г.

Благовещенск 2007

Science is the effort to discover and increase human understanding of how the world works. On the one hand, through controlled methods scientists use observable physical evidence of natural phenomena to collect data and analyze this information to explain what and how things work. On the other hand, science is nothing but the faith, the faith that human brain can order the external reality. What is the science then?

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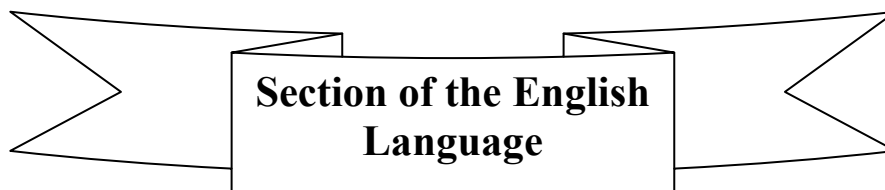
Сборник тезисов докладов 17^й студенческой научной конференции на иностранных языках под редакцией председателя Совета НИИРС АГМА проф. Е.А. Бородин.
Благовещенск 2007г.

Сборник тезисов докладов 17^й научной студенческой конференции на иностранных языках содержит тезисы 95 докладов, заслушанных на трёх секциях:

- Английского языка
- Немецкого языка
- Французского и латинского языков

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Section of the English Language

1. THE AGEING IN JAPAN

Sun W—the 3rd grade postgraduate school student

Nowadays, Japan has been a nation with the highest life expectancy in the world (78.6 years for men; 85.5 years for women) and population aging is proceeding. Up to 2007, over 20% of the population is the elderly people. Moreover, changes of social structure, including longer lifetime and decreased birth rate, are expected to increase the number of the elderly.

The ageing issue in Japan is not only confined to the increase of the number of the elderly, but also aggravates the composition of the aged population. With aging, the number of the people aged ³ 75 years increases rapidly in Japan. Particularly among women, half of the aged population composes the elderly women aged ³ 75 years at the present. Even among men, this percentage is also close to 40%. These facts together with the proceeding of aging increase the likelihood that the people aged ³ 75 years could potentially make up the majority of the aged population in Japan.

In addition, ageing also results in the increase of the elderly living alone, a particular population with a greater risk of disability, mental problems and cognitive decline than the elderly living with a spouse or with others. The longer lifespan together with the decreased birth rate and increased mobility of the younger generation seems to be able to accelerate the increase of the elderly living alone.

However, the incidences of disability and bedridden increase inevitably with age. Among the elderly Japanese, there are millions elderly suffering bedridden and senile dementia at the present and these numbers are expected to increase two times up to 2025. Even for the non-disabled elderly, over 40% of elderly complained the subjective symptoms and near 20% of elderly reported to be impacted in their daily lives because of functional disability in 2004, and these responses were more frequent in the old-old people than in the young-old people.

Correspondingly, the budget that Japan provides for supporting the elderly has to increase. All the attentions are mainly focused on the health care & social welfare and offering employment for the elderly to increase their income. However, with the proceeding of aging, it must result in a great burden on society.

All above facts suggest that health promotion of the elderly, aiming at the independent later life, could be crucial for preventing the future great social burden in Japan.

2. IRIDODIAGNOSIS

Gerasimenko D – the 2nd year student

Scientific leaders – ass. L.G. Zherepa, M.M. Teplishcheva

Everyone knows the expression "the eyes are the mirror of the soul". But are the eyes the mirror of the body as well? The method of iridodiagnosis proves that every formation (color, tissue, spot and stripes) in the iris has its special meaning. These formations are connected with the internal organs. You have a chance to recognize the dysfunctions of different organs and possible future problems if you use iridodiagnosis in your medical practice.

Iridodiagnosis began in Hungary in 1861 when Ignatz Peczely found an owl with a broken leg. He noticed a dark stripe in the owl's iris. After nursing the owl's leg, he was surprised that the black stripe changed into the white lines. When Ignatz Peczely became a doctor, he began to realize that his patients had similar irregularities in their irises. The differences depended on the type and stage of illness.

Our eye is divided into 80-90 zones and every zone is the projection of one part of the human body.

For example, the zone corresponding to the kidney is in the lower part of the iris, just before 6 o'clock.

With the help of this method, a specialist can recognize:

- 1) Toxins and their locations
- 2) Stages of inflammation
- 3) The level of health
- 4) Biochemical deficiencies

The principles of iridodiagnosis:

The left eye corresponds to the left side and the right eye corresponds to the right side of body. We know that the higher organs (brain, thyroid) are at the top of the iris and the lower organs (kidneys) are at the bottom.

If you want to know about your health, you have to pay attention on your layers, spots, rings and the color of your iris.

Iridodiagnosis can be practiced in several different ways: the first way is "person-to-person" and the second – with the help of computers.

I am sure that iridodiagnosis shouldn't be used alone but if you'll use it with other medical sciences, it will give excellent results!

3. THE STATE OF THE THYROID GLAND ACCODING TO THE DATA OF ULTRASOUND DIAGNOSIS IN THE CONDITIONS OF STRUMOUS ENDEMICIA

Kravchenko O.- the 4th year student

Scientific leaders: prof S.V. Narishkina, ass. O. A. Tanchenko, A.I. Rudenko

The problem of exposing the diseases of the thyroid gland is the urgent one especially in the conditions of the Amur Region, which is the center of the strumous endemia due to the geochemical features.

We examined the inhabitants of the Amur Region in connection with the spread of struma defined by palpation with the subsequent control.

102 persons at the age of 19-29 years old were observed. Of them 54 (53%) persons were women and 48 (47%) persons were men.

They have been living in the Amur Region on the average for 7 years.

Ultrasound examination was carried out according to the standard method with the data unit 7, 5 m Hz with the determining of length, width, thickness and size of each lobe of the thyroid and thymus. The diagnosis of struma was determined in 36% of cases by palpation, of them were 8 (22%) men and 29 (78%) - women. On the average the size of the thyroid gland was $12,63 \pm 5,91 \text{ mm}^3$ in men and $11,73 \pm 5,22 \text{ mm}^3$ - in women.

The increase of the sizes of the thyroid gland was defined in 59% of cases (in women - more than 18 mm^3 , in men - more than 25 mm^3).

Tendency to the primary increase of the left lobe sizes of the thyroid gland was revealed.

The reliable correlation between struma defined by palpation and the size of the thyroid gland was revealed.

When palpating the thyroid gland the presence of nodes was supposed to be in 11 cases.

By sonography the exposure of nodes in the thyroid grand was higher and formed 15, 7% from all examined persons.

And also solitary small nodes predominated in women.

During sonograph investigation all the nodes had hypoechogenic structure. The normal echogenicity of the thyroid gland tissue was registered in 98 (96%), higherechogenicity - in 1 (1%) and low echogenicity - in 3 (3%) of the examined persons.

Homogeneous echostructure was marked in 81 (79%) cases, heterogeneous - in 21 (21%). Heterogeneity and hypoechogenicity of the thyroid gland tissue may be considered as the signs of autoimmune affection. Such changes were determined in 21% of the examined persons.

4. HISTIOCYTOSIS X .

Dimova E. – the 6-th year student

Scientific leaders: Goborov N.D., Teplishcheva M.M.

Histiocytosis X – the group of multi symptomatic diseases which have one common feature: the tissue lesion by cellular infiltrates which contain the Langerhans' cells and form granulomas in different organs.

Histiocytosis X is classified into the following types by the number of involved organs:

1. The Hand-Schuller-Christian disease. Originally this term meant a triad of pathological conditions: exophthalmoses, skull lesion and diabetes insipidus. Now this term is used as a description of multiple organs lesion.
2. The Letterer-Siwe disease represents the acute form of generalized multisystem histiocytosis. This form can develop only at early childhood and usually comes to a lethal outcome within 1-2 years.
3. The term « Eosinophilic granuloma» means the disease which involves only one organ (skin, bones or lungs). The pulmonary histiocytosis X develops mostly.

Etiology of histiocytosis X is unknown. Many authors specify the connection of disease occurrence with smoking (active or passive). Autoimmune, infectious and hereditary factors are not excluded as well.

Clinical manifestation of the disease are nonspecific and depend on organ involved. For example, pulmonary lesion finds itself with a desiccated cough, sometimes - short wind, fever, weakness, decrease in weight are observed. Brain lesion manifests by appropriate zone clinical disorders, the diabetes insipidus develops every so often.

Diagnostics:

1. Clinical and biochemical tests of blood in the majority of patients remain within the normal limits, sometimes there is the increase in speed of erythrocyte sedimentation rate and moderate leukocytosis.
2. X-ray methods of diagnostics are rather informative. Pneumonography shows the widespread lesion of both lungs in a form of small-focal, interstitial disorders (or mixed variants), cystous cavities. On roentgenograms of bones infiltrates take place and in some cases (in a case of hypophysis lesion), ephippium destruction. The most informative radiological method - high-resolution X-ray tomography.
3. Biopsy is used for morphological verification of diagnosis in a case of contra-indications absence. In biopsy material the Langerhans' cells are found.

Treatment:

The refusal of smoking

Glucocorticoid therapy (6-12 months)

Cytostatic therapy in a case of glucocorticoids inefficiency.

Antibacterial therapy in a case of broncho-pulmonary infections exacerbation (pulmonary histiocytosis).

5. AFTER MY SUMMER EXAMS

Dobrovolskaya D. – the 4th year student

Scientific leaders: prof. Borodin E.A., Gudkina T.A.

The medical college of Osaka invited the students of ASMA to visit Japan again.

This trip was from the 16 of July till the 7 of August.

Certainly we had already known some information about Japan, its culture, customs and habits. We had already had the experience to meet and talk with their students. But it was the first we went to Japan to see and feel all the beauty of the country of the rising sun.

The building of the college is modern. It is connected with the hospital. The students study the same subjects as our students do. They study for 6 years, then they get postgraduating education.

We attended the anatomy's department, where the professor told us about cell's apoptosis. We also visited the hospital, the sections of obstetrics, internal medicine, neurosurgery, ambulance and others.

We examined the patients and saw operations. The medical technology, which doctors use, surprised us. The Japanese doctors professionally use it.

We also visited the nurse's school, where we took part in the traditional tea-ceremony.

On weekends we and Japanese students went to see the places of interest of Osaka, looked round neighboring cities Kobe, Kyoto. In Kobe we took the ship-trip, where we had holiday-supper. We also visited the wine plant and tasted "Suntory" whisky.

But the most impressive event was the international medical symposium. We took part in this work, reported about our academy, our city's life. The reporters were from China, Iran, the USA, Japan. The members of this symposium received the certification.

In conclusion, the student's exchange between our countries gives the possibility to know about new methods of treatment, technology, to make friends and widen the horizon.

6. DESTRUCTIVE TOTAL CULTS

Chekmarov M. – the 5th year student

Scientific leaders – ass.professor Dudin I.I., Mineeva N.S., Teplishcheva M.M.

Total cults is an authoritarian organizations aimed at power over their followers and keeping their real aims under the religious, sanitary, educational, psychotherapeutic, scientific and other masks.

The main signs of the total cult:

- Esoteric breach
- Cult of the leader or the organization
- Special values of the group
- The "cut-factors" (clothes, food, day regimen etc.)
- Phenomenon of the polar world "Cult - The rest world"
- Special language of the total cult
- Apocalyptical orientation

The control over the followers' minds are conducted in three stages: 1. Unfreezing 2. Transformation 3. Freezing.

Classic methods are: group pressing and "bombing by love", isolation (direct or indirect), techniques of the mental stopping, sensory overload, infiltration all life spheres by the cult doctrine.

So the destructive cult realizes:

- Control over the behavior
- Control over the emotions
- Control over the language
- Control over the information

All these factors lead to the psychological, sometimes physical, isolation from the rest world, transformation of the person, creation of the background for the appearance and manifestation of the mental diseases.

The question of the total cults lies in the area of the numerous spheres – theology, medicine, jurisprudence, policy and economy, so only the effective cooperation can really solve the problem.

7. CLINICAL SYMPTOMS OF SYPHILIS

Prishchepa Y.A.– the 5-th year student

Scientific leaders – Assist.Prof N.E..Melnichenko, V. D Yegorova

The problem of syphilis is very important in our region because there are 1420 of new cases with syphilis in 2006. Thus it is 161,7 cases per 10 000 of people. Treponema pallidum is the microorganism that causes syphilis, a chronic systemic venereal disease with multiple clinical manifestations. Syphilis is transmitted by 3 ways, either by intimate contact with infectious lesions or blood transfusions (blood collected during early syphilis), or it is transmitted transplacentally from an infected mother to her fetus.

Syphilis is characterized by episodes of active disease (primary, secondary, tertiary stages) interrupted

by periods of latency. Syphilis is sometimes called "the great imitator" because it has so many possible symptoms, and its symptoms are similar to those of many other diseases. The first symptom of primary syphilis is often a small, round, firm ulcer called a chancre ("shanker") at the place where the bacteria entered the body. This place is usually the penis, vulva, or vagina, but chancres can also be developed on the cervix, tongue, lips, or other parts of the body. Usually there is only one chancre, but sometimes there are many of them. Nearby lymph glands are often swollen. The chancre usually appears in 3 weeks after you're infected with the bacteria, but it can occur at any time within 9 -90 days after exposure. The chancre disappears within 3 - 6 weeks whether or not the patients are treated. If, however, primary syphilis is not treated, the infection moves to the secondary stage. Most people with secondary syphilis have a non-itchy skin rash. Although the rash is usually on the palms and soles, it may cover the whole body or appear only in few areas. The rash appears within 2 - 10 weeks after the chancre, generally when the chancre is disappearing or it has already disappeared. Other common symptoms include sore throat, headache, and swollen lymph glands. Less frequent symptoms include fever, aches, weight loss, hair loss, aching joints, or lesions in the mouth or genital area. The lesions of secondary syphilis contain many syphilis bacteria, and anyone who has a contact with this patient can get syphilis. Like primary syphilis, secondary syphilis will disappear even without treatment. Without treatment, however, the infection will move to the next stages.

The latent stage of syphilis begins when symptoms of secondary syphilis are over. In early latent syphilis, the patient has no symptoms but the infection remains in his body. He can infect a sexual partner. In late latent syphilis, the infection is quiet and the risk of infecting a sexual partner is low. If the patient doesn't get treatment for latent syphilis, he will progress into tertiary syphilis, the most serious stage of the disease.

Even without treatment, only a minority of infected people develops the awful complications known as tertiary, or late, syphilis. In this stage, the bacteria will damage heart, eyes, brain, nervous system, bones, joints, or almost any other part of the body. This damage can happen for several years or even decades after the primary stage. Late syphilis can result in mental illness, blindness, deafness, memory loss or other neurological problems, heart disease, and death. Late neurosyphilis (brain or spinal cord damage) is one of the most severe signs of this stage.

8. ANOMALIES IN THE DEVELOPMENT OF DIGESTIVE ORGANS.

Maslenikova K. – the 1-st year student

Scientific leaders – ass. Zherepa L. G., Posokhova A. A.

During organogenesis different developmental anomalies which do not lead to functional derangements after a child's birth and do not require urgent operative intervention may appear. Developmental defects that are revealed by functional arrangements, incompatible with the child's life at times are found more seldom that is why operative interventions are performed for their removal. There are some kinds of anomalies in the development of digestive organs: developmental defects of an esophagus (aplasia, atresia), common dorsal mesentery, uninosculation of rudiments of the pancreas, a reserve position of organs (abdominal or total), the absence or narrowing of anal orifice and others.

Developmental defects of an esophagus. Esophagotracheal fistulas are found more often. They appear in the result of incomplete division of an intestinal tube and trachea. As a rule, if there is fistula, the anastomosis is situated high – at the level of the seventh cervical and the first thoracic vertebrae, i.e. in the place of the rudiment of respiratory organs, on the border with cephalic and anterior intestines. The presence of fistula is accompanied by aspiration of fluid and food into respiratory tracts and leads to the appearance of respiratory pneumonia. Such defects of an esophagus as aplasia and atresia are found more seldom. Aplesia is partial or full absence of an esophagus, when a fibromuscular cord is formed instead of the tube.

Common dorsal mesentery. In the embryonal intestine a common dorsal mesentery is preserved along the whole length of the intestine till two months of the intrauterine development. In dogs and cats it is preserved for the whole life as the turning of an ascending knee of the intestinal tube does not occur. In man a mesentery is reduced in the tract of duodenum, ascending and descending colons. This adaptation appears in man in connection with the vertical posture of the body for the restriction of intestines' mobility. In animals the abdominal wall is not anterior but inferior, that is why organs are not differed by such a great mobility. If a common dorsal mesentery is preserved in a man, volvuluses appear quite often.

Two extreme forms of vermiform process – a very long one (up to 20-25 cm.) and its complete absence.
Two extreme forms of the length of sigmoid colon's mesentery – megamesosigma and micromesosigma (its complete absence is possible).

Two extreme forms of the length of the small intestine's jejunal-iliac loop – too short and too long. Absorption of food's cleavage products is decreased in the too short small intestine, a person remains very thin even if he is well fed. There is a tendency to stoutness in the too long small intestine.
Uninossulation of rudiments of the pancreas, i.e. there are cases when besides the main gland situated retroperitoneally there are lobules between the layers of ventral mesentery or directly in the wall of the stomach.

A reverse position of organs (abdominal or total). This anomaly is seldom found. It happens in the result of rotation of the intestinal tube not from left to right but the other way. In the result all organs of gastrointestinal tract are situated smoothly. As a rule, the function of organs is not broken but if there is pathology, doctors have difficulty in making a diagnosis.

9. URINARY INCONTINENCE IN WOMEN: PROBLEMS AND SOLUTIONS.

Gorin A. – the 5-th year student.

Scientific leaders: Ass. Prof. Gorlenko V.N., Teplishcheva M.M.

Urinary incontinence (UI), defined as the involuntary passage of urine per urethra, can be divided into four clinical entities, as defined by the Agency for Healthcare Research and Quality's clinical practice guidelines. These are stress incontinence, urge incontinence, mixed stress and urge incontinence and overflow incontinence. Recent estimates of the societal costs attributable to urinary incontinence are as high as \$26.3 billion in the over-65-year-old population alone. Others have estimated the current costs of urinary incontinence to be \$16.3 billion, with 76% of those costs attributable to female incontinence. In spite of the actuality of this problem the current etiology is still unknown, but there are a lot of risk factors: age, heredity, obesity, pregnancy, tobacco use, African- American race.

Prevalence of UI: in a study of 1250 women between the ages of 18 and 44, Turan found the prevalence of urinary incontinence to be 24%. Fitzgerald and colleagues sent a urinary incontinence questionnaire to 2000 women who were randomly selected from a population of 4000 employed women, the response rate in this study was 57%.

Health-related quality of life (HRQOL): using the Nottingham Health Profile, Grimby, et al. (40) measured general HRQOL in 120 elderly women (mean age 75.4 years) with urinary incontinence. As a comparison group, 313 age-matched women without urinary incontinence also completed the questionnaire. They found that incontinent women experienced greater emotional disturbance and social isolation than the age-matched controls. Haggland et al. used a population-based approach to assess the impact of stress and urge incontinence on HRQOL (as measured by the SF-36) in Surahammar, Sweden. HRQOL data were available in 596 women without incontinence, 440 women with stress incontinence, and 71 women with urge incontinence. Incontinent women, regardless of type, reported significantly lower general HRQOL scores in all eight domains of the SF-36.

Advances of modern surgical urology in treatment of stress and combined UI: before the development of TVT operation (Tension free vaginal tape) there were only few surgical operations – the Marshall-Marchetti-Krantz (MMK) procedure (1944). In review of Mainprize and Drutz (56 articles about the MMK) overall complication rate was 21.1% with 5% wound complication rate, a 3.8% urinary tract infection rate, and a 2.5% incidence of osteitis pubis; Burch procedure (retropubic urethropexy, 1961). Vierhout et al. reviewed six studies totaling 396 patients who had undergone urethropexy. Sixty-eight (17%) developed de novo detrusor instability. Alcalay et al. noted that 22% of patients still complained of voiding dysfunction 10 years or more after surgery, and four of these patients underwent urethrotomy. Before the era of sling operations different surgeons tried to use as the tape the cadaveral fascia lata allograft. Fitzgerald et al. observed a 17% failure rate of cadaveric fascial slings within 5 months after surgery. Also different disease can be transmitted to the recipient by allograft (HIV, HCV, HBV, etc.).

The problem of the material for TVT has been solved in the last years when prolene tape was developed. This solution decreased the complications significantly, made TVT the most mini-invasive operation for surgical treatment of stress urinary incontinence.

Statement Regarding Complications of TVT Tension-free Support for Incontinence (Gynecare, Somerville, NJ): vascular injury - 0.01% (28 patients), vaginal mesh exposure - 0.008% (15 - patients), urethral erosion - 0.004% (8 patients), bowel perforation - 0.005% 10 (patients). During the gynecare monitoring for complications 200,000 of patients all over the world underwent TVT procedure.

10.EFFECTIVENESS OF VIDEO-COMPUTER AUTOTRAINING METHOD IN CHILDREN WITH MYOPIA

Gostieva A.A.-the 3rd year student

Scientific leaders-Ph.D. E.A.Mikhalskiy, Ph.D.A.L.Shtilerman, I.A.Bibik.

Many new methods based on using biological feedback have come into medical practice during last years. They are used for treatment of some somatic and nervous diseases.

The methods in the basis of which one uses conditioned reflex technologies are the most popular in ophthalmology. It permits to restore the control of the nervous system over the processes, going on in the visual analyzer.

The aim of our research was to study effectiveness of the video-computer autotraining method with apparatus "«Ambliokor-01" in treating children with myopia.

The investigations covered 39 patients (78 eyes) with instabilized myopia. Among them 20 children (40 eyes) with myopia of the 1st degree, 11 children (22 eyes) with myopia of the 2nd degree, 8 children (16 eyes) with myopia of the 3rd degree. Effectiveness of treatment was estimated due to the change of value of correction and visual acuity before and after the treatment. In the group with myopia of the 1st degree visual acuity varied on the average from 0,36±0,02 to 0,67±0,04 (P < 0,001). Effectiveness of treatment was 93,7 %. In the group with myopia of the 2nd degree visual acuity increased twice, from 0,30 to 0,60. Effectiveness was 87,5 %. Visual acuity in the children with myopia of the 3rd degree varied from 0,22±0,03 to 0,40±0,07 (P < 0,01). Effectiveness of treatment was 67 %. On the average in the children with myopia of the 1st degree vision was improved in 1,5 dioptries. Thus, the modern video-computer autotraining method gradually forms new reflex links. It provides the higher level of visual functions and allows us to receive positive effect after the treatment in children with myopia in 83 % of cases.

11. RESULTS OF TREATMENT OF GULLET CANCER (ACCORDING TO THE DATA OF THE REGIONAL ONCOLOGICAL DISPENSARY) WITHIN 2002-2006.

Satyr N.A. – the post-graduate student.

Scientific leaders – ass. Melnikov A.A., Yegorova V.D.

The treatment of gullet cancer remains the actual problem of the modern oncology, inspite of the certain successes reached for more than a centenary history.

The number of patients with gullet cancer of the 1,2 stages in the Russian Federation makes up 20,2%, that of 3-4 stages - 42 and 29,2% accordingly. Gullet cancer is mainly a disease of elderly men. 72,8% of all patients with gullet cancer are over 60 years and older.

The aim of our research was to study epidemiological, clinical peculiarities of gullet cancer in the region within 5 years and results of its treatment in the Amur regional oncological dispensary.

Material and methods. The clinical research was of a retrospective nature. The morbidity from gullet cancer in districts was studied according to the registration form 030-6/Y of the organization room of the Amur regional oncological dispensary. The clinical material was studied by using the primary medical documentation.

Results of research.

In the Amur region the morbidity from gullet cancer for the last 5 years made up 3,6 per 100000 of the population.

The specific proportion of gullet cancer in oncopathology on the average made up 1,92 % in the Amur region while in Russia this index made up 1,51%. The average index of mortality from gullet cancer within 5 years made up 3%.

The cancer of a gullet was revealed in 70% of men and in 30 % of women.

The number of patients at the age of 50-69 years made up 70% of all cases, the number of patients aged 70 and older made up 25% and the number of patients under 50 years made up 5%.

The main clinical symptoms in the given group of patients were the violation of swallowing - dysphagia for 1 year, unpleasant, painful sensations and even a pain localized in intrascapular region or behind the breast bone. In neglected cases of gullet cancer the leading complaints were the hoarseness of the voice, cough, sometimes with pieces of food (formation of esophago-bronchial fistulas), aspiration pneumonias, and the patients with localization of a tumor in the lower third and with the growing vegetation of cancer into the diaphragm had a constant hiccup. In the majority of cases gastro-esophageal reflux or chemical burn were revealed.

Authentically oftener (51%) cancer affected the middle third of the gullet, localization of a tumor in the middle-thoracic section of the gullet being revealed in 70% and in lower-thoracic section in 30% of cases, the cancer of the upper third of the gullet as well as in lower third of it was revealed in 22% of cases, cardio-esophageal cancer was revealed in 5% of cases.

The morphological picture of the majority of tumors was presented by planocellular cancer of different degrees of a differentiation – 80%, more seldom it was presented by adenocarcinoma – in 20% (in cardio-esophageal localizations of a tumor).

The specific proportion of patients with I-II stages of cancer made up 25%, that of the III stage made up 20%.

Because of the absence of modern endoscopic technique practically in all medical establishments of the Amur region and of the town the number of neglected patients remains still high and in 2006 it made up 55,6%, significantly it exceeded the average Russian index.

12. DISTURBANCES OF THE HEART RHYTHM IN PATIENS WITH COLD

T. Kandaurova, A. Tolstopyatova, A. Khomkolova – the 4th year students.

Scientific leaders – Ass. Prof. N.V. Loskutova, V.D. Yegorova

The main reason of mortality of patients with COLD is the decompensated chronic pulmonary heart. According to V.V. Moiseev, 2001, S.F. Sokolov and coauth. 2002, J. Lewezuk et al 2004 the frequency of dangerous for life arrhythmias during respiratory insufficiency is comparable to the frequency of disturbances of the heart rhythm during acute myocardial infarction.

The aim of our research was to reveal the occurrence and peculiarities of disturbances of the heart rhythm and conduction in patients with COLD. 186 case reports of patients from pulmonological clinic of the town hospital N 1 of Blagoveshchenck within 2001 – 2005 were analysed.

Patients were divided into 3 groups according to the level of systolic pressure in the pulmonary artery and insufficiency of the right ventricle of the heart.

The 1st group included 84 patients with COLD (40 men and 44 women) at the age of 39-67 years old without pulmonary hypertension at rest.

The 2nd group included 54 patients with COLD (38 men, 16 women) at the age of 41-73 years with pulmonary hypertension at rest but without clinical signs of sufficiency in the right ventricle of the heart.

The 3rd group consisted of 48 patients with COLD (38 men and 10 women) aged 46-75 years, pulmonary hypertension in them was combined with circulatory insufficiency like in the right ventricle of the heart at the examination of patients with COLD ischemic heart disease and arterial hypertension as accompanying pathologies were diagnosed.

IHD (ischemic heart disease) was revealed in 51% of patients of the 1st group, in 58% of cases of the 2nd group and in 76,8% of patients of the 3rd group.

During the investigation disturbances of the heart rhythm were revealed in 92% of cases. More often they were revealed in patients with COLD with the decompensated chronic pulmonary heart and in combination with COLD and IHD.

Supraventricular disturbances of the rhythm as sinus tachycardia (83,6%), fibrillar arrhythmia (38,7%), and atrial extrasystole (26,7%) prevailed in patients with COLD.

The increase of the frequency of the development of fibrillar arrhythmia (62,3%) and ventricular disturbances of the heart rhythm and conduction among which blockades of the bundle of His (28,6%), ventricular extrasystole (15,4%) were registered more often in patients with COLD.

The combination of fibrillar arrhythmia with the blockade of the bundle of His and ventricular extrasystole were revealed in 13,4% of cases with the decompensated chronic pulmonary heart (CPH) and ischemic heart disease (IHD).

Thus in the patients with COLD the disturbances of the heart rhythm were revealed rather often. The development of the supraventricular rhythm disturbances are more characteristic for isolated COLD. In combination of COLD and IHD there occur ventricular disturbances of the heart rhythm and conduction more often.

As respiratory and heart insufficiencies progress the frequency of the development of heart disturbances, conduction and their combination increase.

13. COMPLEX THERAPY OF THE PURULENT LESIONS OF THE SOFT TISSUES IN PATIENTS WITH DIABETES MELLITUS

Konkova D. - the 3-rd year student

Scientific leaders – Ass. N.A. Druzhinina, I.A. Bibik.

The problem of surgical purulent lesions treatment of patients with diabetes mellitus (DM) is important today. Untimely dissection, drainage of the purulent foci, small incisions, deficiency of surgical treatment of the purulent foci, irrational antibacterial therapy, deficiency of intensive therapy, noncompensated derangements of carbohydrate metabolism were revealed to be the main errors in purulent lesions treatment of patients with DM.

Complex therapy of the purulent lesions of the soft tissues in patients with DM was performed. Under general anesthesia wide cutting and surgical revision of the wounds, treatment of the suppurative foci with adequate drainage of the purulent leakages were carried out. The microorganism's sensitivity to antibiotics was revealed. Mostly the microflora was compound. At the same time insulinotherapy was performed to correct the glycemia level. Antibiotics with broad spectrum, preparations improving microcirculation and decreasing fibrillation, desintoxicants and efferential methods of treatment (plasmopheresis), hyperbaric oxygenation were used to treat the patients with DM.

Topical treatment was carried out taking into account the wound processes phase. The including of low ionizing laser emission, hyperbaric oxygenation into the complex therapy with antioxidants contributed to more rapid inflammation relief. It allowed us to decrease the continuance of treatment to $3,2 \pm 1,5$ days, to improve the quality of life.

14. CELLULAR AND HUMORAL IMMUNITY IN PATIENTS WITH COPD

Tolstopyatova A.A. - the 4th year student

Scientific leaders - Pavlenko V.I. c.m.s, Gudkina T.A.

COPD occurs due to immune system failure as a consequence of immunodeficiency condition (IDC).

Our purpose was to study cellular and humoral immunity in patients with COPD. We examined 36 patients (24 were male and 12 were female) with COPD, in the age group of 37-58 (average age was 48,4 years). Disease duration of 10, 7, smokers during from 14 to 18 year.

The study shows marked changes in cellular immunity resulting in decreased T-lymphocytes (CD3+), T-helpers (CD4+). The T-suppressors (CD8+) number was normal. The CD16+ CD72+ lymphocytes number was decreased in 12 of 36 patient with COPD, indicating sensitivity $p < 0,05$. There was marked increase in CD25+ (12, 6-13%) compared with normal (5, 4- 6 %). Basic B-lymphocytes number in patient with COPD was decreased significantly compared with standard values (7, 2-8%, $p < 0,05$, respectively).

Analysis of immunogram in 36 patients with COPD revealed significant changes in the content of immunoglobulin A, M, G. There was marked decrease in Ig A and Ig G - 1, 07% and 9, 18%, respectively. The level of Ig M was increased ($p < 0,001$).

The present study documents that patient with COPD have IDC. Patients were found to have compromised cellular and humoral immunity. This led us to speculate that patients with COPD should be given immunomodulatory therapy. To determine the mechanism underlying IDC in COPD will require further investigation.

15. THE DIAGNOSTICS AND PROPHYLAXIS OF THE NEURO-PSYCHICAL DISORDERS OF THE STUDENTS DURING ADAPTATION PROCESS AT THE HIGHER EDUCATIONAL ESTABLISHMENT.

Zubko N. – the 5th year student

Scientific leaders: ass.professor V.I. Eryomenko, M.M. Teplishcheva

It is known that investigation of the secondary Kettel's factors has an essential importance for making the prognosis of effective adaptation for any kind of work including the study. Contemporary findings allow us to consider that the frequency of described neurotic and psychopathological conditions depends in considerable measure on the alarm and emotional intensity levels and the frustration threshold measured by these factors. The level of this factor differentiates reliably the tested groups with effective psychical adaptation and with initial stages of its disturbance. In the case when the results of Ist complex (secondary) Kettel's factor exceeded 7-8 points the clinical investigation of these students had been carried out.

As far as origin of the neurotic and psychopathological phenomena becomes more expected in the conditions of expressed frustration we similarly estimated the III^d complex Kettel's factor, which reflects the frustration threshold. Its level below 3 points indicated the inclination to the appearance of neurotic and psychopathological phenomena in stress-conditions including examination stress.

The data of 16 characteristics of 148 the Ist-year students at the moment of their enrolment to the Academy were taken as the basis for the evaluation of personal changes during the adaptation process.

The analysis of the table shows us that by the time of the first academic months the female students have reliably higher levels of alarm and emotional tensity. Those of them, who had the level of this factor 8 and higher points were taken under the dispensary observation. The conducted work was aimed at normalization of the educational and rest regimen. In some cases the medicinal therapy was prescribed. The level of the frustration threshold was reliably lower in this group. It made us use the complex therapy and prophylactic measures, which included the examination of social conditions and maximal satisfaction of common needs of this contingent.

The investigation of the alarm level, level of emotional tensity and frustration threshold of the Ist-year male students enabled us to come to the conclusion that entrance examination and adaptation period in the higher education establishment pass essentially more favorable for them. Only some persons need correction.

Out of 70 males investigated by Kettel's method only 10% had levels of alarm and emotional tensity higher than 7 points and frustration threshold lower than 4 points. This contingent was the object of our fixed attention during all educational period. These students were recommended the strict following of the educational and rest regimen, every day outdoor walks, reception of the herbal sedative medicines.

All these measures permitted us to restore the neuro-psychical health of the students and save their contingent.

16 CANCER OF THE OESOPHAGUS

Ankudinova Y. – the 3th year student

Scientific leaders – ass.professor .L. A. Volkov, A. I. Rudenko.

Cancer of the oesophagus is a most important clinical prob-lem. Overall survival is poor, but patients who present early are eminently curable. Surgical resection of the oesophagus, though a difficult operation, is now a rela-tively safe procedure in experienced hands. When cure is not possible, palliation is more satisfactory today than it has been. For the best possible results, assessment and treatment must be carried out by skilled teams who are aware of the advantages and limitations of the vari-ety of methods available, and who are practised in their use. Most cancers of the oesophagus are squamous cell carcinomas. Adenocarcinomas account for 0.8-8.0% of all oesophageal cancers, depending on local epidemiology, and they most commonly occur in a columnar-lined oesophagus. A small number of adenocarcinomas arise directly from glandular ele-ments in the oesophagus. Oat cell carcinoma may also occur and has a particularly bad prognosis.

Symptoms. Most patients with oesophageal cancer are middle aged or elderly. Dysphagia is by far the most common pre-senting symptom; respiratory symptoms due to over-spill, a fistula into the

trachea or bronchus, or chest pain are less common causes of presentation. An un-common, but classic source of diagnostic confusion is the patient with 'achalasia' who does not have true achalasia but has a small cancer at the cardia which may produce considerable dilatation of the oesophagus.

Palliative treatment. Unfortunately, palliation is all that can be achieved in most cases. The surgeon does not usually recommend palliation by resection or bypass because, though resection provides the best relief of dysphagia, recovery is slow and the advantages of such a major operation in a patient who has only a few months to live do not out-weigh the disadvantages. Occasionally, simple dilatation will produce benefit for several weeks, but most patients require something more definitive. In practice, the surgeon must choose between intubation, laser treatment, endoscopic diathermy or intraluminal radiotherapy.

17. TYPES OF BONE FRACTURES AND TREATMENT

Komogortsev D. – the 2nd year student.

Scientific leaders: V.J. Komogortsev, A.I. Rudenko.

In orthopedic medicine, fractures are classified as closed or open (compound) and simple or multi-fragmentary (formerly comminuted). Closed fractures are those in which the skin is intact, while open (compound) fractures involve wounds that communicate with the fracture and may expose bone to contamination. Open injuries carry an elevated risk of infection; they require antibiotic treatment and usually urgent surgical treatment (debridement). This involves removal of all dirt, contamination, and dead tissue.

Simple fractures are fractures that occur along one line, splitting the bone into two pieces, while multi-fragmentary fractures involve the bone splitting into multiple pieces. A simple, closed fracture is much easier to treat and has a much better prognosis than an open, contaminated fracture. Other considerations in fracture care are displacement (fracture gap) and angulation. If angulation or displacement is large, reduction (manipulation) of the bone may be required and, in adults, frequently requires surgical care. These injuries may take longer to heal than injuries without displacement or angulation.

First aid for fractures includes stabilizing the break with a splint in order to prevent movement of the injured part, which could sever blood vessels and cause further tissue damage. Waxed cardboard splints are inexpensive, lightweight, waterproof and strong. Compound fractures are treated as open wounds in addition to fractures.

18. FLAVANOIDS

Abdulaeva M. – the 2nd year student

Scientific leaders: prof E.A.Borodin, O.I.Katina

Polyphenols represent the group of natural substances of plants with variable phenol structures found in fruits, vegetables, grains, beans, bark, roots, stems, flowers, tea, and wine. These natural products were known for their beneficial effects on health. Polyphenols were isolated as effective compounds. Flavanoids are among polyphenols. The research on flavanoids provided a fillip to the discovery of the French paradox (low death rate from cardiovascular diseases was seen among Mediterranean populations). It consisted in red wine consumption and supernormal dietary intake. Epidemiological data in the USA revealed beneficial effect of some food on health. It was established that definite substances from hundreds of existing polyphenols were responsible for such effect. Researches investigated the distribution of this compound in the diet, its intestinal absorption and metabolism, conjugation and the nature of metabolites, plasma transport and partitioning into lipid structures, plasma concentration, tissue uptake, elimination, biological effects and their mechanisms. According to this research flavanoids that share a common structure consisting of 2 aromatic rings (A and B) bounded together by 3 carbon atoms (ring C) may be divided into 6 subclasses. They are: flavonols, flavones, isoflavones, flavanones, anthocyanidins and flavanols.

Flavanoids have the major influence on cardiovascular system. They can cause carcinogenesis (*antiatherosclerotic effects*). Some flavanoids such as fisetin, apigenin, and luteolin are stated to be potent inhibitors of cell proliferation (*antitumor effects*). In an English study bone mineral density was compared between older women who consumed tea and those who did not (*antiosteoporotic effects*). Some of the viruses reported to be affected by flavanoids. They are: herpes simplex virus, respiratory syncytial virus,

parainfluenza virus, and adenovirus (*antiviral effects*).

19. AGE ANATOMY OF EPIDURAL SPACES OF CERVICAL PART OF SPINAL CORD OF A PERSON.

Miasnicova R., Kozka A. – the 2nd year students.

Scientific leaders: ass. Y.A.Shakalo, O.I.Katina.

Epidural cavity of cervical part of spinal cord (EC CP SC) and its content attracts attention of specialists. Forming the basic part of paramedullar apparatus, EC CP SC provides adapted regulation of cerebral circulation, liquorodynamics. EC CP SC is responsible for the development of painful syndromes and neurologic symptomatology at definite conditions.

EC CP SC is used: to invade remedies; to stop painful syndromes at cancer processes; in treatment of cervical radiculopathy; in cases of external meningitis.

An information about the detailed structure of EC CP SC is very important at operations on tumors, varicosity of spinal cord and inner spinal venous plexuses. These data are necessary at decompression manipulations for preventing the development of neurologic symptomatology in development of epidural hemangioma, epidural hematoma, external meningitis, epidural abscesses and at interpretation and liquidation of birth injury complications and bad spinal injury.

EC CP SC is presented by complex of various vascular-nervous and connective formations, reflecting in its structure morphogenetic regularities and biomechanical relations between TOSM and PC.

EC CP SC is divided into anatomical sections: interior, posterior and lateral that have a meaning in its physiology and pathology.

Peculiarities of upper wall of EC CP SC structure are multiple modifications of its form (two-horned, oval, spear shaped, denticulated, linear) and localization (intracranial, on a level of lower margin of occipital foramen and arch of II cervical vertebrae and I).

X-ray picture of EC CP SC is polymorphic and depends on age formations of its walls and connective structures influencing the motion and allocation of a contrast to its sections.

20. THE SYMBOLS OF MEDICINE

Stepantsova A. - the 2nd year student

Scientific leaders: S.I. Nazarkina, M.M. Teplishcheva

Many emblems and symbols of medicine which were a universal rule in the past still haven't lost their meanings today. Let's speak about their meaning first. What do they mean? The snake as an official symbol of Medicine was used for the first time approximately in 2000 b.c. in Babylon. The most famous symbol of medicine is a snake giving its poison into the cup. During many centuries it has been symbolizing the labour of the most humane profession in the world. But in the Ancient time not a poisonous snake, but a harmless grass-snake was of a symbol of medicine There snake is a symbol of wisdom, knowledge, immortality. What's about the cup, it's a cup with an antidote. Ancient Greeks used the term "pharmacos" for both drugs and poisons. The poison of a snake was collected and kept in special cups. In Russia this emblem called "the Cup of Hippocrates" became a basic medical symbol in XVIII, although there were no official documents which could prove it. Nowadays the cup, in emblem of Medicine is defined "as a cup of the human mind which contains itself the whole world.

The God of healing Aesculapius had some attributes. The basic one was a creeping snake twined round a crook. Ancient authors considered the crook to be a symbol of help and support given to sick people and the thickening of the crook was the symbol of the difficulty and wisdom of healing. In the ancient masterpieces we can often see the image of a dog lying down near the feet of Aesculapius This image symbolized faithfulness, devotion and watchfulness. Some ancient pictures also had the image of a cock symbolizing cheerfulness and this fact was reasonable. The cock and the snake symbolized 2 necessary quality of a doctor, which should be mutually complementary. The cock is the symbol of watchfulness and the snake is the symbol of carefulness and circumspection.

In the middle Centuries chemistry, pharmacy and medicine were closely connected that's why attribute of the Greek God Germes became the emblem of medicine and pharmacy simultaneously. And the emblem has also its history.

Germes was an intermediary between the world of the dead and the world of the living people. He

accompanied the souls of the dead on the way to the underground kingdom. Touching his crook he was able to wake people up. Ancient people considered the dream to have been one form of the death, so waking up was similar to resurrection so as the recovery from a disease.

The flame of the fire became a symbol of enthusiasm and desire to create as well as the symbol of self-sacrifice.

There was a time when the symbol of heart lying in the open hand was popular in Russia. Frankly speaking, the emblem corresponds to the ethic principles of medicine.

In conclusion I'd like to say that there are plenty of medicine symbols and each of them has its own sense.

21. COMPARISON OF THE EFFECTIVENESS OF PROPOPHENON AND AMIDORON IN PATIENTS WITH VENTRICULAR EXTRASYSTOLE.

Teplishchev D. A. - the 6th year student, Kurchenko D. I. – the 2nd year student.

Scientific leaders –ass. Sivyakova O.N., Teplishcheva M.M.

Ventricular extrasystole, the most frequent form of extrasystole, has many etiological factors. The causes of ventricular systole may be both organic and functional ones. The functional extrasystoles don't influence on the physical activity of a person and don't reflect on hemodynamics. The most unfavorable factor of ventricular extrasystole is the changes in myocardium caused by ischemic, inflammatory processes, myocardial hypertrophy, presence of additional chordas in the cavity of left ventricle. Treatment and prophylactics of functional extrasystole doesn't require specific antirhythmic therapy. Treatment of ventricular extrasystole in patients with cardio-vascular diseases coincides with the prophylactics of life-dangerous arrhythmias (ventricular tachycardia and ventricular fibrillation).

The aim of research was the evaluation of propaphenon effectiveness in treatment of the persons with myocardium changes on the basis of cardiovascular diseases (ischemic heart disease, hypertension, postmyocardial myocardiosclerosis).

30 patients with extrasystole and cardiac insufficiency 0-III of functional classification (FC) according to NYHA staying in the in-patient treatment in the period 2006-20007 were examined. The investigated patients were 30-69 years old (average age- 52,5 years). During the research two groups of the patients with ventricular extrasystole were determined. In each group there were the patients with chronic ischemic heart disease, hypertension, postmyocardial cardiosclerosis. All patients received conditional clinico-laboratory and instrumental examinations including Echocardiography and daily monitoring of electrocardiograms in dynamics.

Results of investigation. The groups didn't significantly differ according to the age, etiological factors, findings of additional methods of examination. The patients with ischemic heart disease had the stable stenocardia intension of the II FC. All patients subjectively marked positive endurance to antiarhythmic therapy and improving of general condition on the ground of treatment on the 3d – 7th days. Antiarhythmia treatment effectiveness was marked in all patients.

Conclusions. Reliable decrease of extrasystoles in both groups was determined. The effectiveness of ventricular extrasystole therapy on the ground of myocardium changes of different etiology was marked. The possibilities of long-term use of propapheron as the substitution therapy including accompanying thyroid gland pathology were determined

22. POTENTIAL THERAPEUTIC APPLICATIONS OF THE ENDOCANNABINOID SYSTEM.

Kotelnikova M.A. – the 2 year student

Scientific leaders: Kotelnikova I.M., prof. Borodin E.A., Teplishcheva M. M

Endocannabinoids are defined as endogenous agonists of cannabinoid receptors, that is, of the two G-protein-coupled receptors for the Cannabis psychoactive principle Delta(9)-tetra-hydrocannabinol. Endocannabinoids are a new class of lipids, which include amides, esters and ethers of long chain polyunsaturated fatty acids. Anandamide (N-arachidonylethanolamine; AEA) and 2-arachidonoylglycerol are the main endogenous agonists of cannabinoid receptors. AEA is released "on demand" from membrane lipids. The endocannabinoid system consists of cannabinoid receptors, their endogenous ligands and en-

zymes for synthesis and degradation of endocannabinoids and represents a local messenger system. Endogenous cannabinoids are present in the central nervous system and in peripheral tissues, suggesting a physiological role as broad spectrum modulators.

Alterations of endocannabinoid levels have been found in both animal models of pain, neurological and neurodegenerative states (mood and anxiety disorders, movement disorders such as Parkinson's and Huntington's disease, neuropathic pain, multiple sclerosis and spinal cord injury, traumatic brain injury), gastrointestinal disorders and inflammatory conditions, cancer, atherosclerosis, myocardial infarction, stroke, hypertension, glaucoma, obesity/metabolic syndrome and osteoporosis in blood, cerebrospinal fluid and bioptic samples. Anandamide, has been reported to have pleiotropic effects on human reproduction. The endocannabinoids are now known as important regulators of energy metabolism and homeostasis. Recently, endocannabinoids and related compounds were identified in human fat cells. The endocannabinoids increase food intake and promote weight gain in animals. Summary Endocannabinoid levels appear to be transiently elevated as an adaptive reaction to re-establish normal homeostasis when this is acutely and pathologically perturbed. In some chronic conditions, however, this system also contributes to the progress or symptoms of the disorder. As a consequence, new therapeutic drugs are being designed from both stimulants and blockers of endocannabinoid action.

Recent pharmacological advances have led to the synthesis of cannabinoid receptor agonists and antagonists, anandamide uptake blockers and potent, selective inhibitors of endocannabinoid degradation. These new tools have enabled the study of the physiological roles played by the endocannabinoids and have opened up new strategies in the treatment of pain, obesity, neurological diseases including multiple sclerosis, emotional disturbances such as anxiety and other psychiatric disorders. Recent studies have shown that the endocannabinoid system is involved in the common neurobiological mechanism underlying drug addiction. This system participates in the primary rewarding effects of cannabinoids, nicotine, alcohol and opioids, through the release of endocannabinoids in the ventral tegmental area. Endocannabinoids are also involved in the motivation to seek drugs by a dopamine-independent mechanism. The endocannabinoid system also participates in the common mechanisms underlying relapse to drug-seeking behaviour by mediating the motivational effects of drug-related environmental stimuli and drug reexposure.

23. INTESTINAL OBSTRUCTION

Tarasuk E.- the 3d year student

Scientific leaders- ass.professor Volkov L.A., Teplishcheva M.M.

One of the rare forms of mechanic intestinal obstruction is obturation of intestinal lumen by gallstones. The frequency of cholelithic ileus is 2 % of the other types of obstruction. Cholelithic obstruction is 9 times frequent in females than in males. The age of the patients is 35-85 years.

Cholelithic obstruction is mainly observed in small intestine. Clinical characteristics of cholelithic ileus are characterized by the pains in the right hypochondrium with fever, chills, intestinal bleeding. Prodromal phenomena are corresponded to the period of vesicointestinal fistula formation with the passage of concretions into the intestinal lumen. On palpation "a solid tumor" is revealed.

Three types of obstruction: pyloroduodenic, small and large intestinal ones are determined in dependence of obturation areas.

There are different forms of obstruction: acute, subacute, recurrent and chronic ones.

Acute and subacute forms occur in the cases of huge calculus more than 3 cm. due to the either quick calculus strangulation or long-term passage of calculus and following strangulation in subacute forms. Recurrent and chronic forms occur in smaller calculus and are connected partial or temporarily obstruction.

Preoperative diagnostics of cholelithic ileus is very difficult. Every case of intestinal obstruction in old-aged person, suffering from cholelithic disease has to be suspicious particularly when it was preceded by an attack of acute cholecystitis. Roentgenological symptoms of cholelithic obstruction are the signs of obstruction and fistula. In pyloroduodenic occlusion cholelith may be found in gastroendoscopy and in the cases of large intestinal one—with the help of contrast investigation of colon, rectomanuascopy or fibrocolonoscopy. Ultrasound investigation, which also allows to reveal specific signs of bile ileus is possible. Urgent operation is the only adequate method of cholelithic obstruction treatment. Operation

includes elimination of obstruction due to enterolithotomy, revision of the entire intestine.

24. EIGHT WEEKS OF AN EMBRYO.

Dimova M. – the 2-nd year student

Scientific leaders: Krasavina N.P., Teplishcheva M.M.

Intrauterine growth of a human being lasts 265-270 days. During this period of time the unique cell gives rise to more than 200 million of cells. From microscopic and invisible bead, almost half a meter child grows.

0 HOURS. Process of fertilisation. The sperms are on the ovule's surface. An ovule is a large (almost 100000 times bigger than a sperm) and inactive cell. Its volume is mostly filled up with cytoplasm, containing the essential nutrients for an embryo initial development. An ovule moves along the fallopian tube due to muscular tunic contraction and oviduct ciliary motion. At the same time several million of sperms, competing to each other, move towards the ovule. They overcome about 20 cm of distance making the speed of 3-3,5 mm per minute. Sperms have 0,05 mm length, and consist of three parts: a head (karyomere), a body and a tail.

24 HOURS. The first hours of an impregnated ovum life. The basic feature of sexual cells (both female, and male), named gametes, is that they contain half of the chromosomes presented in somatic cells of an organism. When female and male gamete meet, they merge and form zygote. The fact of zygote occurrence means origin of a new life. It contains a double set of chromosomes and includes the complex of genetic information received both from mother and father. Its diameter is about 175 microns (including the transparent area).

30 HOURS. The first cell-division occurs in 30 hours after fertilisation. As a result - two absolutely identical embryo cells are formed.

40 HOURS. The second cell-division takes place in 40 hours after fertilisation and forms 4-cellular embryo.

70 HOURS. The ten-celled human embryo has such a small size that it can be easily put on the edge of a needle. There is a nucleus in the center of each cell.

80 HOURS. At the age of about four days embryo consists of 16 cells and is named morula. This is the final period of embryo cell-division taken place in uterine tube.

5 DAYS. At the fifth day of living embryo is called blastula. It throws off the membrane surrounding it before and gets into uterine cavity. Blastula moves to uterine's wall about two days which it deeply grows into. Then the period of embryo cell-division begins again. All cells are divided in an external layer - the trophoblast (consists of small-sized cells) and an internal layer - the embryoblast (consists of big-sized cells).

6 DAYS. From the sixth day blastula produces the enzyme which looses the superficial layer of uterine mucous membrane. Trophoblast forms numerous fibers which take roots into uterine's wall and turn into a nutritious membrane of a germ - the chorion. Some time later placenta will be formed by chorion and mucous membrane of uterus. The germ gets nutrients and deduces the products of excretion through placenta.

5 WEEKS. The germ's length is about 10 mm, it has a tail, extremities looking like stumps. The heart has the S-shape. The blood vessels going out of a germ connect with placental ones and form an umbilical cord. The head is the largest part of a germ. The brain is made up of five brain bubbles. There are eyes with crystalline lenses on a germ's face, a mouth and jaws begin to develop.

6 WEEKS. The germ is 13-15 mm long. The internal parts of eyes and ears are formed, the rudiments of eyelids, nostrils and fingers appear. Brain and spinal cord are mostly generated. The growth of digestive and urinary systems continues.

8 WEEKS. By the end of this period the germ has the length about 40 mm and weights about 10 grams. Almost all internal organs are well generated, nerves, joints and muscles are developed. The head is big and inclined downwards on a breast. During the time from 5-th till 8-th weeks the embryonic period comes to an end. The germ grows from 10 up to 35-40 mm and begin to look like a human being. From the beginning of the 9-th week it already refers to a fetus.

25. FOLK REMEDIES IN ONNURI MEDICINE.

Nedid S.N.-the 4th year student

Scientific leaders- Reznikova S.V., Teplishcheva M. M.

Treatment and prophylaxis of acute respiratory diseases is greatly facilitated with help of the correspondence systems. The correspondence systems located in the hands and feet as well as the systems of correspondence to other anatomical structure concentrate the information about our body. Here are some simple and efficient methods of treating acute respiratory diseases, tracheitis and bronchitis. Application of compresses in the area corresponding to the upper respiratory tract and the lungs. The thumb and thenar area are covered with gauze bandage moistened with honey. On the top of it the compress paper and cotton are placed and the compress is fixed with a woolen glove or sock. The time of application is 8-10 hours. If a patient has honey allergy, spirituous or vodka compress can be used. As a rule, one or two procedures are sufficient to reduce significantly or eliminate inflammatory symptoms. In the cases of acute respiratory inflammation the thumb and thenar are covered with fresh or dry boiled birch leaves. The use of revulsive and warming means. Take a mustard or pepper plaster and cut of a piece of required shape and size, put it on the area corresponding to the chest. Highly recommendable is Finalgon ointment and Golden Star balsam rubbed into the thenar skin as well as combination of garlic action and moxibustion. A piece of garlic can be used as a base for minimoxa. A small piece of garlic in the tablet form is cut out to place moxa in the formed opening. Moxa is applied to the bronchi and lungs correspondence points of greatest tenderness. In the cases of dry cough attacks it is valuable to add the action of garlic or onion juice on the projection of cough center of medulla oblongata, rubbing it in the area of thumb plate base. The cough reflex can be quickly suppressed by different types of massage, application of magnetic starlets or seeds to the areas involved. Folk medicine has accumulated a wealth of knowledge about the use of natural remedies in treating diseases. Creative approach to the treatment by the system of correspondence enables physicians to use efficiently this heritage.

26 NOOTROPIC AND NEUROPROTECTIVE REMEDIES.

Sokolovskaya O. – the 3rd year student

Scientific leaders: Ass. Prof. R.A. Anochina, Ass. Prof. V.I.Tichanov, I. A. Bibik

The group of nootropic remedies includes substances from various classes of chemical compounds with different spectrum of pharmacological activity and mechanism of action which are capable to activate integrative function of the brain, to render stimulating influence on learning process, to improve memory and intellectual activity especially when being disturbed. Also they are capable to raise the vital activity of the brain and stability of the organism to the action of damage factors. Nootropic effect of many preparations is supplemented with neuroprotective activity, which is expressed in ability to protect the brain neurons from neurodegeneration, and just, to prevent and restore destructive modifications of the brain tissue. This effect is especially valuable in treatment of neurodegenerative diseases accompanied by memory disturbances. Strengthening of integrative activity of the brain is one of the basic components of the nootropic action.

In the medical practice pyrrolidon nootropic preparations (pyracetamum-similar nootropics) – cyclical derivatives of Gamma Amine Oil Acid are widely used. First Pyracetamum was synthesized in 1964. At present about 20 pyrrolidonic nootropics are known. Due to common chemical structures they are called racetams. The common molecular mechanism of action of pyrrolidon nootropics is unknown and some preparations of this series have various points of action. Some preparations are proved to improve the function of neuromediator systems of the brain.

Racetams' influence strengthened the metabolism of the brain. Glucose utilization is improved and activity of the processes, which are disturbed in demention and ischemia of the brain, is increased. Pyracetamum improves the function of the membranes, increases the speed of the syntheses of Ribonucleic Acid, Deoxyribonucleic Acid and proteins.

Domestic Phenotropilum has a wide spectrum of pharmacological effects: nootropic, neuroprotective, antihypoxitive, stimulant, antispasmodic, antistress, anxiolytic ones. It has neuromodulator mechanism. Phenotropilum is used in treating various diseases, which are accompanied by memory impairment

and ability to study, reduced attention and intellectual-mnemonic functions including various manifestations of insufficiency of the blood of the brain and insults.

Pyrolidon nootropics are low toxic and have no bad effects. Sometimes to strengthen their action these nootropics are used in combination with substances which influence on the vessels of the brain.

27. 750 YEARS OF FOXGLOVE USE

Nomerovskaya T. – the 3rd year student

Scientific leader – Ass. Prof. R. A. Anochina, I. A. Bibik

In ancient times people processed their spears and arrows with the extract of plants which contained cardiac glycosides. Obviously it was known that glycosides could cause heart arrest when they got in the blood.

First foxglove was mentioned in 1250 when Welsh doctors began to use it as a medicine plant. Foxglove was researched by a botanist Fiscius very thoroughly. He called it «Digitalis» in 1512. At the end of the 18th century an English botanist, a physician William Withering described diuretic action of foxglove. In 1785 W. Withering studied the effect of this remedy which cured people of hydrops. These researches allowed him to collect a vast material and he wrote his book about it. W. Withering considered foxglove made diuretic effect and it cured hydrops successfully. 14 years later Ferriar presented the results that foxglove influenced on the frequency of cardiac beat.

In 19th century S.P. Botkin organized a laboratory in his clinic where different substances for cardiovascular system were researched. First information about ability of foxglove to strengthen a heart-beat appeared in 1871. The next researches showed foxglove could stimulate myocardium, mainly when heartbeat was weakened because of heart failure.

At present medicine has cardiac glycosides made of two kinds of foxglove: *Digitalis purpurea* (digoxin) and *Digitalis lanata* (digoxin). Cardiac glycosides are called cardiotonic remedy because they can force efficiency of myocardium. But cardiac decompensation needs restoration of hemodynamics on the whole. The heart should be stimulated and volume of extracellular fluid should be reduced, activity of sympathetic vasoconstrictive influence should be reduced.

Preparations of foxglove make oppression on the conducting system of the heart, reduce dromotropic action. Cardiac output increases due to preparations of foxglove in case of heart failure. Passive congestion is reduced, venous pressure is reduced as well. The functions of inner organs become better. Preparations of foxglove can treat heart failure and tachyarrhythmia, atrial fibrillation. Such side effects as arrhythmia, block-ades, extra systole, anorexia, nausea, diarrhea, visual impairment, headache, psychic reaction, mental confusion, thrombocytopenia may occur.

So, preparations of foxglove have a long history of clinical use and they are important nowadays.

28. ANTHROPOMETRY AND ITS HISTORY

Marushenko I. - the 3rd year student

Scientific leaders: Prof. A. A. Rodionov, I A. Bibik

Anthropometry is the study of human body measurement for use in anthropological classification and comparison. In the 19th and early 20th centuries, anthropometry was a pseudoscience used mainly to classify potential criminals by facial characteristics. For example, Cesare Lombroso's *Criminal Anthropology* (1895) claimed that murderers have prominent jaws and pickpockets have long hands and scanty beards. The work of Eugene Vidocq, which helps to identify criminals by facial characteristics, is still used nearly a century after its introduction in France. The most infamous use of anthropometry was by the Nazis, whose Bureau for Enlightenment on Population Policy and Racial Welfare recommended the classification of Aryans and non-Aryans on the basis of measurements of the skull and other physical features. The law required craniometric certification. The Nazis set up certification institutes to further their racial policy. If a person didn't pass through the procedure of anthropometry he couldn't get married or find work or even he could get to a death camp. Nowadays it can be widely used to estimate people's status, to monitor the growth of children, and to assist in the design of office furniture.

29. COLD INFLUENCE ON DYNAMICAL AND STATICAL CHANGES OF RATS' ACTIVITY.

Senchenko E., Yushina O. – the 2nd year students.

Scientific leaders – Ass. Prof. E.F.Kirichenko, I.A.Bibik

An experiment was carried out on white rats (males). All experiments were carried out simultaneously. In each experimental series 2 groups of animals were taken. The length of dynamical activity of the rats was measured due to common time of their running. The influence on the static activity of the rats was measured due to common time of their hanging on a vertical net up to the state of their tiredness. We can conclude that cold influence reduced rats' stability to fatigue during the experiment especially at the initial stage.

30. THE SKIN AND THE DISEASES OF THE SKIN.

Khohlova K. – the 2-nd year student.

Scientific leaders – Ass. V. S. Kozlova, I. A. Bibik

The skin covers the surface of the human body and is one of the largest organs. Its mass is about 16% of the human body and the area of the surface is from 1.2 to 2.3 m². The functions of the skin are protective, thermoregulative, excretory, depositive, metabolic, receptive, immune and endocrinic ones. The skin consists of 3 layers: the epiderm, the dermis and the hypoderm. The derivatives of the skin is hair, nails and glands of the skin. The epiderm is an external layer of the skin consisting of basal, spinous, granular, lucid and corneous layers. The dermis is a connective part of the skin. It consists of papillary and reticular layers. The hypoderm plays the role of thermalisulator, the depot of the vitamins and hormones. The blood supply of the skin depends on 3 groups of arteries. It is closely connected with the lymphatic system. Innervation of the skin is a receptor field. There are 3 groups of receptors: mechanoreceptors, thermoreceptors, nociceptors etc. There are a lot of diseases of the skin, for example, ichthyosis, disturbance of ceratinization.

31. ANOMALIES OF DEVELOPMENT OF THE OSSA CRANII

Pushcareva V., Volovik L.- the 2nd year students

Scientific leaders – Ass. A. E. Pavlova, I. A. Bibik,

The cranium consists of the facial and cerebral sections. In the cranium there are 26 bones. It determines the form of the head and the face.

The cranium of a new-born differs from the cranium of an adult. For example, the cerebral section of a new-born prevails over the facial section. Besides in the cranium of a new-born you can see the fontanelles.

There are many anomalies and defects of development of the ossa cranii. Besides there are many damages of the ossa cranii and the cerebrum. More than that some of new-borns have tumors, parasitical affection, inflammations of the cerebrum. Anomalies of the ossa cranii are examined by X-rays. There exist the main projections such as a ventricle projection, a lateral projection and an axial projection. According to these projections we can find out plagiocephaly, hydrocephaly, osteoporosis of ossa parietalis and cysts of the cerebrum.

One of the most prevalence anomalies is hydrocephaly. Hydrocephaly is a disease of the cerebrum which is characterized by redundancy of liquor inside the ventricular system or in the subarachnoid spaces. There are the main symptoms of this anomaly such as the syndrome of Parino (the defect of the bulbs of the eyes), very fast rising of circumference of the head. Besides you can see disorder of intellect and cramps. The main method of diagnosis is a computer tomography and magnetic resonance tomography.

Encephalocele is an anomaly of the cranium formation and cerebrum one. It is because of fissures between ossa cranii. The main symptom is the soft tissue sac on the head of a new-born. You can correct it only by operation (ablation of the sac).

The main reason of craniosynostosis is an early closing of one or two cranial sutures. Such anomaly results in rough deformations of the cranium and hypertension. The main problem of craniosynostosis

is the cosmetic defect. There are many kinds of craniosynostoses such as coronary, metopical, lambdoid, plural ones.

In children's neuron-oncology one of the most frightful diseases is tumor. The most prevalence tumors are medulloblastoma, astrocytoma, ependinoma. All these diseases are results of malignant tumor of neuroglia. These tumors have general symptoms such as cephalgia, vomiting, sickness, dyssynergia and giddiness. In our country the problem of anomalies takes the first place. The main reasons of such problems are drug addiction, smoking, alcoholism etc.

32. SEXUAL DIFFERENCES AND PSYCHOTROPIC REMEDIES

Sheludko E. - the 3rd year student

Scientific leaders: Ass. Prof. R.A.Anochina, Ass. N.V.Simonova, Ph.D. L.G.Bityutskaya, I. A. Bibik

Mental activity of a person completely depends on the particularities of sexual hormones' influence on the brain. Women use preparations with psychotropic effect twice more often than men. The difference in preference is revealed from the moment of puberty. Different expressiveness of psychopharmacological effect in individuals of different sex is determined by psychotropic properties of sexual hormones.

The connection of sexual behavior with cognitive (learning, memory, attention, etc.) and emotional-motivational manifestations of animals are shown distinctly in the experiment. Females' behavior depends on concentration of estrogen, progesterin and gonadotropin during the different periods of the ovarian-menstrual cycle. People's sexual dimorphism is revealed due to temperament, emotions, way of expressing mnestic processes, spatial orientation, etc. Differentiation of the brain according to the male's type provides androgens, and according to female's one - estrogens. The influence of these hormones is realized through specific receptors. There are sexual differences in the organization of mediaeven systems of the brain (dopamin, cholin, serotonin, norepinephrine and etc.). Estrogens protect dopaminergic neurons of the brain (women are ill with a Parkinsonism less often than men). There are well-defined sexual distinctions in an exchange process of serotonin, norepinephrine, acetylcholine. Estrogens cause an increased sensitivity of a female to a number of preparations (energizers, psychostimulants and neuroleptics).

The features of psycho physiological status of individuals of different sex are determined by one more factor - unequal secretory activity of the cortex glandule suprarenalis. It is known corticosteroid influence on cerebral activity through specific receptors, and expressiveness of this influence also depends on a sex.

Sexual differences as for the influence of psychotropic substances are also connected with the pharmacokinetics' features of these preparations in males and females.

Thus, tactics of administration of psychotropic preparations should be carried out with taking into consideration a sex.

33. ORIGIN OF LIFE, DOES EVOLUTION SUPPLY THE ANSWERS?

Kolesova M. – the 2-nd year student.

Scientific leader – Prof. Borodin E. A.

Is evolutionism correct? Could time, chance and natural chemical processes have created life in the beginning? Many modern scientists are materialists. That is, they believe physical matter is the only ultimate reality. They suppose that everything in the cosmos, including life, can be explained in terms of interacting matter. Materialists do not accept the existence of spiritual or supernatural forces. All living things are produced from one or more parents. Surprisingly, however, many modern people still faithfully believe in a form of "spontaneous generation." Materialists assume life arose spontaneously somewhere in ancient Earth's absolutely lifeless water, which contained only minerals and chemical substances used by living things. DNA is a super-molecule which stores coded hereditary information. This is one of the most important chemical substances in the human body or in any other living thing. Many scientists are convinced that cells containing such a complex code and such intricate chemistry could never have come into being by pure, undirected chemistry. No matter how chemicals are mixed, they do not create DNA spirals

or any intelligent code whatsoever. Only DNA reproduces DNA. Many Evolutionists are now searching for some theoretical force within matter which might push matter toward the assembly of greater complexity. Most Creationists believe this is doomed to failure, since it contradicts the 2nd Law of Thermodynamics. It is important to note that the information written on DNA molecules is not produced by any known natural interaction of matter. Matter and molecules have no innate intelligence, allowing self organization into codes. There are no known physical laws which give molecules a natural tendency to arrange themselves into such coded structures. During all recorded human history, there has never been a substantiated case of a living thing being produced from anything other than another living thing. As yet, Evolutionism has not produced a scientifically credible explanation for the origin of such immense complexities as DNA, the human brain, and many other complex elements of the cosmos. It is highly premature for materialists to claim that all living things, evolved into existence, when science has yet to discover how even one protein molecule could actually have come into existence by natural processes. There is no scientific proof that life did (or ever could) evolve into existence from non-living matter. Further, there is substantial evidence that spontaneous generation is impossible. Only DNA is known to produce DNA. No chemical interaction of molecules has even come close to producing this ultra-complex code which is so essential to all known life.

34. EPIDEMIC HEMORRHAGIC FEVER AND LUNG PATHOLOGY.

Gorin A., Musnitckaya A - the 5-th year students

Scientific leaders: Ass. Prof. Marunich N.A., ass. Gavrilov A.V.,

Teplishcheva M.M.

During our practical course in the infectious diseases hospital we have analyzed archive case reports of patients with epidemic hemorrhagic fever (EHF) and determined that besides kidney failure patients with EHF also have lung pathology. Among the 237 clinical cases of EHF there were 85% of men and 15% of women that conformed to the literary data. Average age of patients was from 20 to 45 years old. Mild case of the EHF was observed in 13% of patients, moderate clinical course – in 46% and severe clinical course – in 41% of patients. In the group of patients with the mild case of EHF there was no any lung pathology revealed by the roentgenologic methods, however during the physical examination the pharynx hyperaemia and harsh breathing were observed. In the group of patients with the moderate clinical course the dry cough, pharynx hyperaemia, injection of scleral vessels, harsh breathing, dry multiple rales were found during physical examination. Roentgenologically there were the enhancement of the lung pattern and distension of root of lung.

In the group of patients with severe clinical course the decrease of root zone pneumatization, pneumonia, pleuritis and pulmonary edema signs were found on roentgenograms.

The pulmonary infarction and thickening of the alveolar septi because of edema, fields of pulmonary collapse and emphysema within the spasm of bronchial tubes were revealed in two patients post mortem.

Thus, patients with EHF have different pathological changes of the respiratory system that depend on severity of the disease. These changes vary from the slight to moderate or severe. One part of these changes has a specific character (interstitial and alveolar pulmonary edema, pneumonia and exudative pleuritis). In the pathogenesis of the EHF we can observe all forms of infectious process with the typical clinical and laboratorial shifts, increased vascular penetration and injection of scleral vessels, hyperemia of face, thrombocytopenia, proteinuria and hemorrhagic syndrome.

35. THE EPIDEMIC HEMORRHAGIC FEVER IN PREGNANT WOMEN AND CHILDREN.

Gorin A., Zolotuchina O - the 5th year students

Scientific leaders: Gavrilov A.V., Serebrennikova L.V., Teplishcheva M.M.

Among the feral herd infections in the Amur region, the epidemic hemorrhagic fever (EHF) is characterized by the severe clinical course with the high per cent of lethality (about 20%). It's stipulated by the combination of severe clinical course with acute renal failure (ARF), hemorrhagic

syndrome and life threatening complications (bacterial infectious shock, ARF, gastric bleeding, uterine bleeding, nasal bleeding, pituitary apoplexy, right atrial auricle apoplexy).

We have analyzed the archive materials of the department of the infectious diseases: case reports of children and pregnant women who had epidemic hemorrhagic fever.

9 women with the different pregnancy term were under the observation. Of them 8 women had a successful childbirth. We did not observe bleeding during childbirth even when ARF had developed and artificial kidney apparatus had been used. The pregnancies ended by the birth of healthy mature children who had not any signs of the epidemic hemorrhagic fever.

All children were observed in dynamics up to fifteen years old. They had not any consequences and complications of this viral infection. All children grew healthy.

We observed the infective episode in the Svobodniy city, where 15 children in the age of 10-14 years had contracted EHF. The disease had a mild course in all children and all of them recovered without any consequences.

It should be mentioned that EHF has a more severe clinical course in adults than in children.

The main principles of EHF prophylaxis are the avoidance of contact with a murine rodent, accurate storage of foodstuffs, local and preventive disinfection.

36. THE SKELETON.

Moiseenko A.-the first year student.

Scientific leaders-ass. Zherepa L.G., Posokhova A.A.

The skeleton is composed of bones. In the adult the skeleton has over 200 bones.

The bones of the skull consist of cranial and facial parts.

The bones of the trunk are the spinal column or the spine and the chest (ribs and the breastbone). The spine consists of the cervical, thoracic, lumbar and sacral vertebrae and the coccyx.

The vertebra is a small bone, which is formed by the body and the arch. All the vertebrae compose the spinal column or the spine. There are 32 or 34 vertebrae in the spine of the adult. There are seven cervical vertebrae, twelve thoracic vertebrae, five lumbar, five sacral vertebrae and from one to five vertebrae which form the coccyx in the spinal column. The cervical part of the spine is formed by seven cervical vertebrae.

Twelve thoracic vertebrae have large bodies. The lumbar vertebrae are the largest vertebrae in the spinal column. They have oval bodies.

The chest (thorax) is composed of 12 thoracic vertebrae, the breastbone and 12 pairs of ribs. The breastbone is a long bone in the middle of the chest. It is composed of three main parts. The basic part of the chest is formed by the ribs. On each side of the chest seven ribs are connected with the breastbone by cartilages. The cartilages of three other ribs are connected with each other and with the seventh rib. But the cartilages of these ribs are not connected with the breastbone. The eleventh and the twelfth ribs are not connected with the breastbone. They are not connected with other ribs, they are free. Each rib is composed of a head, neck and body.

The lower extremity consists of the thigh, leg and foot. It is connected with the trunk by the pelvis. The upper extremity is formed by the arm, forearm and hand. It is connected with the trunk by the shoulder girdle.

The bones of the skeleton are connected together by the joints or by the cartilages and ligaments. The bones consist of organic and inorganic substance.

37. UTERUS

Gerasimenko D., Glebova I., Grishina O. – the 2nd year students

Scientific leaders: V.S.Kozlova, O.I.Katina

The uterus or womb is the major female reproductive organ of most mammals, including humans. One end of it, the cervix, opens into the vagina; the other one is connected on both sides to the fallopian tubes. The term "uterus" is commonly used within the medical and related professions; thus the term "womb" is in more common use.

The main function of the uterus is to accept a fertilized ovum that becomes implanted into the endometrium, and drives nourishment from blood vessels that develop exclusively for this purpose. The fertilized ovum becomes an embryo, develops into a fetus and gastes until childbirth. Due to anatomical barriers such as the pelvis, the uterus is pushed partially into the abdomen due to its expansion during pregnancy. Even in pregnancy a mass of a human uterus amounts to only about a kilogram (2.2 pounds).

The uterus is located inside the pelvis immediately dorsal to the urinary bladder and ventral to the rectum. Out of the pregnancy its size in humans is several centimeters in diameter. It is held in place by several peritoneal ligaments (uterosacral and cardinal).

Some pathological states of the uterus include: prolapse of the uterus, carcinoma of the cervix, carcinoma of the uterus, ectopic pregnancy, fibroids, adenomyosis, pyometra, uterine malformation, uterine didelphys, retroverted uterus, Rokitansky syndrome, myoma.

38. THE PARALLEL WORLD. SENSES AND SUPERSENSES.

Tsikalova N. – the 2nd year student

Scientific leaders: .Prof. A.A.Rodionov, O.I.Katina.

A person is always surrounded with smells. They are strong or almost invisible, “native” or unpleasant. But olfactory stimuli leave their trace in our mind due to a sudden breach of the habitual smell of the environment. The smell signals about danger, about any changes around us. It causes various associations, behavioral reactions (grouchiness, disgust, tranquility, fussiness, thoughtfulness); adjusts on rest, forces to work actively.

Smells affect the human brain as drugs. They directly influence on thinking and estimation of consumer qualities of goods. The smell is a “control panel” that rules the human emotions.

The sense of smell is connected with other kinds of sensations. For example, the smell of liquid ammonia increases the sensitivity of eyes. Visual acuity in twilight increases under the influence of a smell of bergamot oil, pyridine, and toluene. Redolent substances also influence the sensation of a color. Smells of bergamot oil, geraniol, and camphor make an eye more sensitive to green color and less sensitive to red one. Some redolent substances influence the hearing acuity. For example, the smells of benzene and geraniol improve it greatly, but the smell of indole aggravates it. It was established that hearing sensations can change the acuteness of olfaction. It increases under the affect of quiet tone sound signals.

The aromatherapy, that is very popular nowadays, tells on a health of a person positively. Its main advantages are economy and high efficiency in comparison with traditional methods of treatment. The aromatherapy was practiced in times of pharaohs. Therefore it is studied quite well.

Some structures are responsible for the function of olfaction of our organism. They represent the sections of the system of olfaction. The breach of work of any of these sections may lead to olfaction disorder. In most cases such disorders are connected with a lesion of receptor system of olfactory analyzer (90%), with a lesion of olfactory nerve (5%), and with a lesion of central parts of the brain (5%).

There are a lot of people that lost the sense of olfaction due to some reasons. Their number is constantly growing. People of our country do not pay any attention to such “trifles” as disorder or absence of olfaction. But if they do, they do not know what to do with it.

39. HYPODYNAMIA

Bondarchuk E. – the 2nd year student

Scientific leaders: Ass.Prof. F.S.Mironov, O.I.Katina

Hypodynamia is the reduction of muscular efforts for keeping the body posture and moving the body in space.

The main reasons which can cause hypodynamia are:

- reduction of weight load to the locomotor system;
- immobilization;
- being in small volume spaces;
- low active lifestyle.

In modern conditions the spread of hypodynamia increases due to the processes of urbanization, broad application of means of communication, automation, and mechanization in everyday activity of a person. The reduction of a part of a manual labor is accompanied with the increase of professions dealing with operator functions (control of mechanisms) and with a part of a brainwork in the life of the modern society. There are some aftereffects of hypodynamia. They are the following: the reduction of energy metabolism and need for food; weak development of cardiovascular system; muscle dystrophy; negative nitrogen balance; fat metabolism change with the tendency to the increase of a part of adipose component; atherosclerotic processes; osseous tissue demineralization; aging processes acceleration; reduction of intravascular pressure in lower part of the body; water-salt metabolism disturbance; reduction of circulating blood; development of organism dehydration (Henry-Hauger reflex).

Medical and preventive measures in hypodynamia:

- gymnastic exercises on special equipment;
- use of suits with elastic shock-absorbers that make statistic load to longitudinal body axis;
- muscle electro stimulation;
- use of hormonal preparations (anabolic steroids group);
- addition of potassium, calcium, phosphates, and vitamins to food allowance;
- vacuum chambers for lower part of the body;
- physical training;
- ultraviolet irradiation.

40. CANDIDIASIS

Nikolaeva V. – the 4th year student

Scientific leaders: Ass.Prof. N.E.Melnichenko, O.I.Katina

Candidiasis is the disease of the skin, mucous membrane and internal organs conditioned by pathogenic influence of yeast-like fungi (Candida). There are some kinds of candidiasis. They are: oral cavity, urogenital, angles of the mouth, chilitis, skin fold, and smooth skin candidiases.

Oral cavity candidiasis in children begins with hyperemia and swelling of gums, mucous membrane of cheeks, tongue, hard palate, and tonsils. White caseous patches 1-3 mm in diameter appear on this background. They increase in size and then form films. The course of the disease is acute and rarely chronic. But it has a chronic character in adults. In this case hyperemia and swelling of mucous membrane decrease, but patches become thin and rough. The tongue increases in size.

Urogenital candidiasis. Mucous membrane of the penis becomes red and lucid with erosions, micro pustules and caseous patch. It is characterized with caseous discharge from genital tracts, pruritus, and burning. Vagina, entrance to the vagina, and vulva are hyperemic.

Perleche candidiasis. Mucous membrane in the area of transition fold is infiltrated and has the grayish color. There is always pinkish-red erosion or crack in the depth of the fold.

Chilitis candidiasis is characterized with the swelling and cyanosis of the red edge of lips, desquamation, and thin laminar scales.

Skin fold candidiasis is characterized with the appearance of micro vesicles in the depth of folds. Erosions increase in size and form extensive erosive areas.

Smooth skin candidiasis begins with the appearance of micro vesicles with flaccid tegmen.

41. METHODS OF SURGICAL TREATMENT OF HEPATIC ECHINOCOCCOSIS

Leshenok E., Kol O. – the 4th year students

Scientific leaders: Ass.Prof. A.A.Siesoliatin, O.I.Katina

The aim of the investigation is the analysis in choice of the most informative methods of diagnostics and versions of surgical treatment of hepatic echinococcosis.

Materials and methods. Our data are based on the results of surgical treatment of 62 patients with hepatic echinococcosis in the period from 1972-2005. The treatment was carried out in Blagoveschensk Municipal Clinical Hospital №3. The age of the patients was from 18 to 68 years. There were 44 women (70.9%) and 18 men (29.1%). Parasitic cysts in the right lobe of the liver were in 38 patients. 15 patients

had parasitic cysts in the left lobe of the liver, and 9 patients had multiple echinococcosis (cysts were founded as in the left lobe of the liver so as in the right one).

Last decade is corresponded to the period of formation of such informative methods of diagnostics as echography, computer tomography (CT), and magneto-resonant tomography (MRT). These methods allowed to make not only the diagnosis of echinococcosis, but to define the localization, the quality, and the size of cysts. They helped to reveal the degree of viability, their implements to caval and portal structures of the liver.

We used intrasurgical ultrasonic examination to recognize the segmental structure of the liver in 10 cases. According to our data diagnostic informativity of ultrasonic examination in revealing parasitogenic lesions of the liver made 88%.

Results_ We performed radical operations on 61 patients. It made 98.3%. One patient had the operation with palliative character due to the severity of his condition. It consisted in external drainage of suppurating parasitogenic cysts.

The character of radical operations depended on the cysts value, their location, contaminating, and calcification of fibrous capsule.

Conclusion. Thus, analyzing the results of surgical tactics in hepatic echinococcosis, we came to the conclusion that CT, MRT, and intrasurgical ultrasonic examination are the most informative methods in diagnostics. We consider pericystectomy to be the most optimal method of operation in echinococcosis.

42. MY TRAVELLING TO NIIGATA.

Prishchepa Y.A.– the 5-th year student

Scientific leaders –Prof. E. A. Borodin , V. D Yegorova.

We came to Japan on the 28th of June. During the welcome party we met a lot of interesting people, who became our new friends after two weeks of Exchange program. On the 29th of June we had a beach party with Japanese students. We cooked Russian food and Japanese food. And I learned that Japanese food was very tasty.

There is no better way to understand culture of a country, than to live in a traditional family. I lived in a family of Acaishi sensei. It was so amassing to have a contact with very intelligent Japanese family. They were very kind to me and during the evenings we talked about Japan and differences between Russian and Japanese life. We visited together many historical places in Niigata and a Privite Children's Hospital.

During my studies in Japan I was at the Department of Dermatology. I worked with Professor Ito, Doctor Ito and doctor Fujiwara. They helped me to understand the system of treatment at the department of Dermatology. Now I would like to present a case report of the patient with Bullous Pemphigoid. Bullous Pemphigoid is a autoimmune blistering skin disease. Nearly two thirds of cases occur in patients aged 80 years or older. I have not seen any patient with this disease in Russia, probably because the life-span in Russia is shorter than in Japan.

It was a male of 70 . He had symptoms: tense blisters, pruritic localized on the proximal extremities. There were no signs at the patients head and neck. Systemic corticosteroid and topical corticosteroid were chosen for the therapy.

It was so unbelievable, that I had a traveling to Tokyo. We visited it with professor Yamamoto. We saw Disney Land, Russian church of St. Nicolay, Privite Medical school and many historical places.

We saw so many interesting places in Japan, leared a lot about Japanese culture, studied new methods of treatment in medicine during this two weeks. To my mind this travelling will help me to be a qualified doctor in future.

43. DIABETIC NEPHROPATHY

Snegiryov A.A., Totskaya E.G. – the 4th year students.

Scientific leaders – C. of M. S. M.S. Efimtseva A.F., Yegorova V.D.

Diabetic nephropathy is one of most dangerous complication of diabetes, characterized by the development of the nodular or diffused glomerulosclerosis (occlusion of renal glomerules). In consequence of it kidneys loose their functional ability to purify blood from toxic products of metabolism

(creatinine, urea and other substances), it is followed by the development of chronic renal insufficiency and mortality of patients from uremic intoxication. The term diabetic nephropathy or glomerulosclerosis means the complex of symptoms which affects glomerular vessels and kidney small canals involving small arterioles. As the response of the vascular bed on the metabolic disturbances there occurs diabetic angiopathy which is characterized by plasmatic impregnation of the vessel walls completing by sclerosis and hyalinosis. Clinical morphological syndrome, in the base of which there is diabetic sclerosis, is called Kimmelstil – Wilson syndrome.

Classification of diabetic nephropathy

- stage – hyperfunction of kidneys;
- stage of the initial structural changes in kidneys;
- stage of the initial diabetic nephropathy;
- stage of the expressed diabetic nephropathy (proteinuria);
- stage of uremia.

Clinical characteristics of diabetic nephropathy stages.

Hyperfunction of kidneys. It is presented morphologically. The increase of kidney size is 20 – 75% in 40% of patients with diabetes mellitus.

The stage of the initial structural changes in kidneys. The kidney tissue is gradually changing. These changes are characterized by the thickness of BMG and by the increasing of mesangial matrix volume. In mesangial matrix blocks of PAS positive substance, collagen of the 4th type, laminine, fibronectine are accumulated leading to the occlusion of capillary glomerules.

Stage of microalbuminuria. The increase of albumin secretion serves as the first reliable marker of the diabetic nephropathy developing, showing the quick appearance of proteinuria.

Stage of proteinuria. The appearance of albumin excretion in more than 200mg/min or 300mg/d in urine is characteristic for proteiuric stage of diabetic nephropathy.

Stage of chronic kidney insufficiency. Chronic kidney insufficiency is characterized by the expressed decrease of the filtration of kidney functions leading to the increase of toxic nitric wastes in blood. 2 main types of diabetic injuries of kidney glomerules – nodular and diffuse ones are distinguished morphologically.

The nodular form is already observed as a rule in the first manifestations of clinical symptoms of diabetes mellitus which are characterized by complications of diabetic glomerulocapillary microaneurisms situated on the periphery or in the centre of glomerules. Further these microaneurisms are organized into Kimmelstil – Wilson nodules which are described as hyaline nodules. With the progressing of the disease the nodules increase in size, narrow the capillary lumen which leads to the occlusion of glomerules. Diffuse glomerulosclerosis is characterized by the diffuse increase of mesangial matrix, moderate proliferation of mesangial cells and consolidation of basal glomerular membranes. Further the membranous substance is laid down near by the basal membrane combining all together and accumulating in mesangium of the matrix.

44. PATHOLOGOANATOMICAL PECULIARITIES OF DEFORMING OSTEOARTHRISIS (OA)

Bardov V.S., Bezzubtseva V.V. – 4th year students

Scientific leaders – C. of M.S. A.F. Efimtseva, C. of M.S. N.V. Menshchikova, V.D. Yegorova

The term OA was introduced in 1926 year by Cecil R.L. and Archer B.H. According to American rheumatologists OA presents «the group of diseases joints of various etiology but similar according to biological, morphological and clinical features leading to the cartilage loss». At the present time OA is the most wide-spread disease of joints. Clinical manifestations are observed in more than 20% of population. In people over 60 OA is diagnosed with frequency of 80 - 97%. Depending on the leading meaning of either pathogenic factor we distinguish the following types of the disease:

- 1) Primary OA deforms by mechanical overloading, microtraumatism of the articular cartilage;
- 2) Secondary OA, connected with the transferred arthritis and other diseases;
- 3) Endemic OA deforms (Kashin-Beck disease) develops in the inferiority of the cartilage connected with geochemical factors;

He changes of the normal composition and structures of the cartilaginous matrix lead to the

disorder of the processes of diffusion, to the reduction and impairment of hydrophilicity determining elastic properties of the hyaline (true) cartilage. Because of it there occur the degeneration and the increased wearing out of the cartilage with fibrinolysis and desquamation on its surface layers. Microfissures are formed in it and hyaluronidase (hyalase) from synovial fluid penetrates in microfissures causing depolymerization of chondroitin sulphate in the deep layers of the cartilage aggravating its cracking. Compensator neoplasm in osteochondrous tissue occurs in the peripheral sections of epiphyses for the distribution of the load, osteophytes being formed on the edges of the articular surface which lead to the deformation of the cartilage.

Normal whiteness of the cartilage is marked macroscopically. Its surface is dim and yellowish. Fibrinolysis of the main substance (fibrillation) and desquamation of the cartilaginous elements are revealed microscopically.

Cysts sometimes with dense fibrous walls are formed. The cartilage decay is replaced by the cartilaginous the so-called chondroid tissue (A.V. Rusakov) which has the features of the fibrillar cartilage. Its main substance has the significant fibrillation and small spindle-shaped cells are evenly and densely distributed along the whole surface. The occurrence of the chondroid tissue is considered as the original outcome into the cicatrizing during the degeneration of the articular cartilage (I.L. Klioner).

Regenerative processes are presented by the formation of the osteal tissue in the closing bony plates in the form of their sclerosing and by intumescence (thickening), cartilage regeneration along the peripheric articular surface and by the appearance of osteophytes. The indicated process is accompanied by the vegetation of blood vessels, the deformation of the joint begins. The surface of the osteophytes is covered by chondroid tissue, and internal sites are gradually replaced by the bone marrow.

Growing up the osteophytes acquire characteristic for them type - drooping marginal growings, crests, styloid and coracoid formations etc, leading to the expressed deformation of the joint and the mechanical limitation of its mobility. Cartilaginous and bony fragments in the joint cavity are called "translocating, free foreign" bodies, and also "articular mice" and are found in the deforming arthrosis highly often (in 23 out of 26 cases of patients, according to Lloyd-Roberts).

45. HEALTHIER SKIN NATURALLY IN 7 DAYS OR LESS.

Kantamirova A. - the 3rd year student.

Scientific leaders: Ass. Prof. N. E. Melnichenko, A.I. Rudenko

Many people think that drastic measures are required in order to have flawless, youthful skin. Nothing could be further from the truth. It's possible to have better looking skin starting with things you already have in your home; no cosmetic surgery or expensive makeup required!

Healthy skin is moist and produces adequate amounts of oil from the sebaceous glands, producing a natural "glow." Plump skin cells fit together like a carefully constructed mosaic, where each one has its own place. When skin cells dry out, however, they begin to lift and separate at an angle, giving skin a dull, flaky look that makes the skin appear older.

The two main causes for dry skin are environmental factors (weather, chemicals, the use of the wrong personal care products) and poor diet. In order to look great on the outside, you must first treat yourself right from within. A regular balanced diet is the number one defense against wrinkles, outbreaks and dry skin conditions. Most moisture for your skin is provided through your bloodstream. The bloodstream is responsible for pumping nutrients and minerals into your system which are carried through that moisture. The oil that your skin produces is not directly responsible for moisturizing, but instead helps to keep moisture in. An inadequate amount of oil will allow excessive evaporation or the moisture in your skin, allowing it to dry out quickly.

Foods rich in protein are essential for skin regeneration and repair. Better sources of protein would include seafood (salmon in particular is a very good choice), lean fowl (turkey, chicken) and vegetable protein. Another healthy practice is to eat lots of raw foods every day.

Canned and frozen vegetables may provide some nutrients, but only raw veggies and fruits will contain the enzymes necessary to prevent free radical damage.

Certain vitamins and minerals are crucial to youthful skin, including sulfur. In its natural form from foods such as garlic, onions, eggs and asparagus, sulfur with help to keep skin smooth and youthful.

Alpha-hydroxy acids are responsible for keeping your skin pH balanced. You can get them from foods such as apples, grapes, blackberries, citrus fruits, tomatoes and milk. Essential fatty acids (EFAs) found in fish (especially salmon), dark leafy vegetables (kale, collards, dandelions) and flax seeds are also extremely important for your skin. Lactic acid helps to improve your skin's moisture content, while glycolic acid removes dead skin cells that make your skin look dry and flaky. Junk foods should especially be avoided when trying to maintain healthy skin. Eliminating soda, sugar and other empty-calorie foods will not only improve your skin's appearance, but will help take off the extra pounds. Alcohol and caffeine should also be avoided, as these and other types of diuretics make the body lose fluids and essential minerals, which dries out your skin.

Each of these foods and supplements are easy to find in your local supermarket or health store, and will cost you much less than the myriad of skin care products which promise unrealistic results. Chapping and cracking during the winter will be much less likely to occur as well. Most importantly, these tips will help you to slow down the effects of aging, such as fine lines and wrinkles, brown spots, enlarged pores and sagging skin.

46. THE ROLE OF FORENSIC MEDICINE IN TAKING PREVENTIVE MEASURES AGAINST SHORTCOMINGS OF PROPHYLACTIC MEDICAL EXAMINATION

Knalyan S. - the 6th year student

Scientific leaders - Ass.Prof., M. O. Gigolyan, I. A. Bibik

The main problem of public health services is to improve people's health due to early prediction of various diseases, their early diagnosis, and timely medical aid. The national project of public health services provides medical examination of the population, according to which all the population of the Russian Federation undergo prophylactic medical examination. Our aim is to study the prophylactic medical examination process in Blagoveshchensk basing on the facts of the Regional Bureau of Forensic Medical Examination. We studied the post-mortem examination acts of the persons who died in 2006 suddenly, their out-patient cards, and the catamnesis cards of the persons who had died suddenly.

Among the investigated corpses the majority of them are males (79 %). According to the nosologic forms cardiovascular mortality prevailed (71,3 %). The analysis of the facts showed, that among 176 individuals who had died suddenly, only 111 individuals (63 %) were under medical supervision. In filling in catamnesis cards it was revealed that many of them didn't suspect of their serious diseases and they continued to do their hard work that was contra-indicated to the condition of their health.

When pathologoanatomic and out-patient diagnoses of persons who were under medical supervision were compared (77 % of cases) coincidence of diagnoses was revealed. In 33% of cases the divergence of diagnoses was revealed (mainly the persons of able-bodied age).

In Blagoveshchensk serious shortcomings of the out-patient service were revealed in prediction of diseases in patients' examination and in regular medical check-ups of the population. The medical establishments don't completely use their opportunities to improve the medical examination of the population in Blagoveshchensk. It is necessary to generalize the pathologoanatomic and forensic facts of sudden deaths regularly and to inform health authorities of the data and to give recommendations for improvement of the disease-prevention service.

47. PECULIARITIES OF THE DEVELOPMENT OF THE IMMUNE SYSTEM IN CHILDREN

Zrazhevskaya O.A – the 4th years student.

Scientific leaders - Candid. of Med. Scienc. – Pavlenko V. I., Yegorova V.D.

According to the data of WHO children at the early age have 6-8 cases of the respiratory diseases during a year. On the average a child can suffer from rather severe infections 1-2 times a year with the normal functioning of the immune system, nearly 4-5 infections may occur as a mild rhinitis, cough and subfebrile temperature.

There are some definite “critical” periods in the development of the immune system during the process of a child’s growth, which make favorable conditions for the development of the physiological immunodeficiency. The first critical period is the period of a new born. In this period the immune protection of a child is depressed. The child is too sensitive to the viral infections and to the influence of his own conditioned pathogenic microbes, which can cause different diseases in the lowered immunity.

The second critical period of a child aged 3-6 months is conditioned by the damages of a mother’s antibodies. Then first immune response develops during this period mainly at the expense of the synthesis of the immunoglobulin (Ig) a but the immunological memory is not formed. During this period children are exposed to viruses which cause ARVI. High indices of morbidity from enteric infection, inflammatory diseases of the respiratory organs and food allergies occur.

The third clinical period is the 2nd-3rd years of the baby’s life. The main role in the immune system is played by the first immune response although Ig C has already appeared.

The fourth critical period is the 6-7th years of life. In this period the levels of Ig M and G are the same with the parameters of an adult person but the level of Ig A is low; the frequency of allergic diseases increase. The fifth critical period is the adolescent one (girls aged 12-13 years and boys aged 14-15 years). This is the period of the impetuous growth of the hormonal rearrangement and it combines with the decrease of the lymphoid organs. In this period the exacerbations of chronic diseases occur.

Thus the physiological immunodeficiency of a child is not a pathology but it is the opposite stage of the ontogenesis of the immune system.

48. A GREAT RUSSIAN SCIENTIST – LOMONOSOV.

Kunilova M. – the 1st year student

Scientific leaders: prof. Rodionov A. A., ass. Posokhova A. A.

“How one can reason about the human body,
Having no knowledge of either bones` and joints` build for its strengthening,
or muscles` union or position for feeling,
or veins` length for blood circulation,
or other organs of its marvellous build.”

M.V.Lomonosov

M. V. Lomonosov was born not far from the shipyard, near the town Kholmogor in 1711. His father, the owner of a well-equipped vessel, was a developed man according to that time. Michael went fishing with the father since childhood. The boy learned to read early. He longed for the further study and went to Moscow on foot.

Years of the persistent work on the way to knowledge – and Lomonosov became the outstanding scientist. You can hardly imagine a person having made so much in different branches of knowledge, literature and art. One French historian even considered that there were two Lomonosovs in Russia – a poet and a chemist. But it was the same person. Besides, Michael Lomonosov was a physicist and an artist, an astronomer and a metallurgist, a geographer and a historian, an educator and a statesman.

A great scientist, striking by his versatility even among scientists – persons of encyclopedic knowledge of the 18-st century, M. V. Lomonosov is not a stranger to medicine. The interest to this largest branch of natural sciences in which his philosophic views and theoretical opinions found practical applications was characteristic to Michael Vasilyevich Lomonosov during his whole life.

Being a student in Marburg he attended lectures in two faculties – philosophical and medical. In the medical faculty Chemistry that was tightly connected with medicine attracted him. After graduation from Marburg University he got the title of Candidate of medicine. So Lomonosov met with medicine for the first time. In the future he turned repeatedly to it.

Lomonosov was not engaged in treatment in principle but two works of the scientist written in the beginning and at the end of his work were developed to medicine.

One of them is the translation of the article “On preservation of health”. This translation was put in “Notes to gazettes” in 1741. The article contained a number of expedient hygienic advice and progressive thoughts in many questions. The second work is the letter to I. I. Shuvalov on 1-st of November,

1761 that received the name “On reproduction and preservation of Russian people”. It contains such a treasury of bold ideas, such an abundance of hygienic instructions that the analysis of just this work gives an abundant material for medicine on the whole.

Lomonosov created experimental natural history in Russia. He was an ardent fighter for education, the founder of the 1st Russian university. Lomonosov fought against foreign domination, sycophancy, for honor and merit of the Russian science. He showed what great forces and abilities were concealed in Russian people. Under the Soviet Power these abilities and forces got such development and application that one could not dream of in the Old Russia. That is why Lomonosov – a great patriot and a daring thinker is so dear to Russian scientists.

49. AVICENA

Neylis Ya. –the 1st -year student

Scientific leaders – prof. Rodionov A. A., ass. Posokhova A. A.

“Invisible hearth of underground fire,
feeding the complete chain of fire-spitting tops.”

Bertels

Avicenna was a doctor, a scientist-person of an encyclopedic knowledge, a philosopher who lived more than thousands years ago. He was born in Afshan on the 16th of August in 980. His father was an official and gave a home education to his son, having aroused thirst for knowledge. Soon he surpassed his teachers and began to study Physics, Mathematics, Medicine himself. Just those years he wrote the first independent treatises and even joined the scientific correspondence-polemics with Al-Biruni. During 1002 -1005 he was in association with “Mamun’s academy” of renowned scientists. Since 1008 he led the life of a wanderer that depended on sultans, consequences of palace intrigues. In 1030 Avicenna’s house was robbed, many of his works got lost. Hardships of life undermined his health and on the 18th of June, 1037 he died. He was buried in Khamada. But we remember him as a wonderful author of the most interesting works in the field of Medicine, Mathematics, Physics, Zoology. The exact number of his works is not established (there are up to 456 of them). The main work is Canon of the medical science. It consists of 5 volumes, including information in the main fields of medicine; the detailed description of heart, liver, brain is given, the opinion that the source of the eyesight is lens is refuted, it is proved that retina gives the depiction of a subject. Achievements in the field of practical medicine, diagnostics, clinics, treatment were described in these volumes, classification of diseases, general rules of their treatment are considered, teachings about nutrition, way of life and preservation of health in all periods of life are stated in detail. More than 800 medicines of vegetable, animal and mineral origin with the indication of general medical properties and way of use are given in the Canon.

50. PERSONAL FEATURERS OF SECONDARY SCHOOL LEAVERS AND STUDENTS OF ASMA CONTRIBUTING TO SUCCESS.

Volodeva O. – the 4th year student

Scientific leaders- Ass. Pr. V.I. Eryomenko, M.M. Teplishcheva

At present the level of neuropathological frustrations among students remain high. To reveal these disturbances of mental activity, tendency to neurotic or psychopathic reactions we examined the pupils of the 11th forms of the secondary schools N 14 and 11 and the 4th year students of ASMA with up-to-date psychometric techniques. The certain conclusions have been made. The method of Ravenna’s progressive matrixes is a set of graphic problems, each of which contains a basic image with a blank and a set of figures-inserts. One of these inserts should be indicated by an examinee. The technique of many-sided personal study is a questionnaire test including 384 statements which cover the wide spectrum of personal characteristics, precepts, interests, psychopathologic and psychosomatic signs. 16-factorial Kettel’s test has applicational value, as it is intended for the study of wide spectrum of personal characteristics and it doesn’t show additional information about psychic state and personal peculiarities of the tested persons contributing to the development of pathologic phenomena. Average mental Ravenna’s index was 46,5 points in girls and 47,25—in boys. Among the students of ASMA it made up 4,5 points in girls and 47,3—

in boys. According to the method of many-sided personal study we obtained the following data: only a half of the girls had no essential deviations in the personal structure (52%) and 39,3% --the boys. Every fifth 11th form pupil had pathological personal structure. That is, such conditions as hypochondria, depression, hysteria, psychopath, psychasthenia, autism exceeded the accepted psychological and psychiatric standards. About half of the students (48%) were noted moderate increase of anxiety, inner tension that testifies to dissatisfaction with surrounding situation and incorrectly organized activity. According to the method of 16-factorial Kettel's test only every 3d girl has the optimal level of emotional involvement and syntony. This level is significantly higher in half of the girls, thus training and neuropsychiatric state suffers. More than half of the boys has optimal level of these indices. High indices of affective rigidity, tendency to ideal processing of situation, stimulating the negative emotions were found in 78% of the girls and 72% of the boys. It predisposes a person to neurotic and psychopathic reactions. About a half of the schoolchildren and students have insufficient level of satisfaction with their study role in it.

Thus, our study shows that modern schoolchildren and students have enough mentality, high energetic potentiality, ability to logical analysis. They are capable to meet and fight with the difficulties. But modern schoolchildren have complicated personal emphases that will reflect on the period of adaptation in the educational establishment as well as on their job. Practically all young men choose training not due to their mental abilities but motivation to achieve the aims and adopt the complicated social-economic conditions. Before the responsible situations the girls and boys have high level of anxiety and emotional tension without tendency to the decrease of frustration threshold. It allows to come to the prognostically favorable conclusion about successful solution of the aims and problems put by the students.

51. AN ARTIFICIAL SKIN FOR HEALING WOUNDS.

Nahapetyan V. – the 3rd year student.

Scientific leaders: Ass. prof. Zuzko A.S., A. I. Rudenko

British company Intercytex has developed an artificial skin which can be used for healing wounds. Preliminary test results of the invention the scientists call very promising.

In Intercytex speak, that new artificial skin ICX-SKN connects human tissues much better than all substitutes which were tested earlier. Physicians believe, that the last development can become alternative to a skin transplantation practising today. Up to now skin transplantation from other parts of a body of the patient on the affected parts was considered as the best way of treatment of serious burns and wounds. However this method is not ideal and scientists have already started to undertake attempts of an artificial skin creation. However, in opinion of some experts, if substitutes do not engraft completely all efforts on creation of artificial skin analogues have the limited value.

The Artificial skin looks like thin rubber. It is impregnated with a special solution for greater elasticity. If to put it on the open wound according to scientists data, it will be tightened. In a month the patient feels coolness.

Experts Intercytex grow up an artificial skin from the matrixes made of fibrin - protein which is in healing wounds. Human fibroblasters are added to fibrin - the cells used by an organism for synthesizing of a new tissue. During process that simulates creation of a process new skin by organism, cells make other fiber, the collagen doing a matrix more stable and more adapted to changes during healing of a wound. After that artificial skin ICX-SKN is implanted into a wound.

But it is necessary to carry out some more researches which will help to understand, how much Intercytex invention is better than existing analogues. Probably, a new way of skin replacement will allow to reduce scars considerably and will help to treat chronic ulcers at elderly patients more successfully.

In any case the artificial skin does not become accessible the nearest years. It is expensive technology which is available only rich people. It is cheaper to transplant one's own skin.

52. COMPARATIVE CHARACTERISTICS OF INDAP AND ARIFON IN THE TREATMENT OF THE PATIENTS WITH ARTERIAL HYPERTENSION.

Selega A.E.- the 6th year student

Scientific leaders- Sivyakova O.N., Teplishcheva M.M.

Diuretics take the leading role as unsurpassed standard in treatment the patients with arterial hypertension (AH) in spite of about a half century history of clinical use and development of new classes of antihypertensive drugs. Indapomid differs from other diuretics by the minimal action on the content of potassium and uric acid in blood. Sensitivity of peripheral tissues to insulin is not affected in the cases of indapomid administration to the patients. Preparation doesn't practically influence on the levels of general cholesterol and triglycerides. Besides, indapomid has significant sodium and diuretic action at any degree of renal insufficiency that profitably differ it from other thiasid diuretics. In the cardiologic department of Amur Regional Clinical Hospital the comparative evaluation of arifon and indap in the treatment of the patients with AH of the 1st and 2nd degree was carried out in equal clinical groups (number of patients, sex, age, duration of AH). The presence of indications and contraindications was taken into consideration before the administration of the drugs. Also the age, sex, level and severity of AH and type of hemodynamics were accounted. Furosemid test showing the effectiveness of diuretics was made in all patients. Plasma content of potassium, glucose and lipid spectrum was determined. The patients were distributed according to the age and sex in following way: 57 females (average age-49,2 years), 49 males (average age 47,8 years). 18 patients were diagnosed essential AH for the first time (2nd degree, middle risk), 88 patients suffered from AH of the 1st and 2nd degree of middle and high risk during 17,8 years on average. Arifon and indap were administered to all patients for the first time in the dose of 2,5 mg as monotherapy. Evaluation of preparation effectiveness was made in 6 weeks (after the discharge from the in-patient department the remedy was prescribed at polyclinics). Clinical effect was noted in all patients on the 2nd-5th days. In the group of the patients receiving arifon, systolic arterial pressure (AP) decreased by 27%, diastolic one—by 21 % compared with the initial pressure and stably persisted during the whole period of observation. In the group of the patients treated with indap AP decreased by 25,7% and 22,1% accordingly. The significant changes of diuresis heart beat rate were not observed. There were no side effects to indap. One patient taking arifon developed urticaria that was reason to delay the remedy. On the discharge all patients were recommended to continue the treatment with the administered preparations. Thus, indap as thiasid diuretic of the 2nd generation is an effective, safe and available to the patients antihypertensive drug. The data obtained proved its equivalency to the original preparation-arifon. The given drugs can be prescribed to the patients with AH of the 1st and 2nd degree as a monotherapy as well as in combination with ACE inhibitors and other antihypertensive preparations.

53. THE EFFECTIVENESS OF THE METHOD OF VIDEO-COMPUTER AUTOTRAINING IN CHILDREN WITH MYOPIA

Teplishchev D.A.- the 6th year student

Scientific leaders -Mikhalskiy E.A., Teplishcheva M.M.

A lot of new methods using biological feedback, which are used in treatment of a number of somatic and nervous diseases, have come into the medical practice last years. The methods on the basis of the conditioned reflex technologies are the most popular in ophthalmology. They allow restoring the nervous system control under the processes, taking place the visual analyzer. The aim of our research was to study the effectiveness of the method of video-computer autotraining with apparatus programmed complex "«Ambliokor-01" for children with myopia.

The investigations were fulfilled in 39 patients (78 eyes) with instabilized myopia. Of them there were 20 children (40 eyes) with myopia of the 1st degree, 11 children (22 eyes) with myopia of the 2nd degree, 8 children – (16 eyes) with myopia of the 3^d degree. Effectiveness of the treatment was estimated by the change of value of correction and visual acuity before and after the treatment.

In the group with myopia of the 1st degree vision acuity has changed at the average from $0,36 \pm 0,02$ to $0,67 \pm 0,04$ ($P < 0,001$), the effectiveness of treatment has compounded 93,7 %. In group with myopia the 2nd degree of vision it has increased two times, from 0,30 to 0,60, the effectiveness has compounded 87,5 %. The vision in children with the 3^d degree of myopia has changed from $0,22 \pm 0,03$ to

0,40±0,07 (P < 0,01), the effectiveness of treatment has compounded 67 %. The greatest decrease of optical correction was observed in patients with the 1st degree of myopia at the average by 1,5^d.

Thus, the modern method video-computer autotraining gradually forms new reflex links, providing higher level of visual functions that permits to receive positive effect after the treatment in children with myopia in 83 % of the cases.

54. IMMUNOLOGIC ASPECTS OF LASER LIGHT AND LYCOPID APPLICATION IN PATIENTS WITH ACUTE PANCREATITIS

Skaredina M - the 4-th year student

Scientific leaders - c. m. s Reshetnikova L K., Matveyeva Y. V.

The object of this investigation was to determine the immunologic system indices in patients with acute pancreatitis (AP) and to study the effect of the laser light (LL) and the immunocorrecting preparations on these indices and the course of the disease.

The collection of the monoclonic antibodies is presented with CD3, CD4, CD8, CD16 and CD72. Immunoglobulin was determined using the radial immunodiffusion method according to Mancini.

30 patients with acute pancreatitis were examined according to their immune system condition; the findings were compared with the normal indices of healthy people. The patients with AP were divided into two groups. A traditional complex treatment was applied to 15 patients of the first group. 15 patients of the second group were treated with the use of a laser therapy and the immunocorrecting lycopid.

On admission to the hospital significant differences were revealed in comparison with the normal indices. After the treatment the amount of leucocytes reached the norm in both groups; but the amount of lymphocytes increased. The indices of T-lymphocytes, B-lymphocytes and subpopulations CD4, CD8 were less than the norm in the first group and were normal in the second group. NK - cells were according to the norm in both groups after the treatment. Immunoglobulins tended to normalization in the first group and standardized in the second one, where a quick cupping (arresting) of clinical manifestations of the disease was marked.

Thus, the findings prove significant positive changes in the process of the complex treatment, using the laser light.

55. CREATION OF ARTIFICIAL LYMPH NODE BY JAPANESE SCIENTISTS.

Ivanova E. - the 2-nd year student

Scientific leaders – ass. prof. Sayapina I. Yu., Volosenkova E. A.

Lymph nodes are peripheral organs of the immune system. Lymph nodes play an important part in the formation of humoral cellular immunity protecting an organism from different genetically foreign things – microbes, viruses, cells and genetically changed cells, providing the maintenance of genetical integrity and the internal balance of an organism. The study of structure and function of lymph nodes has drawn special attention of modern researchers due to the development of immunology and needs of practical medicine.

The artificial lymph node was made in Japan at the RIKEN Institute by a group of Takeshi Watanabe. It is a piece of collagenic sponge of 3-4 millimetres in size. Special cells of thymus were introduced into this node.

The key moment of the experiment came after the artificial lymph node filling with the antigen- specific T and B lymphocytes: introduction of an artificial node to the mice with the damaged immune system. Lymphocytes from the new node began to fill empty natural lymph nodes of an animal because of the disturbance of the immune activity. When the same harmless antigen was injected into the mouse with the damaged immune system, its transplanted immune system has provided the intensive response – large production of lymphocytes which have neutralized a foreign molecule.

Transplantation of an artificial lymph node to the mice – was carried out success fully thus, function of the immune system in the experimental animals was restored. So, the achievements of bioengineering can be used in the treatment of AIDS and cancer.

56. NEW METHOD OF ACNE TREATMENT

Tolstopyatova A.A- the 4th year student

Scientific leaders - Melnichenko N.E., Gudkina

Acne is a skin condition, which has plugged pores (blackheads and whiteheads) inflamed pimples (pustules) and deeper lumps (nodules). Testosterone, microorganism can cause acne. Acne results in medical and psychological problem. Control of acne is an ongoing process. All acne treatments work by preventing new acne breakouts. Existing blemishes must heal on their own, and therefore, improvement takes time. If your acne has not improved within two to three months, your treatment may need to be changed. The treatment your dermatologist recommends will vary according to the type of acne. Occasionally, an acne-like rash can be due to another cause such as make-up or lotions, or from oral medication. It is important to help your dermatologist by providing an updated history of what you are using on your skin or taking internally.

Many non-prescription acne lotions and creams help mild cases of acne. However, many will also make your skin dry. Follow instructions carefully.

Doctors for treating acne used traditional method. They are:

- visiting cosmetologist
- clean the skin
- use systemic drugs (roakkutan, antibiotics)
- vitamin therapy.

Today we can use new method for treating acne (autoheamotransfusion, darsonvalization, chemical and enzyme peel, and laser).

Now matter what special treatments your doctor may use, remember that you must continue proper skin care. Acne is not curable, but it is controllable; proper treatment helps you to feel and look better and may prevent scars.

57. THE ROLE OF IMMUNOGLOBULIN IN HUMAN ORGANISM

Savchenko D. – the 2nd year student

Scientific leaders: ass. prof. G.P.Borodina, ass. O.I.Katina.

Immunoglobulin (international abbreviation is Ig) is the class of proteins connected in structure and containing two species of double polypeptide chains: light (L), with low molecular mass, and heavy (H), with high molecular mass. IG is subdivided into 5 AT classes according to structural and antigenic traits of H-chains: IgG (80%), IgA (15%), IgM (10%), IgD (0.1%), IgE (0.01%). IgG, IgD and IgE molecules are presented by monomers, IgM – by pentamers, IgA molecules in blood serum – by monomers, but in excretory fluids (lacrima, salivary, secretions of mucous membrane) – by dimmers.

IgA molecules compose the structure of gamma-globulins and make at about 15% of immunoglobulin in blood serum. They are synthesized by B – lymphocytes. IgA cannot pass through placenta. It also cannot fix and stimulate the complement. **Norm:** 5.6 – 27.9 mcmol/l; 0.9 – 4.5 gr/l.

IgG molecules are the basic component of the globulin fraction. They compose at about 80% of immunoglobulin in blood serum. They are synthesized by plasmocytes. The process of humoral protection of an organism for various bacteria, viruses and their toxins is connected with IgG. **Norm:** 0.6 – 2.8 gr/l.

IgM molecules belong to the globulin fraction and make 5 % of total protein content. IgM molecules are antibodies produced by B – lymphocytes (rheumatoid factor, antibacterial antibodies are referred to IgM class).

IgE molecules (Immunoglobulin E) are in blood serum of a healthy person in track quantity. IgE molecules play an important role in formation of allergic reaction. They take part in mechanisms of bronchial asthma development.

The protection of human organism is the principal and the main function of all Ig species.

58. V.P.VOROBYOV'S CONTRIBUTION INTO ANATOMY

Litvintseva K. - the 1st-year student

Scientific leaders – prof. Rodionov A. A., ass. Posokhova A.A.

The discovery of the frontier field in morphology and methods of its investigation was Vorobyov's most important contribution.

In any system of the human organism the transition from structural units of a large order to elements of microscopic line is performed through intermediate links, which the whole organism's behavior and the function of initial structural units depend on.

V. P. Vorobyov inserted a new chapter into the science. He studied the structures which are too small for anatomists' research methods and too great for histologists.

He made a great contribution into the macro – microscopic anatomy of the nervous system. Here are the main conditions of his method:

The object's choice. V.P.Vorobyov began with the stomach's nerves and then passed to the heart's ones.

The use of such methods of fixation which:

would keep sizes, form, position of organs and their nerves in ones' lifetime;

would not prevent from special staining of nerves;

would not cause tanning of tissues that hampers and even excludes a fine preparing of nerves.

Discovery of such stains which color nervous elements electively.

Invention of ways of medium's enlightenment where phrenic plexuses are situated.

The use of optical devices with a small enlargement but with a big range of focal distance.

Choice of rational and effective conditions of an investigated object's lightning.

Mastering of such an art of preparing so that to preserve the thinnest nervous branches.

Photographing of the prepared plexuses.

Experimentally-morphological and physiological check of secreted macro-microscopic bonds' nature.

As fixatives he chose the weak solution of formol (0,25%), alcohol of the ascending strength that favored preparations' enlightenment at the same time and formic acid. He invented a special "enlightener" – a small electric lamp with the voltage from 2-3 to 120 volts put into a glass tube. This enlightener was introduced into a full organ and allowed to investigate intramural nerves in the passing light. The methods of preparation zone's tiny irrigation belongs to him. The methods of preparation under water, the method of nerves' staining with methylthionine chloride in one's lifetime, the combined method of tissues' staining with its following restoration by formic acid and methylthionine chloride. Continuing his investigations V.P.Vorobyov began studying the brain and the spinal cord. He managed to retrace the bundles of nervous guides in the medulla, to secrete the separate fibres an nervous cells. Fundamental study of the heart's nerves by V.P.Vorobyov and his pupils led to the discovery of a nervous fold – the place of nerves' concentration and secretion of six nervous flexuses. Thanks to these flexuses a transplanted heart deprived of connections with the brain and the spinal cord can live while central guides germinate it.

The statement of his views in the science, acknowledgement of correctness of discovered by him phenomena and laws is the highest reward to the scientist. V.P.Vorobyov's vitality of achievements is his not of human making monument.

59. THE UTERINE NECK CANCER

Nikitina K. - the 3rd year student

Scientific leaders – Ph.D. N.R.Levchenko, A.I.Rudenko

The embodiment of the scientifically proved program of anticancerogenic struggle was positively reflected in dynamics of morbidity by the neck of the uterus cancer and death rate from it. However in many countries of the world it takes the first place in structure of malignant tumours of female genitals, and on death rate –the second. Therefore the search of more perfect methods of diagnostics and its treatment is one of the most important problems of oncological Gynecology.

Most often the neck of the uterus cancer appears at the age of 40-50 years though last years the

given disease is quite often observed in girls and women from 25-35 years. The pathology appears on a background of the unchanged epithelium. They are preceded, as a rule, with pretumoral conditions: leukoplakia, erythroplakia, erosion, etc. Low morbidity is marked in the women, who did not often have sexual experience. Diagnostics of the developed cancer on the basis clinical signs of the disease does not represent special difficulties, but early revealing of the disease in many cases depends on two conditions: behavior of the doctor who is obliged to provide correct diagnostics and a timely direction to the treatment.

It is curious that at early stages of tumour special symptoms practically are not observed. The further bleedings (83,5%), pains (4,5%) in lumbar area, sacrum or above pubis, specific infiltration of tissues pelvis, germination by a tumour of the next organs appear. Proceeding from this each woman should understand for herself one thing: it is indispensable to consult a gynecologist for prevention and prophylaxis of a cancer development at least once a month.

Treatment of the patients with the uterine neck cancer presented both surgical intervention (uterine extirpation with adnexa) and radical gynecological therapy, because surgical manipulations are effective only in an initial stage of the disease and in the great number of women the cancer reveals in a clinically expressed stage. Many women having heard about the diagnosis, perceive it as a verdict and refuse treatment. Do not despair, nevertheless there is a chance to recover!!!

60. APPLICATION METHODS OF SU JOK THERAPY IN REHABILITATION OF FREQUENTLY ILL CHILDREN

Anisimova A. -the 5th year student.

Scientific leaders – Y.S. Medvedeva, Ye.A. Volosenkova

The percentage of frequently ill children (FIC) in the group of those observed at the paediatric outpatient departments is constantly growing. Because of efficacy of treatment and symptoms polymorphism a complex of permanent and temporal rehabilitation measures is often carried out in the group of frequently ill children.

Su Jok therapy does not take much time, does not require the material expenses and does not cause the complications.

Su Jok therapy is performed as a game.

Su Jok therapy gives the opportunity to cure a fairly wide range of diseases to prevent their development, stimulate the activity of the nervous system, causing local and general reflex reactions and regulate the internal defensive mechanisms.

So, it is recommended to use Su Jok therapy methods in case of the marked functional disorders in weak frequently ill children.

61. FEDOR MERING

Korotkikh A., Fillipov A. – the 4-th year students

Scientific leaders – k.m.c. Kruglyakova L.V., Teplishcheva M.M.

This year all medical audience celebrates the 185th anniversary of Fedor Fedorovich Mering birth, one of the famous therapists, professor of Medical faculty of St. Vladimir Kyiv University, a pupil and follower of N. I. Pirogov, physician-humanist, a gifted clinician and pedagogue, teacher and tutor of a lot of generations of Ukrainian physicians.

Fedor Mering was born in 1882 in the vicinity of Dresden in the family of a municipal physician. After graduating with an honors degree from the Medical faculty of Leipzig University F. Mering left for Ukraine. In 1846 he passed additional examination in medicine at Kyiv University and he received the first-class physician's degree.

Then he was appointed chief of the hospital for 50 beds in Zolotonosha of Poltava region. In 1849 he moved to Petersburg to prepare himself to the examination for the doctor's degree. In the First State Hospital in Petersburg he became a student of N. I. Pirogov, who worked especially much at that time in the field of pathologic anatomy. The help of N. I. Pirogov contributed to a quick growth of F. Mering as a scientist. Their scientific and personal contacts continued for above 30 years till

N. I. Pirogov's death.

In 1851 F. Mering passed the examination for the doctor's degree in medicine in Derpt. The same year he successfully defended his thesis *De lingual integumentis* and got the Doctor's degree in medicine and surgery. Soon after that he was recommended by N. I. Pirogov to participate in competition for the vacancy of the head of the Department of Particular Therapy at Kyiv University. F. Mering sent the 3 volumes work on Historical Development of Auscultation and Percussion. While waiting for the competition results he worked as a physician at the estate of G. S. Tarnovsky, the well-known maecenas of arts and sciences. In 1855 F. Mering was appointed to be the head of the Therapeutic Clinic.

In spring 1856, during the Crimean War, he left for the Southern Army to struggle with epidemics of European typhus. Thus he became one of N. I. Pirogov's associates in delivering medical aid to the sick and wounded.

After Professor S. P. Alferiev was retired F. F. Mering was elected Professor of the Department of Military Therapy and the head of the Faculty Therapeutic Clinic. F. F. Mering organized reading of epicrisis of medical histories with following discussions. These meetings served a basis for the first in Ukraine and one of the first in Europe Clinical society of medical students - a prototype of contemporary student's scientific societies.

F. F. Mering deserved the glory of a good lecturer. He prepared and published *A Course of Clinical Lectures, Lectures in Hygiene*. Following M. Ya. Mudrov, Mering taught his pupils to cure not a disease but a patient.

F. F. Mering saw the future of medicine "in the broad use of hygienic measures..." In his lectures he emphasized the public significance of the struggle for the human health.

"The society is in prosperity only when all its members are healthy, i.e., when people are well developed physically and morally", - he said. Allowing for the socio-hygienic factors, F. F. Mering noticed that only "under sufficient remuneration for labour the number of marriages and births will increase and infant mortality decrease and that will be the great gain for the society". We suppose that it will not be an exaggeration to say that these F. F. Mering's ideas are urgent at present.

62. MULTIFOCAL SYNCHRONOUS CANCER OF STOMACH AND CANCER OF SIGMOID GUT

Druzhinin E. – the 3rd year student

Scientific leader – Ph. D. L. A. Volkov, T. A. Gudkina

Multifocal cancer is the combination of two or more tumors different in histological structure in one organism. Multifocal cancer is divided into the synchronous and the metachronous one. In the case of the synchronous cancer in the organism there are two or more malignant tumors dividing simultaneously. In the case of the metachronous cancer there are two or more malignant tumors dividing in different periods.

The clinical presentation of multiple primary tumors is defined by symptoms of every tumor. The major term of modern diagnostics in oncology is the examination of initial tumoral focus, metastasis and the existence of other tumors.

Treatment of multiple primary tumors must be goal-directed for every tumor and it can be surgical, complex, radical and palliative.

Two patients were under medical care with multiple primary tumors in the department of surgery in municipal clinical hospital No.1 during last 5 years. Diagnosis of the patient Zh. is thyroid cancer and sigmoid cancer; another patient's diagnosis is synchronous ventricle cancer and sigmoid cancer.

A superior and median laparotomy lines up to 15 cm. was made under the general anesthesia. Size of the stomach at lesser curvature is 25-27 cm, at greater curvature is 30-32 cm. The antral part and body of stomach are with the tumor growing endophytically, seizing circular and narrowing the gas of the stomach. In the epiploon and in the retroperitoneal space there are no enlarged, suspicious of metastases lymph glands identified. The liver is smooth. The spleen is of the normal size, dark cherry colored and elastic. The pancreas is of the normal size, lobular and of elastic consistency. In the sigmoid gut there is a tuberos tumor identified that is of round shape up to 3 cm. size narrowing the gap of gut. There are no metastases identified in the lymph glands of mesentery.

While histological examination in sigmoid gut there is high differentiated adenocarcinoma with

invasion of submucous-muscular level of intestinal coat.

The postoperative period was proceeded without complications. Chemotherapy was carried out by 5-Fluorouracil in oncologic dispensary. Patient Tolmachev S.M., 51 years old, entered the hospital No.1 with complains of pain in the pit of the stomach after meal, sense of weight, gaseous eructation. He was ill during 5 months from the moment the pain appeared in the pit of the stomach for the first time. He did not asked for medical help. During last two weeks before entering the hospital he felt worse with general weakness increasing of pain.

While X-ray examination of stomach there is filling defect with the size of 9.5cm at greater curvature with the transfer to the back and front walls of the antral part; mucosal lines are interrupted, peristalsis is absent that enables to make diagnosis- the cancer of the antral part and body of stomach.

The folds of stomach body are changed chaotically, can not be smoothed out with air. Mucous membrane is knobby having pronounced contact bleeding for the all length of the stomach body at greater curvature, front wall, lesser curvature that means occurrence of entophytic disseminated tumor of stomach.

In the present case we observer multifocal cancer of stomach and sigmoid gut. Diagnosis of sigmoid cancer was made intraoperatively. The patient underwent the radical operation. The reconstructive operation is planed on the colon in the future.

63. BOTKIN S. P. – FAMOUS RUSSIAN PHYSICIAN.

Filippov A.S., Korotrih A.V. – the 4th year students.

Scientific leader - c.m.s. Krugljakova L.V., M.M. Teplishcheva

BOTKIN Sergey Petrovich (1832-1889), doctor, public figure, Doctor of Medicine (1860), Secret Councillor (1877). He graduated from the Faculty of Medicine of Moscow University (1855). From 1861 he was professor at Medical Surgical Academy (from 1881 Military Medical Academy), to his last days he headed the faculty's Therapeutic Clinic (3 Pirogovskaya Embankment, from 1874 located in the building of Mikhailovskaya Hospital, 5 Bolshoy Sampsonievsky Avenue, where there is a memorial plaque), where he created the first experimental physiological laboratory in Russia. Botkin took part in two wars, and military-field therapy is obliged him many valuable instructions on questions of the evacuations, rendering to first aid, device of the hospitals, organizations sanitary service, as well as improvement of the programs of preparation military doctors (in Physician-surgical military academy).

Botkin created two scientifically-medical magazines, played a great role in development of the native clinical science: "Archive of the clinic of the internal diseases" (1869- 1889) and "Weekly clinical newspaper" (1881-1889).

He participated in organising Medical Courses for Women (1872). From 1878 he was a representative of the Society of Russian Doctors, from 1882 Botkin was a curator of Alexandrovskaya Baracks Hospital (now the Hospital for Infectious Diseases named after him). In 1881 he was elected a Deputy of the City Duma, then the substitute head of the Commission for the Public Health Care. He created the system of Duma doctors and school sanitary control. From 1886 Botkin was a trustee of all city hospitals and alms-houses of St. Petersburg. From 1881 he edited Weekly Clinical Newspaper for doctors. He is an author of over 75 papers on important problems of medicine. Botkin was a founder of the Scientific School of Physicians: out of 106 of his disciples 85 became doctors of science, 45 headed clinical chairs in St. Petersburg and other cities. In 1860-64 he lived at 1/9 Spasskaya Street (now Ryleeva Street), in 1864-77 at 24 Zagorodny Avenue, (the house was rebuilt), in 1877-1889 at 77/4 Galemaya Street, (memorial plaque). He died in France and was buried in St. Petersburg in Novodevichye Cemetery. In 1898 Botkin Street was named after him; in 1908 a monument was erected to him before the Clinic of the Military Medical Academy (sculptor V.A. Beklemishev). In the garden of the Hospital of Infectious Diseases there is a bronze bust of Botkin (sculptor I.Y. Ginzburg, 1896; originally it was installed on Botkin's grave; in the 1920s it was transferred to its current location, in 1974 a copy of this bust was installed as the tomb stone).

64. THE METHOD OF BLOODLETTING

Gladun E. - the 5-th year student

Scientific leaders -- Molchanova E.E., Teplishcheva M.M.

Bloodletting as a medical technique has been known since remote past. It was present in traditional, medicine elsewhere in the world. The latter fact surely confirms its practical value.

At present days an interest to bloodletting technologies has increased again, which may be due to growing of traditional medicine as a whole and the Eastern medicine in particular.

In the official Western medicine the term of «therapeutic bloodletting (known mostly in the form of phlebotomy) belong to the technique of extracting some during 2 to 12 minutes. As a result of such intervention, positive results are being reported in a number of a diseases as arterial hypertension, schizophrenia, some dermal disorders and others. Acting as a stress factor, the bloodletting activates the organism's inner defense which leads to improvement of organ and tissue blood supply, stimulates the metabolic processes, the functions of hypophysis-adrenal and immune systems.

The bloodletting techniques in traditional Chinese medicine (TCM) is known in two main variations: with the use of a cupping-glasses and of a three-edged needle. The amount of blood being let out, this technique is comparable to a «therapeutic bloodletting») known from the medicine of the West, differing from the latter in being executed in the way other than phlebotomy, and being applied to a place of body related to the focus of disease. A punctual bloodletting, most commonly exercised from the distal (ending or starting) meridian points is performed by punctating with a three-edged needle to the depth of several millimeters. The amount of blood being let out is rarely more than one milliliter (some little drops only). This bloodletting technique is indicated in energetically excessive states, such as arterial hypertension, high fever, intense pain syndrome, muscular hypertension etc. Additionally, ten points «Shi-xiuan» found on the very fingertips are being used for bloodletting purposes, as well as the «Shi-wang» points located immediately under the root of each nail plate. The bloodletting punctation of those and other distant points on hand and feet is most commonly applied as the means of first aid in acute emergency cases.

Consideration of these facts suggests that the TCM practice of punctual bloodletting might have resulted from empirically worked out usage of the body correspondence points being deliberately used in Su Jok Therapy as described by Prof. Park Jae Woo. This suggestion may help to explain the effectiveness of the above-mentioned «bloodletting punctation» technique. Taking into account the size of a finger, an organ containing a correspondence scheme to the entire body, we shall see that a loss of a single drop of blood may be compared to that of a «therapeutic bloodletting») of the Western medicine. Some more concurrence may easily be found. Thus, the location of the above-mentioned Shi-wang points being used for immediate recovery of consciousness, have a correspondence with the VG26 (Zhen-zhung) point used for the same purpose in the classical acupuncture, if viewed from the «animal head» correspondence system. Action on correspondence points is displayed in the macro-organism in a most prompt and forcible manner, like all kinds of dynamic vascular effects tend to do. A bloodletting from the apex of the thumb is known, for instance, as an effective remedy for blood congestion headaches.

A special bloodletting technique should necessarily be mentioned here. It is hirudotherapy. A leech being used as a living needle, the blood loss which continues even some time after the bite is over, may amount to some tens of milliliters. The method possesses a specific value due to a wide range of the hirudine effects on human organism.

The proper application of various bloodletting techniques provides a physician with one more powerful weapon in the fight against diseases.

65. THE INFLUENCE OF PARENTS BAD HABITS ON THE DEVELOPMENT OF A FETUS AND ON THE HEALTH OF THE POSTERITY.

Dyomina K.A. – the first - year student.

Scientific leaders: d.m.s., prof. Rodionov A.A. ass. Volosenkova E.A.

«Every drop of alcohol taken by the parents, causes mental disturbances in posterity».

V. Bekhterev

Every person's life begins from the moment of conception. This work deals with the influence of numerous factors of endogenous and exogenous character, which make positive or negative effects on a person's health.

At present all etiological factors causing congenital defect of the development are divided into endogenous (genetically conditioned factors) and exogenous (environmental factors). Sometimes both of these factors have an influence on the growing organism simultaneously.

Factors of environment include ionizing radiation, abrupt temperature changes, mechanical factors, medicines, infectious diseases of the mother during pregnancy, the lack of oxygen, low atmospheric pressure, toxicosis of pregnancy, immunological factors, psychic trauma, malnutrition, age of the parents, alcohol, drugs and nicotine.

Critical periods are marked during the antenatal development. In these period the sensibility of a fetus to the pathological factors influence increases. The first critical period is the period of implantation, the second critical period is the period of organs and placenta formation (3-6 weeks of the pregnancy), the third critical period is the 3rd month of the pregnancy.

Smoking, drug addiction and alcoholism are the most common factors, which have negative influence on the fetus development. Nicotine has toxic effects upon the central nervous system (CNS) and the cardiovascular system of the smoker. Besides nicotine penetrates easily through placenta and has destructive effects on the fetus: fetal hypotrophy, fetal hypoxia (the level of the carboxy - hemoglobin rises in 10% after smoking), lack of the appetite in a pregnant woman. It causes fetal malnutrition and as a result mental disturbances in a child.

Drug addiction. Negative influence of drugs on the fetus can take various forms: intrauterine growth retardation due to the direct action on the fetus and bad diet of the mother; congenital anomalies of the development, prenatal infection of the mother (HIV, hepatitis), prematurity. Ethanol may have a destructive influence on sex cells of the parents and fetus (particularly in the period of ontogenesis and postnatal development) – and namely it may cause mental retardation, epilepsy, children's mortality miscarriage, the diseases of cardiovascular system, the development of anomalies and malformations. Besides it is necessary to take into account the social factor (children live in unfortunate families).

66. THE FOUNDER OF RUSSIAN THERAPY SCHOOL: MIKHAIL YAKOVLEVICH MUDROV.

Konoplyannikova A.S, Shunkova O.A. the 4-th years students.

Scientific leaders – ass, c.m.s. Sulima M.V. Matveyeva Y.V.

The beginning of the 19-th century was known for its important transformations at the Medical Faculty of the Imperial Moscow University. Such changes were due to a low medical training standard and insufficient amount of doctors in public service.

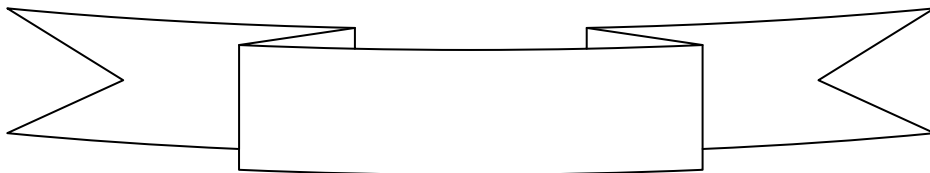
Mudrov was the leader at the Medical Faculty. He came from the family of a modest priest of Vologodsky monastery. His father was known to be an educated person, he could speak German and Latin, read selected works of Hippocrates and Celsius; often he rendered medical assistance to the pilgrims coming across the Vologda to Solovetsky monastery. After graduation from theological college by a happy conjunction of circumstances he became a student of the Medical Faculty of the Imperial Moscow University and later finished it with gold medal. Within a year and a half Mudrov worked as a hospital intern, learnt practical medicine in St. Petersburg Medico-Surgical Academy. Furthermore, he attended lectures of the greatest professors in those times. Then he went abroad for a long time, visiting Bamberg, Gettingen, Vienna, and Paris where he studied some medical subjects and learnt how to treat people in different kinds of hospitals.

In the 30th of the 19-th century the clinical education was established at the Medical Faculty owing to the deep knowledge, analytical mind and a great enthusiasm of Mudrov. It gave an opportunity

to get the degrees of a doctor, a chemist, a midwife and to practice medicine. Owing to Mudrov great attention was paid to the teaching of clinical subjects, including clinical diagnostics, specifically anamnesis; history taking became necessary.

Mudrov was a wonderful teacher and famous medical administrator. He was appointed a director of Medical Institute and four times was elected as a dean.

Mudrov said: «Treatment means to cure a patient himself». Mudrov served as an example of duty, doctor's ethics and inimitable kindness. In cholera period he had to persuade a curious crowd to trust the doctors' ability. But, saving the patients from cholera Mudrov perished from the disease. Now the doctors of Moscow make every effort to erect a cross in his grave.





1. AKUTE NIERERINSUFFIZIENZ.

L. Tcherendina – Studentin des 4. Studienschjahres .

Wissenschaftliche Leiter – k.m.w. K. A. Zepelew , O. A. Kornewa.

Akute Niereninsuffizienz ist eine gerichtete globale Störung der Nierenfunktion , die Wegen der verschiedenen Einflüssen entsteht und zur akuten Störung der Nierendurchblutung führt . Man unterscheidet die kribinalen rinalen und subribinalen Ursachen der akuten Niereninsuffizienz .

Mechanismen :

1. Tubulare Obstruktion
2. Interstitielles Odem
3. Störung der Nierenhamodynamik

Stadien der akuten Niereninsuffizienz :

1. Das Initialstadium aussert sich in den Haupterkrankungssymptomen . Schok , Störung des Nierensystems und der inneren Nierenhamodynamik treten auf .

2. Oligoanurie dauert von 3 Tagen bis 3 Wochen . Weniger als 70 % der Nierenkanalchen sind betroffen . Man kann verschiedene Diuresekontraktion , niedriges spezifischen Hamgewicht (1002 – 1008) , Steigerung der Eiweissstoffe im Harn , im Blut , Leukozytose , Hamoglobinminderung , toxische Anamie bemerken .

3. Diuresewiederherstellung ist eine heftige Zunahme der Harnmege (bis 2 – 3 l) , ausgeprägte Asotemie , Odemverkleinerung , Hypokokaliämie , Hypertonie , Schwache, Hochdruckverminderung , Arrhythmie , Alkalose werden erscheint .

4. Wiederherstellung erfolgt 4 – 6 Monate oder 2 - 3 Jahre . Die Nierenfunktion ist wiederhergestellt .

Behandlung :

1. Regulation der Wasser – Salzbilanz
2. Kotrolle und Regulation des residualen Stiekstoffes des Harns
3. Nierenfunktionsersetzung
4. Adaguate Ernährung
5. Behandlung der begleitenden Erkrankungen

2. AKUTER DARMVERSCHLUSS

A. Sudnikowa – Studentin des 4. Studienjahres

Wissenschaftliche Leiter – k.m.w. W.F. Kulescha, O.A. Kornewa

Akuter Darmverschluss – partielle oder völlige Störung der Inhaltsförderung durch den Magen-Darm-Kanal.

Man unterscheidet einen dynamischen und einen mechanischen Darmverschluss.

Die Pathogenese.

Die Störung der Mageninhaltsförderung

Die Störung der Magenresorption

Der Wasser- und Elektrolytverlust

Die Steigerung des Mageninnendrucks verhindert die arterielle Durchblutung in der Darmwand und ist

eine der Ursache der Darmwandnekrose.

Im Initialstadium erscheinen Schmerz, Übelkeit, Erbrechen. Stuhl- und Windverhaltung sind die Kardinalsymptome. Als begleitende Symptome treten Störung des Gesamtzustandes, Veränderungen des Herz- Kreislaufsystems, Veränderungen des Blutindexes auf.

Der Schmerz ist gewöhnlich intensiv, trägt einen heftigen Charakter. Die Schmerzlokalisierung entspricht der Verschluss- oder Darmeinklemmungsort aber weiter erstreckt er durch der ganzen Bauch.

Akuter Darmverschluss geht mit der Bauchaufreibung einher. Bei der Sigmadarmverschlingung wird die Auftreibung näher zum rechten Rippenbogen lokalisiert. In der linken Krummdarmgegend wird das Schiman – Zeichen (eingefallener Bauch) bemerkt.

Bei der Röntgenuntersuchung kann man Darmbogen, Kloiberg – Schalen, das gefiederte Syndrom feststellen. Die Röntgenkontrastuntersuchung wird durchgeführt.

Behandlungsprinzipien:

- Korrektion der Hydroionenstörungen
- Korrektion der Sauren-Basen-Gleichgewichtsstörungen
- Weiderherstellung des normalen Volumens des zirkulierenden Blutes
- Magendekompression
- chirurgische Beseitigung des Verschlusses
- Aktivisierung des Darmverschlusses
- Desintoksikation
- Beseitigung und Prophylaxe der Atemstörungen
- Antibakterielle Therapie

Geht der akute Darmverschluss mit der Peritonitis einher, werden die Massnahmen nicht mehr als 2 Stunden getroffen.

3. ANTIINFLAMMATORISCHE UND ANTIAGREGAZIONE EFFEKTE DER CHEMISCHEN VERBINDUNG AUS β -CYCLODEXTRIN UND ACETYLSALICYLSAURE.

S.Rzaewa die Studentin des 2.Studienjahres.

Wissenschaftliche Leiter: Prof. W. A. Dorowskich, Doz. T. A. Batalowa, Ass. N. A. Tkatschjowa.

Die biologische Eigenschaften der Acetylsalicylsäure und β -cyclodextrin werden studiert. (ASCD), β -cyclodextrin ist cyclisches Oligosaccharid, das aus den 7 Glukosereste besteht und hat 21 hydroxyle Gruppe, die zur Reaktion fähig ist. ASCD stellt eine Mischung der produktiven Ester der Acetylsalicylsäure und β -cyclodextrin mit dem mittleren Grad der Substitution 3,5.

In der ersten Etappe wurden Experimente «in vitro» vorgenommen, die Auswirkung der synthetisierten Ableitungen auf die Agregation der Thrombozyten erforschen. Die Senkung der Thrombozytenaggregation bei der Einwirkung der ASCD ist etwas grosser als bei der AS. Bei gleicher Konzentration hat ASCD die Herabsetzung der Thrombozytenaggregation in 6 mal mehr im Vergleich zur Losung der ungebundenen AS gezeigt.

In der zweiten Etappe wurden Experimente «in vivo» vorgenommen. Die Forschungen wurden auf den weissen unrasigen Laborrattemannchen angestellt.

Drei Gruppen wurden untersucht: intakte (10), Kontrollgruppe (10), Experimentalgruppe (10) und die Gruppen, die AS und ASCD bekommen. Die ASCD-dose wurde der $\frac{1}{2}$ AS-dose entspricht. Die Blutgerinnbarkeit wurde mit Hilfe der Labortest PTI geschätzt.

Der Antiinflammatorische Effekt wurde nach der Venkleinerung des Umfangs der Pföte bei der Wassergeschwulzt, die der aseptischen Entzündung hervorgerufen wurde, und nach Labormesswert der Leukozytenzahl, nach dem gemeinsamen Eiweiss geschätzt.

Die Ergebnisse haben gezeigt, dass antiagregatione und antiinflammatorische Effekte bei den Versuchstieren in bedeutendem Masse ausgeprägt wurden, obgleich die experimentaldose ASCD zweimal weniger als Aspirindose in der Kontrollgruppe war. Wir meinen, dass β -cyclodextrin und seine zahlreiche Ableitungen den eigenartigen «Container» den Arzneimitteln sind. Es gibt echte Angaben, dass ASCD sich in der Umwelt in AS und CD spaltet. Wahrscheinlich ist die Intensität dieser Spaltung in dem Entzündungsbezirk am höchsten. Deshalb wird die Anzahl der antiinflammatorische Arzneimittel in dem pathologischen Entzündungsherd grosser als in der Gruppe mit gewöhnlichen Arzneimitteln, was geringe therapeutische Dose ASCD prädestiniert.

4. DAS STICKOXYD UND SEINE PHYSIOLOGISCHE ROLLE.

E. Nikischina die Studentin des 2. Studienjahres.

Wissenschaftliche Leiter: Doz. T. A. Batalova, K. der m. W. A.A. Sergiewitsch, N. A. Tkatschjowa.

Das farblose Gas, Stickoxyd (NO), gilt für den Organismus des Menschen als schädlich. Die Ingenieure entwickeln die vollkommeneren Verbrennungsmotore, die Umwelt mit Stickoxyd in geringerer Masse verunreinigen, und konstruieren die Systeme der Regeneration des Stickoxydes in anderen Stoffen. Aber am Ende des vorigen Jahrhunderts haben die Gelehrte plötzlich entdeckt, dass Stickoxyd sich in jedem Lebewesen in ziemlich grosse Konzentration befindet. Es leitet die wichtige physiologische Vorgänge. Die Zunahme der Anzahl der Veröffentlichungen über Forschung der Rolle des Stickoxydes in biologischen Gegenstand hat den Anlass der wissenschaftlichen Zeitschrift "Science" gegeben, das Stickoxyd im 1992 als Molekul des Jahres zu nennen.

Es hat sich herausgestellt, dass Stickoxyd als intrazelluläre auch interzelluläre Vorgänge in lebender Zelle leitet. Viele Krankheiten (Bluthochdruck, Thrombose, Krebs, Ischämie des Myokards) werden Zerstörung der physiologischen Vorgängen hervorgerufen. Das Stickoxyd reguliert diese Vorgänge.

Auf diesem Grund stellt das Stickoxyd grosse Interesse für Biologen und Mediziner dar. Das Stickoxyd nimmt in der Regulation der Tätigkeit der ZNS teil, aktiviert den Vorgang des Auswurfes der Mediator aus den Nervenenden während der synaptischen Übergabe. Ausserdem kann NO-Molekul selbst die Rolle des Mediators spielen. Er wird das Vorhandensein des Stickoxydes in allen Teilen des Gehirns entdeckt: in der Gehirnrinde, im Hypothalamus, im Langsgehirn u.s.w. NO reguliert die Muskelabspannung der Gefassen, hindert die Thrombozytenaggregation, beeinflusst den Sauerstofftransport mit den Erythrozyten und die Reaktionen mit der Beteiligung der chemischaktiven Molekule (freie Radikale) im Blut. Makrophage und Neutrophile machen NO bei Immunantwort frei. NO nimmt auch in der Regulation Wassersalzhaushaltes und des Nierenkreislaufes und des Salzhaushaltes der Nierenkanälchen teil. NO gilt als Radikal, das fehlendes Elektron wiederherstellen strebt.

5. DIE METASTATISCHE SCHADIGUNG DER LUNGEN

Fastowez T. – die Studentin des 4. Studienjahres

Wissenschaftliche Leiter: Prof. W.P. Gordienko, K. der m. W. O.E. Fedik, N. A. Tkatschjowa.

Die Lungen sind überprüfbares Modell zur Untersuchung und zur Forschung der Besonderheiten der Entstehung und zum Verlauf der metastatischen Geschwulste. Dankbar der Möglichkeiten der visuellen Beobachtung ist es möglich, das Wachstumstempo und das Wesen des Wachstums der tumorartigen Knoten zu beobachten und zu schätzen.

Seit 2001 bis 2006 wurden 153 Patienten mit der metastatischen Schädigung der Lungen untersucht. Die Verifizierung wurde nach zytologischen und histologischen Angaben durchgeführt. Für allen Patienten wurden die Überblinksrontgenographie und die Tomographie ausgeführt.

In der Gruppe der untersuchten Kranken mit metastatischer Schädigung der Lungen wurde die primäre bösartige Geschwulst bei 20% der Patienten in den Nieren, bei 23% in Hoden; bei 30% - das Mammakarzinom, bei 11% - die geschwulstartige Knochen – Gelenkneubildung, bei 5% - das Melanom diagnostiziert wurde, die anderen Lokalisationen machen 12% aus.

Die Solitarmetastasen wurden in 26%, die Mehrzahlmetastasen in 63%, die Einzelmetastasen in 11% aus allen Fällen beobachtet, wobei die beiden Lungen bei 72% der Patienten geschädigt wurden.

Bei der Analyse der Metastasen in den Lungen, die bei den Frauen und Männern beobachtet wurden, war die Unterschied in der Frequenz nicht bedeutend und hängt von dem Geschlecht nicht ab. ($p > 0,005$)

Die Bewertung des zeitweiligen Intervalls zwischen der Diagnosestellung der primären Geschwulst und dem Feststellen der metastatischen Schädigung hat gezeigt, dass Metastasen in die Lungen öfter während 6. Monate der Diagnosestellung der primären Geschwulst und dem Anfang der Behandlung erkannt wurden. In 7% wurden die Metastasen gleichzeitig mit der Verifizierung der Diagnose entdeckt. Bei 2% der Patienten wurden die Metastasen in die Lungen von der Diagnosestellung erwiesen. Die Metastasenfälle in die Lungen wurden nach 10 Jahre von der Entdeckung der primären Geschwulst vereinzelt (2 Fälle). Die sekundäre Geschwulste in den Lungen wurden in 30% folgende Komplikationen begleitet: der Zerfall in den metastatischen Knoten, Bronchostenose, spontane Pneumothorax. In mehreren

Fallen wurde Bronchostenose der Germination der Geschwulst in die Wand der Grossbronchien bedingt. Es wurden sich segmentare oder lobare Atelektase entwickelt, das hängt vom Durchmesser des Bronchus ab, der in den Prozess zugezogen wurde. In einigen Fällen wurde spontane Pneumothorax mit der Ruptur emphysematöser Blase verbunden, die durch Bronchialstenose bedingt wurde, in anderen Fällen entsteht sie bei der Geschwulstnekrose und bei der Fistelbildung. Strahlenmethode der Untersuchung sind also die führende in der Diagnostik der sekundären Lungenschädigung

6. KLINISCHER PERITONITISVERLAUF.

A.Kaschtschenko – Studentin des 4.Studienjahres.

Wissenschaftliche Leiter – k.m.w. W.F.Kulescha, O.A.Kornewa.

Peritonitis ist die Bauchfellenentzündung, die mit den Gesamtsymptomen der Organismuserkrankung einhergeht.

Vom Exudat abhängig, unterscheidet man seröse, fibrinöse, eitrige, hamorrhagische, putride und kotige Peritonitis. Die Erreger sind Mikrobassoziationen: Staphylokokken, Streptokokken, Kolibakterium, Pneumo- und Gonokokken und eine grosse Anzahl von den Anaerobiern. Die Hauptursachen der Peritonitis sind: akute Destruktionsappendizitis, Perforationsgeschwür des Magens und des Zwölffingerdarms, akute Destruktionscholezystitis, Divertikelenentzündung des Grimmdarms oder des Krummdarms, Perforation des Grimmdarmtumors oder Blinddarmsruptur, traumatische Zerreissungen der Hohlorgane beim geschlossenen Bauchtrauma. Seltener tritt die Peritonitis nach den Operationen auf.

Nach den klinischen Verlauf der Peritonitis unterscheidet man 3 Phasen: reaktive, toxische und terminale.

Reaktiv – oder Exudationsphase dauert bis 24 Stunden. Während dieser Phase geschieht die Mobilisation aller Schutzigenschaften des Organismus. Man bemerkt Tachykardie, Atemfrequenzbeschleunigung, Erhöhung der Körpertemperatur, Hautblässe. Die Zunge ist feucht und belegt. Bei der Bewegung oder dem Husten werden die Bauchschmerzen stärker. Die Bauchpalpation ist in allen Abschnitten schwerzhaft. Der Bauch ist gespannt, tiefe Palpation ist unmöglich. Die Symptome der Bauchfellenreizung sind positiv (Schtschetkin- Bljumberg, Mendels’).

Toxische Phase dauert 48-72 Stunden. Die Lokalsymptome verschwinden. Die Schutzigenschaften werden unterdrückt. Man kann zelluläre Dehydratation, Durst, Schleimhauttrockenheit, Hypotonie, Tachykardie, “Schere”-Symptom, Tachipnoe, Erbrechen bemerken. Die Symptome der Bauchfellenreizung werden reduziert. Entereparese, Meteorismus, Stuhlverhaltung oder dünnflüssiger Stuhl treten oft auf. Man kann die Pulsation der Bauchaorta abhören. Freie Flüssigkeit wird in der Bauchhöhle durch Perkussion festgestellt.

Für die terminale Phase sind Adynamie, Verwirrtheit charakteristisch. Die Kranke hat ein ausserst erschöpftes Aussehen (Hippokrates-Gesicht). Die Zunge ist trocken und belegt. Reiches Erbrechen mit dem Stauungsinhalt, Durchfall, unwillkürliche Defäkation, Hamlassen sind Zeichen dieser Phase. Bei der Entwicklung des bakteriell-toxischen Schoks sterben in der Regel die Kranken.

7. KOMBINIERTER ANTIHYPERTENSIONSTHERAPIE-MODERNER BLICK AUF DAS PROBLEM

Simanowskaja O.- die Studentin des 3. Studienjahres

Wissenschaftliche Leiter-Prof. I.G. Menschikowa; O.A. Kornewa

Die Forschungsgeschichte auf dem Gebiet des Hochdrucks hat die Vorschrift über die Notwendigkeit der Verwendung der kombinierten Therapie bei der effektiven Behandlung der arteriellen Hypertonie ausgearbeitet. Diese Vorschrift wurde eine der wichtigen Schlussfolgerungen der Forschung von ALLHAT. Rationelle Kombinationen von Heilmittelpräparaten sollen noch analysiert werden.

Die Verwendung der fixierten Kombinationen ist eine der perspektivischen Richtung in der moderner kombinierten Therapie. Dieser Ansatz beruht auf eine Reihe von Vorteilen, unter denen die potentielle Therapieverbesserung am wichtigsten ist. Es ist bekannt, dass die Folgen der verordneten Behandlung von der Zahl der eingenommenen Präparaten abhängt. Also, bildet die Verwendung von fixierten Kombinationen der Arzneiformen Bedingungen für die Zunahme der Therapietreue und reduziert die Möglichkeit der

Abweichungen von Einnahmeregime. Dies hat für die älteren Patienten eine besondere Bedeutung.

Die Verwendung von den fixierten Kombinationen kann bei den Kranken die Treue nicht nur zur Antihypertensionstherapie, sondern auch zur begleitenden Therapie reduzieren. Für die fixierten Kombinationen zeugen die Angaben der Pharmakökonomie. Preise für die fixierten Kombinationen sind billiger, als die Preise für die Präparate, die getrennt gekauft werden.

Die Verwendung von fixierten Kombinationen hat aber bestimmte Nachteile. Das sind weniger flexibel Dosierungsregime und Schwierigkeiten bei der Interpretation der Nebeneffekte. Bei der getrennten Arzneiverordnung ist das Risiko der Arzneieinnahme bei dem Vorhandensein der Kontraindikationen geringer. In dieser Situation versteht der Patient besser die Zusammensetzung der Therapie und dies erleichtert die Therapieauswahl; Nebeneffektenanalyse gibt die Möglichkeit für die Kronotherapie. Man kann die entstehenden Probleme durch die Bildung der getrennten Arzneiformen, solche wie Ko-Renitek lösen. Das garantiert die Möglichkeit der Dosenprüfung und der Veränderung von Aufnahmerate. Eine der Richtungen in der Entwicklung vor fixierten Kombinationen wurden die Verbindungen in den niedrigen Dosen. Sie können als eine Alternative zur Monotherapie in den Initialstadien der Antihypertensionstherapie sein.

Um zum Erfolg zu kommen, muss die beweisende Medizin ihre Begründung geben.

8. MODERNE VORSTELLUNGEN ÜBER DAS METABOLISCHE SYNDROM.

D. Siewa – Studentin des 3. Studienjahres

Wissenschaftliche Leiter – Prof. I. G. Menschikowa, O. A. Kornewa

Die Theorie über das metabolische Syndrom ist einen komplizierten Evolutionweg gegangen. Der schwedische Arzt Kylin E. hat als erster im Jahre 1923 das Syndrom, das "Hypertension – Hyperglykämie – Hyperurikämie" bezeichnet wurde, beschrieben. Im Jahre 1981 haben die ostdeutschen Wissenschaftler die klassische Theorie über das metabolische Syndrom vorgebracht. Im Jahre 1979 hat der amerikanische Wissenschaftler De Fronzo das Vorhandensein von Insulinresistenz nachgewiesen. Die metabolischen Störungen wurden weiter als das metabolische Syndrom bezeichnet.

Im Jahre 2005 hat die Internationale Föderation der Zuckerkrankheit neue Definition des metabolischen Syndroms gegeben. Laut dieser Definition ist das metabolische Syndrom die Kombination der abdominalen Fettsucht, Insulinresistenz, Hyperglykämie, Dyslipidämie, arterieller Hypertonie, Störung der Blutstillung und chronischer subklinischer Entzündung.

Die Insulinresistenz ist die pathogenetische Grundlage des metabolischen Syndroms. Unter der Insulinresistenz versteht man die Störung der Insulinverwertung der Glukose in solchen Organen, wo die pathophysiologische Veränderung von der Natur der Insulinwirkung im konkreten Fall abhängt. Unbewegliche Lebensweise, Überernährung, genetische Neigung tragen zur Fettablagerung bevorzugt in der abdominalen Gegend des Organismus bei. In dieser Etape ist die Insulinresistenz kompensiert. Die Verschärfung der Insulinresistenz trägt zur Steigerung der Fettwechselstörung bei. Das führt zum Auswurf von den freien Fettsäuren.

Mit diesem Prozess beginnen Lipidstörungen.

Das metabolische Syndrom kann einige Jahre (nicht weniger als 5 Jahre) ohne klinische Manifestation der Proteinwechselstörungen verlaufen.

Die Diagnostikkriterien des metabolischen Syndroms werden weit diskutiert. Nach den Kriterien des USA Nationalkomitee gibt es keine Definition der Insulinresistenz. Nach diesen Kriterien lässt das Vorhandensein von 3 und mehreren Faktoren die Diagnose "das metabolische Syndrom" feststellen. In den letzten Jahren werden die epidemiologische Untersuchungen sowohl in den entwickelten als auch in den Ländern des Nahen Ostens und Asien durchgeführt.

Das lässt an der Verbreitung des Syndroms denken. Alter, Verhaltensfaktoren, Geschlecht, Rassenzugehörigkeit und Sozialstatus spielen in der Entwicklung des metabolischen Syndroms eine wichtige Rolle.

Nach den Prognosen der WHO – Experten wird in den nächsten 20 Jahren die Zunahme der Patienten mit dem metabolischen Syndrom um 50% erwartet.

Als ein wichtiger Beweis des Stadiums des metabolischen Syndroms ist sein Beitrag zur Entwicklung der Herzkrankheitskomplikationen. In den Untersuchungen ARIC – study ist der Zusammenhang zwischen dem metabolischen Syndrom und dem Gehirnschlag bewiesen. Auf solche Weise ist das

metabolische Syndrom die Kombination der Risikofaktoren der Atherosklerosis. Das frühzeitige Erkennen und die Korrektur des metabolischen Syndroms spielt für die primäre Prophylaxe der Herz-Kreislauf-erkrankungen eine bedeutende Rolle.

9. MULTIPLES MYELOM IM AMURER GEBIET

Jusupowa A. – Studentin des 6. Studienjahres

Wissenschaftliche Leiter – doz. Wojciechowski W. W., Kornewa O. A.

115 Kranken mit dem multiplem Myelom, die in der hämatologischen Abteilung des Amurer Gebietskrankenhauses seit 1995 bis 2006 behandelt wurden, wurden untersucht. Multiples Myelom nimmt unter den Hämoblastosen nach der Verbreitung den 4. Platz ein (9,8% von Gesamtzahl der Hämoblastosen). In der Mitte der 90 Jahre wurde Zunahme des multiplen Myeloms im Amurer Gebiet registriert. Jahresdurchschnittskennziffer der Morbidität beträgt 1,4 pro 100.000 der Bevölkerung. Mittelalter der Kranken zum Zeitpunkt der Krankheitsdiagnostik beträgt 57 Jahre.

Unter den klinisch-anatomischen Varianten tritt diffus-herdischen Myelom am häufigsten auf (74 Menschen – 64,4%).

Bei dem solitären Myelom wurde gründliche Behandlung oder Strahlenbehandlung durchgeführt. Generalisation des solitären Myeloms ist heute nur bei 4 Patienten festgestellt. Bei 9 Patienten mit dem "schwach glühenden" Myelom wurde lange Zeit wartende Taktik überwogen. Lebenserwartung der Patienten mit dem "schwach glühenden" Myelom beträgt 10-15 Jahre. Für die Patienten mit dem 1A Krankheitsstadium des Medians beträgt das Überleben 79 Monate. Für die Patienten mit dem 11A Krankheitsstadium, die nach dem Protokolle MP geheilt wurden, beträgt das Überleben 47,6 Monate. Die Kranken, die nach den Protokollen der Polychemotherapie der ersten Linie geheilt wurden, leben 53 Monate über. Da die Protokolle der Polychemotherapie des Reservs (VAD, VAMP,VCAD, CEVAD) für die Kranken mit einem aggressiven Verlauf und bei dem Vorhandensein der Niereninsuffizienz durchgeführt wurden, beträgt das Überleben selten 36 Monate. Seit dem Herbst 2006 wird für die Patienten mit MM das Präparat Welkeid verwendet. Dieses Präparat verwendet man bei der primären oder sekundären Resistenz zu den Protokollen der Polychemotherapie erster Linie. Die Mehrheit von Patienten, die mit diesem Präparat geheilt wurden, erreicht die Phase "Plato". Wegen der kurzen Periode von Verwendung des Präparats ist das gesamte Überleben noch nicht erreicht.

Zu den ungünstigen Prognosen beim MM gehören: myelomische Nephropathie, schwere Panzytopenie, Mielemie, Lebensalter über 70 Jahre, Plasmozytose im Knochenmark mehr als 40%.

10. NEUES SIGNALSYSTEM ODER EIGENES "MARIHUANA" DES GEHIRNS.

E.Pendjurowa – die Studentin des 2. Studienjahres

Wissenschaftliche Leiter: K. der m. W. A.A. Sergiewitsch, N.A.Tkatschjowa.

Die Forschung der Verbindungen der Natur, die die Wirkung des Marihuans auf das Gehirn imitiert, hilft den Gelehrten nicht nur das Wesen des Schmerzens, der Unruhe, der Angst und anderen Verletzungen verstehen, sondern auch neue Methode der Behandlung erarbeiten. Die Erforschungen der Endokannabinoiden (EK) führten in der letzte Zeit zu der verschiedenen Entdeckungen. So, z.B. im Hirn wurde ganz neue Signalsystem entdeckt, über das vor 15 Jahren niemand gehört hat. Die Gelehrte haben bestimmt, das EK in der retrograden Übergabe der Nervenimpulse teilnehmen, das ist eine unbekannte Methode des Zusammenwirkens der Nervenzellen. EK diffundiert nicht aus präsynaptischen zum postsynaptischen Neuron aber in der Rückrichtung. EK, der durch postsynaptischem Neuron betreit wird, kann z.B. präsynaptisches Neuron den Auswurf des Hemmungsneurotransmitters (GAMS) zur postsynaptischen Zelle nachlassen. Wirkt GAMS auf präsynaptische Zelle gleichzeitig mit dem reizenden Signal ein, so kann GAMS die Impulsivität des postsynaptischen Neurons bekämpfen. Aber wenn die Veränderung des Kalzium in dem postsynaptischen Neuron die Ausarbeitung EK stimuliert, so beginnt EK zu den Rezeptoren diffundieren, die sich in der GAMS – Auswurf eingestellt, dass den reizenden Signalen das postsynaptische Neuron aktivieren lassen. Dieses Phänomen wurde als Depression der Hemmung bezeichnet, die durch der Depolarisation hervorgerufen wurde (DSI).

Es war vermutet, dass für die DSI – Entstehung aus dem postsynaptischen Neuron irgendeiner

Vermittler erscheinen soll, der das präsynaptische Neuron erreichen soll, das GABA betreibt und die Befreiung bekämpft. Solche retrograde Übergabe der Nervensignale wurde nur in der entwickelnden Nervensystem beobachtet. Nimmt sie in der Zusammenwirkung der reifen Neurone teil, so ist es nicht ausgenommen, dass sie eine wichtige Rolle in vielen Prozessen spielt, die im Gehirn geschehen. Retrograde Signalisation z.B. kann solche Formen der Neuronbearbeitung der Information erleichtern, deren Verwirklichung mit der Hilfe der üblichen synaptischen Übergabe problematisch oder gar unmöglich ist. Ausserdem wurde entdeckt, dass DSI dauernde Potentiation verstärkt und so geht die Einprägung der Information.

11. PROGNOTISCHE BEDEUTUNG DER HERZKONTRAKTIONSHAUFIGKEIT BEI DEN KRANKEN MIT DER ISCHAMISCHEN HERZKRANKHEIT.

J. Garmanowa- Studentin des 3. Studienjahres.

Wissenschaftliche Leiter- Prof. I.G. Menschikowa, O.A. Kornewa.

Die Herzkrankheiten sind die Hauptursachen der Invalidität und der Sterblichkeit der Bevölkerung in den hochentwickelten Ländern. Im Jahre 2004 sind die Herzkrankheiten in Russland unter der arbeitsfähigen Bevölkerung bei Männern 36% und bei Frauen 41% aller Todesursachen ausgemacht. In der Struktur der Sterblichkeit von den Herzkrankheiten wurden die ischämische Herzkrankheit und der Gehirnschlag bei 55% und 24% der Männer und bei 41% und 36% der Frauen registriert. Die Risikofaktoren der ischämischen Herzkrankheit sind: Hypercholesterinämie, Rauchen, Zuckerkrankheit, überflüssiger Gehalt von den Triglyceriden und Lipoproteinen, C -reaktives Protein, Störung des Fibrinolyse-Systems, Übergewicht, Zugehörigkeit zum männlichen Geschlecht, häufige Herzkrankheiten in der Familie. In dieser Reihe fehlt aber die Häufigkeit der Herzkontraktion. Als ein prognostischer Faktor hat die Grösse der Herzkontraktionshäufigkeit eine wichtige Bedeutung. Es ist bekannt, dass die Kleintiere eine hohe Herzkontraktionshäufigkeit in Ruhe und kleine Lebenserwartung im Gegenteil zu den Säugetieren haben. Aus diesen Beobachtungen kann man vermuten, dass nicht hohe Grösse der Herzkontraktionshäufigkeit mit der Steigerung der Lebenserwartung und umgekehrt assoziiert wird. Der Zusammenhang zwischen der Herzkontraktionshäufigkeit und der ischämischen

Herzkrankheit wurde festgestellt. Es ist bekannt, dass die Stabilstenokardie eine der häufigsten Erscheinungen der ischämischen Herzkrankheit ist. Die Haupt- und besonders typische Erscheinung der Stabilstenokardie ist der Retrosternalschmerz mit einem zusammenkrampfenden Charakter, der bei der Körperbelastung, dem emotionalen Stress, dem Kalteinziehen, dem Gehen gegen den Wind erscheint. In Ruhe tritt der Schmerz nach dem reichen Essen auf. Man bezeichnet diesen Stenokardietyp als «Stabilstenokardie der Belastung».

Eine grosse Bedeutung hat der Herzkontraktionshäufigkeit beim Auftreten des Stenokardieanfalls. Die Steigerung der Herzkontraktionshäufigkeit führt zur Zunahme des Sauerstoffkonsums vom Myokard und zur Verminderung der Durchblutung in den subendokardialen Myokardzonen.

Der Blutzufluss zum Myokard geschieht bevorzugt während der Diastole und die Verminderung der Herzkontraktionshäufigkeit führt zur Steigerung der Diastolendauer. Diese Verminderung konnte koronares «Bestehlen» und das Sauerstoffbedürfnis des ischämisierten Myokards reduzieren. Die genannten Fakten sind in der klinischen Praxis sehr wichtig.

12. RONTGENANATOMIE DES SCHULTERGELENKS.

Ignatenko T. – der Student des 1. Studienjahres.

Wissenschaftliche Leiter – Ass. L.G. Sherepa, N.A. Tkatschjowa.

Auf dem Röntgenbild sehen wir das Schultergelenk. Die Aufnahme ist gezielt, die Projektion ist aufrecht. In der Gelenkbildung nehmen die Gelenkgrube des Schulterblattes und das Köpfchen des Schulterknochens teil. Die Gelenkgestalt ist kugelförmig. Auf der Röntgenaufnahme sehen wir in der direkten und hinteren Projektion die Gelenkfläche und den Gelenkspalt. Die Gelenkgrube des Schulterblattes hat Ovalgestalt. Der mediale Umriss ist deutlich und entspricht dem vorderen Halbkreis der Grube, der laterale Umriss entspricht dem hinteren Halbkreis. Das Köpfchen des Schulterknochens projiziert teilweise auf die Gelenkgrube. Die Umrisse des Köpfchens des Schulterknochens sind glatt, der

Schwammknochen ist netzformig. Die Platte der dichten Substanz ist dünn und auf der Aufnahme nicht sichtbar. In der Regel liegt das Köpfchen des Schulterknochens neben der Gelenkgrube. Untermedialer Quadrant des Köpfchens liegt etwas höher als unterer Rand der Gelenkgrube. Der Röntgengelenkspalt befindet sich zwischen dem Köpfchen des Schulterknochens und der Gelenkgrube des Schulterblattes. Sie hat in der Regel die Breite 3-4 mm. Der Gelenkknorpel, die Gelenkkapsel und die Gelenkbande sind auf der Röntgenaufnahme nicht sichtbar.

13. LASER IN DER PROPHYLAXE UND DER BEHANDLUNG DER WUNDINFEKTIONEN.

J. Jarowaja – Studentin des 3. Studentjahres.

Wissenschaftliche Leiter – K.M.W. W.A. Borodina, O.A. Kornewa.

Lasers ist ein technisches Gerät, das fokussierte, bündelartige, elektromagnetische Strahlung im Frequenzbereich von infrarot bis ultraviolett aussendet.

In der Medizin werden die Laser in den therapeutischen, mit der Leistung bis 50 mW und den chirurgischen, mit der Leistung bis 100 W geteilt. Die Strahlen des Lasers der hohen Energie tragen zur Bildung des elektrischen Feldes in den Geweben bei. Das führt zur Erscheinung des sterilen Koagulationshautschens, das die Toxinresorption und Infektionsverbreitung verhindert.

Man unterscheidet folgende Arten der Nekrektomie: mechanische (Beseitigung der nekrotisierten Gewebe mit dem Skalpel oder der Pinzette), chemische (Verwendung der chemischen Stoffe) und physikalische (Verwendung des Lasers mit der Hochfrequenz).

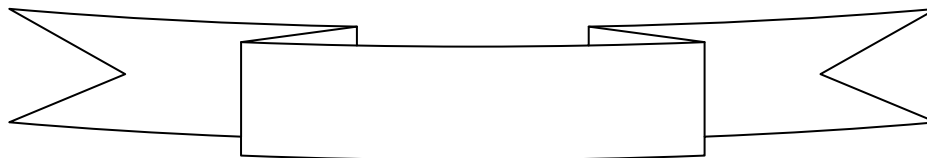
Die Strahlen des Lasers der niedrigen Energie verändern chemische Reaktionen in den Geweben, wirken wiederentzündend und gefässerweiternd, verbessern die Stoffprozesse.

In der Russischen Föderation produziert man chirurgische Lasergeräte "Skalpel-1" mit der Strahlenleistung 25 W, "Kamille-1" mit der Strahlenleistung 80-100 W, mikrochirurgische Anlage "Kamille-2" mit der Leistung 15 W, Laserskalpel LAS-3 für die chirurgische Operation, Koagulation und lokale Strahlentherapie mit der Leistung 25 W.

Der Mechanismus der schneidenden – verdampfenden und hämostatischen Effekte der hochenergetischen Laserstrahlung beruht auf der Transformation der Lichtenergie in die Wärmeenergie. Als Ergebnis tritt Verdunstung der zwischenmolekularen Flüssigkeit, verdickt sich das Zytoplasma der Epithelzellen bis zur Koagulationsnekrose auf. Die Laserstrahlung stimuliert die Regenerationsprozesse. Der Entzündungscharakter im Heilungsprozess bedingt die Reduzierung der Häufigkeit von Postoperativkomplikationen.

Lasers "Lanzette"

Zur Zeit werden die Lasergeräte dieser Serie in zwei Modifikationen hergestellt. Der Laserskalpel "Lanzette-1" ist ein übertragbares Tischgerät, das das hinaustragende, mikroprozessorgesteuerte Schaltgerät hat. Der Laserskalpel "Lanzette-2" ist ein bewegliches Fußbodengerät mit der weiten Funktionskombination. Dieses Gerät hat ein elektronisches Notizbuch. Die Geräte der "Lanzette" – Serie können sowohl in der ununterbrochenen als auch in der Impulsregime der Laserstrahlung arbeiten. Einzigartiges System der Schaltpultumstellung des Strahlendurchmessers gibt die Möglichkeit alle Operationsarten durchzuführen. "Lanzette" – Geräte entsprechen den modernsten Anforderungen sowohl nach der Sicherung der optimalen Arbeitsbedingungen der Chirurgen.





1. LA THERAPIE INTENSIVE DU CHOC INFECTIEUX ET TOXIQUE PENDANT L'OPERATION.

J. Soultankina – et-te de la 4-me annee.

Dirigeants scientifiques – O. V. Markov, S. I. Nasarkina.

La representation contemporaine la septicemie c'est un processus pathologique qui complique l'evolution des maladies differentes de la nature infectieuse. Le contenu de cette nature est une excretion incontrollee des mediateurs endogenes avec l'evolution de l'inflammation et les lesions de systeme des organes a la distance du premier foyer. Pour confirmer le syndrome septique il faut avoir les signes cliniques principaux du syndrome de l'inflammation de systeme: la fievre ou la hypothermie; la leucocytose ou la leucopenie; la tachypnee ou la tachycardie; la disfonction des organes de la violation de la conscience, de l'hypoxemie, de l'oligurie. La combinaison de ces signes avec la contravention de perfusion et l'hypotension arterielle permet de diagnostiquer le choc septique. La frequence de l'origine de ce choc parmi les patients du service de la reanimation et de la therapie intensive s'agite de 3% a 4%, mais dans les cas de la letalite s'agite de 60% a 80%. Dans ce cas de la therapie intensive completante et de l'allocation de l'anesthesiologie sont les composants du programme therapeutique. On peut diviser les mesures de la therapie intensive en deux groupes:

Les methodes de priorite:

- l'assainissement operatoire du foyer purulent et inflammatoire,
- la therapie infusee,
- l'appui de catecholamines,
- l'appui respiratoire.

Les methodes supplementaires:

- la detoxication extracorporelle,
- l'appui nutritive,
- la correction de la transgression immune.

En conclusion: l'usage de la methode standardisee au traitement de la septicemie et du choc septique permet d'exclure la formation de l'insuffisance de polyorgane.

2. LES INDICATIONS ET LES CONTRE-INDICATIONS DE LA THERAPIE HORMONALE REMPLACANTE AVEC LE SYNDROME CLIMATERIQUE.

D. Doubovitskaia – et-te de la 6-me annee.

Les dirigeants scientifiques – O. G. Poutintseva, S. I. Nasarkina.

Le caractere et l'activite de la therapie hormonale remplaceante depend beaucoup de but propose. Le but de la therapie hormonale remplaceante de courte duree, c'est une liquidation de la manifestation vegeto-vasculaire, emotionnelle et psychique. Cette therapie dure de 3 – 6 (trios – six) mois. Le but de

la thérapie hormonale remplaçante de longue durée, c'est une liquidation des manifestations moyennes et la prophylaxie des manifestations attardées. La thérapie dure 5 – 7 ans. On utilise les préparations combinées: Climadiene, Inguivine, Cliogeste, Femoston, Angélique, Climonorme. Les manifestations de courte durée à la thérapie hormonale remplaçante comme l'influence thérapeutique aux symptômes: neuro-vegetatifs; vasomoteurs; cosmétiques; uro-génitaux. Les manifestations de longue durée à la thérapie hormonale remplaçante, c'est une prophylaxie de l'ostéoporose, de la dépression, de l'asthme bronchique, de la maladie ischémique du cœur, de la maladie d'Alzheimer. Les indications aux manifestations précoces de la thérapie hormonale remplaçante: la ménopause précoce et prématurée (plus de 40 ans); les périodes longues de l'amenorrhée seconde à l'âge de reproduction; l'amenorrhée primaire (excepté le syndrome de Rokitansky-Kustner); la ménopause artificielle (la ménopause chirurgicale, la radiothérapie); les symptômes vasomoteurs précoces du syndrome climatérique à la prémenopause; les troubles uro-génitaux; la présence des facteurs de risque, de l'ostéoporose et des maladies cardio-vasculaires. Les contre-indications absolues à la thérapie hormonale remplaçante: la grossesse; l'hépatite aiguë; la thrombose aiguë des veines profondes; la maladie aiguë thromboembolique; le tumeur de l'appareil génital des femmes, des glandes mammaires qui ne seraient pas traitées; le méningiome.

Les contre-indications aux hormones sexuelles: le cancer de la glande mammaire (à l'anamnèse); le cancer de l'endomètre (à l'anamnèse); la dysfonction grave du foie; la porphyrie; les tumeurs oestrogéno-dépendantes. Les contre-indications aux progestogènes: le méningiome. Les contre-indications relatives à la thérapie hormonale remplaçante: le myome de l'utérus; l'endométriose; la migraine; la thrombose veineuse et l'embolie à l'anamnèse; l'hypertriglycéridémie de famille; la maladie cholelithique; l'épilepsie; le risque élevé de l'évolution du cancer de la glande mammaire (à l'anamnèse).

3. LES TROUBLES CLIMATERIQUES ET LES METHODES DE LEUR CORRECTION

A. Bernada, O. Bernada – et-tes de la 6-me année.

Les dirigeants scientifiques – O. G. Poutintseva, S. I. Nasarkina.

La classification de la période climatérique: 1. La prémenopause, c'est une période de la préparation de l'organisme de la femme chez la cessation de la fonction de la menstruation. Cette préparation commence avec l'apparition des premiers signes de la période climatérique et termine avec les derniers règles. Cette période commence de 45 ans et dure 4 – 5 ans. 2. La periménopause, c'est une période de la transition à la ménopause + (plus) 2 ans après les derniers règles. 3. La ménopause, c'est une dernière menstruation indépendante, qui était formée après 12 mois de l'absence des règles. La ménopause commence en moyenne à l'âge de 50 ans.

On distingue les ménopauses: la ménopause physique, ce sont les règles qui cessent indépendamment; la ménopause artificielle, c'est la menstruation qui cesse après l'ablation chirurgicale des ovaires sans l'hystérectomie; la ménopause prématurée, c'est une cessation des règles avant de 40 ans; la ménopause précoce, c'est une cessation de la menstruation à l'âge de 40 – 44 ans. La postménopause, qui commence avec la ménopause et termine à l'âge de 65 - 69 ans. Les critères hormonaux de la postménopause: le niveau bas de l'estradiol (80 pmoL/l); le niveau haut ($30 - 100 \text{ mE/l}$); l'indice de l'estradiol/l'estrone (1); l'hyperandrogénie possible; le niveau bas des globulines; le niveau bas de l'inhibine ($72 \text{ V/L } 2$), surtout de l'inhibine "B".

Le climatère (l'âge critique, la période climatérique), c'est une période transitoire dans la vie de la femme de la phase reproductive de la vie et de la vieillesse. Le syndrome climatérique, c'est un symptôme complexe, qui complique l'évolution du climatère. Il se caractérise par les infractions vasomotrices, neuro-psychiques, qui ont pris naissance au fond des changements d'âge dans l'organisme. La fréquence du syndrome climatérique change avec l'âge et la durée de la ménopause. La prémenopause fait 20 – 30%, la postménopause fait 35 – 50%. La durée du syndrome climatérique fait 3 – 5 ans. D'après l'Organisation Mondiale de la Santé (1996) le nombre des femmes à l'âge de la ménopause était 457 millions. Dans les pays développés le nombre de femmes à la période de la ménopause est plus que dans les pays développés. En 1996 - 40 % de femmes de la période de la ménopause ont rapporté aux pays industriels développés et 60% de femmes ont rapporté aux pays développés. On compte qu'en 2030 ces chiffres composeront 24,76%.

contenu de CHLT et de TG est determine par la methode colometrique enzymopathique avec l'assortiment de la firme "Vital Diagnosticum", CHLLPDH après la precipitation des autres lipids phosphotungstene de Na avec Mg Cl sur l'analyseur biochimique semi-automatique "Staffax". Le contenu de CHLPDB comptait d'après la formule FREDWALD: $CHLPDB = CHT - CHLPDH + (TG/2, 2)$ en mol/l. Tous les malades recevaient Vasilip. La dose journaliere de debut est 10 mg par nuit. Apres 4 semaines la dose de Vasilip est augmentee a 20 mg par jour, si le niveau de CHLPDB dépassait 3 mmol/l. La supportation de medicament est evaluee par les plaintes des malades par l'examen physical pendant chaque visite planee. La premiere visite est après 3-4 semaines de la diete hypocholesterole et puis dans 4, 8, 12 semaines au cours de traitement. Pour conclure 12 semaines de la therapie on est observe l'abaissement du niveau de CHT en 25% et de CHLPDB en 37%. Le niveau TG a abaisse en 14%, et le niveau de CHLPDH a augmente en 12%. La dose de debut minima de medicament 10 mg par jour a assure la correction de CHLPDB au niveau ($\leq 3, 0$ mmol/g) chez 6 (37, 5%) des malades. Apres avoir pris le medicament en 20 mg par jour le niveau de CHLPDB est obtenu chez 13 patients (86, 6%). Seulement chez 2 malades ont ete augmente les doses de medicament a 40 mg par jour. Un patient a quite l'etude a cause des douleurs au ventre, de l'augmentation des aminopherases en 2,5 fois et du niveau de glucose a 6,9 mmol/l. Ainsi, la dose effective de Vasilip est 20 mg par jour d'après les resultats de notre etude.

6. LES FAUTES DE L'EXPERTISE DE L'INVALIDITE PROVISOIRE CHEZ LES MALADES OBSTRUCTIVE CHRONIQUE DES POUMONS DANS LES CONDITIONS DE POLI-CLINIQUE.

Soultankina J. – et-te de la 4-me annee.

Dirigeants scientifiques – ass. De prof. O. J. Lakotsenina, T. N. Chpiltchouk, L. I. Chpiltchouk.

La morbidite de la perte de la capacite provisoire de travail donne la presentation de l'etat de la sante de la partie capable de travailler de la population qui occupe de travail social. En meme temps elle represente la qualite et l'efficacite de l'assistance medicale, montre les defauts dans ce travail. La maladie obstructive chronique des poumons a rapport au nombre des maladies qui sont le premier d'après le nombre des jours de l'invalidite provisoire, les causes de l'invalidite et de la mortalite. Le but de ce travail: l'appréciation de la qualite de l'expertise de l'invalidite provisoire chez les malades de la maladie obstructive chronique des poumons dans les conditions du maillon primaire de la sante publique. Retrospectivement on est critique 234 dossiers sanitaires des malades avec la maladie obstructive chronique verifiee. Tous les malades avaient l'invalidite provisoire pendant l'annee de calendrier. Les fautes de l'expertise ont revele en 37 (15,8%) cas. Le volume insuffisant des examens de l'argumentation de l'exacerbation et de l'appréciation des donnees a la delivrance du bulletin est enregistre chez 11 (29,7) patients. Le depassement arbitraire des delais de l'invalidite provisoire etait en 24 (64,8%) cas. Le depassement arbitraire des delais de l'invalidite provisoire est passé en resultat de l'appréciation erronnee, du degre de l'insuffisance respiratoire et des indices de la reversibilite de bronchique en 19 (51,3%) cas et de la therapie antibacterienne irrationnelle en 5 (13,5%) cas. Les delais courts de l'invalidite provisoire chez les malades travaillants dans les conditions de production nocive sont montres en 2 cas (5, 4%). Ainsi, les causes essentielles des fautes de l'expertise de l'invalidite provisoire chez les malades de la maladie obstructive chronique des poumons sont la non-execution des standards d'examen, l'appréciation erronnee de la gravite de l'obstruction bronchique, la sous-estimation des facteurs sociaux en particulier l'existence des conditions de production nocive.

7 ГИППОКРАТ – ОТЕЦ МЕДИЦИНЫ.

Сколубович А.А., 1 курс.

Научный руководитель зав.каф. Шпильчук Л.И.

Гиппократ – один из основоположников античной медицины. За свой вклад в развитие медицины он был наречен отцом медицины. В наставлениях для врачей Гиппократ высказался и за необходимость коллегиальных решений вопросов диагноза и лечения затруднительных случаев. Он писал, что нет ничего постыдного в том, что врач испытывающий затруднение в диагностике и лечении просит созвать консилиум. Словно к грядущим поколениям обращены его слова: "Я с клятвою заверяю, что никогда осуждение врача, должно возбуждать зависти другого, это

значило бы показать свою слабость...". Становление греческой светской медицины было связано не только с влиянием рационального знания и накоплением опыта врачевания, но и с принципами демократической жизни городов-государств Древней Греции. Освященные и необсуждаемые права врачующих жрецов постепенно, но неизбежно сменялись моральными профессиональными гарантиями и обязательствами лекарей перед пациентами. Так, в Клятве Гиппократов были впервые сформулированы и выписаны обязанности врача перед больными, перед своими коллегами по ремеслу.

8. АНТИЧНЫЕ СЮЖЕТЫ В ЖИВОПИСИ И ИСКУССТВЕ

Прагнимак Т.М., Барабаш Е.В. – 1 курс
Научный руководитель: Субачева Н.А.

Изучение искусства Древней Греции и Древнего Рима необходимо для понимания всего дальнейшего пути развития искусства вообще, так как здесь были выявлены основные понятия и принципы развития искусства.

Задача – проследить эволюцию греческой и римской пластики и живописи путём сравнения произведений искусства разных эпох.

Античной (от латинского *antiques* – древний) называли итальянские гуманисты эпохи Возрождения греко-римскую, как самую раннюю из известных им.

Значение древнегреческой культуры столь велико, что недаром мы называем времена её расцвета «золотым веком» человечества. И теперь, спустя тысячелетия мы восхищаемся идеальными пропорциями архитектуры, непревзойдёнными творениями скульпторов, поэтов, историков, учёных. Эта культура – самая человечная, она и до сего времени дарит людям мудрость, красоту и мужество.

Периоды, на которые принято делить историю и искусство античного мира.

- 1) Древний период – эгейская культура.
- 2) Гомеровский и раннеархаический периоды.
- 3) Архаический период.
- 4) Классический период.

В конце VII- начале VI в. до н.э. в греческом искусстве происходит сдвиг – в вазовой росписи человеку начинают уделять основное внимание, и его образ приобретает всё более реальные черты.

С этого момента изобразительное искусство вступает на путь гуманизма, где оно впервые обретает особое, лишь ему присущее значение. Цель его – не воспроизводить фигуру умершего, создать красоту, которая равнозначна добру, духовному и физическому совершенству человека.

Первые из дошедших до нас греческих скульптур ещё явно отражают влияние Египта. Каменные изваяния, чаще всего из мрамора, которыми так богата Эллада, обладают неизъяснимой прелестью.

Изображают античные статуи обнажённых юношей, атлетов, победителей состязаний, юных женщин в хитонах и плащах.

Ранние архаические статуи ещё отражают каноны, выработанные в Египте или в Месопотамии.

9. ОБУЧЕНИЕ В ДРЕВНЕЙ ГРЕЦИИ И РИМЕ

Борисова С., Мусаева Э.—1 к.

Научный руководитель: Назаркина С.И.

В Греции и Риме уже в очень ранние времена большое внимание уделялось образованию детей. Уже к V в. до н.э. среди свободных афинян не было неграмотных людей. А обучение из дома перешло в школы. После семи лет мальчики из рук матери и кормилиц передавались на попечение отца и раба-педагога (в переводе с греческого слово "педагог" означает "сопровождающий ребенка"), который следил за воспитанием маль-

чика и сопровождал его в школу. В школе дети занимались с тремя учителями. В школе царил жесточайшая дисциплина. Применялись и телесные наказания, против которых выступали милосердные учителя и прогрессивные философы. Учебный год начинался в марте. С 16 (18) лет мальчики могли продолжить свое образование в гимназиях, школах риторов и философов. Девочки учились читать и писать под наблюдением матери, постепенно приобщались к домашнему женскому труду. Название "гимнасий" происходит от греческого слова *gymnos*, что значит "голый, обнаженный". Гимнасием в Древней Греции называли здание, предназначенное для занятий физическими упражнениями. В гимназиях, завершив курс обучения в палестрах, тренировались знатные юноши 16—18 лет, готовящиеся к состязаниям и совершенствующиеся в науках. На спортивных площадках и стадионах при гимназиях играли в мяч, состязались в беге и прыжках. Чтобы после длительных упражнений и тренировок люди могли смыть с тела пыль, пот и масло, тут же располагались бани с горячей и холодной водой, с парными и бассейнами. Позже академическими гимназиями было принято называть латинские школы. В XVI—XVII веках такие школы повсеместно распространились в Германии, в начале XIX в. название Гимназия присваивалось только тем из них, которые давали ученикам право на поступление в Университет. В России в XVIII в. для детей дворян были открыты три академические гимназии, позже их стало больше, появились прогимназии и женские гимназии. К началу XX века в России уже было около 500 гимназий.

10. ЛАТИНСКИЕ СЛОВА И КРЫЛАТЫЕ ВЫРАЖЕНИЯ В РУССКОМ ЯЗЫКЕ И МЕДИЦИНЕ.

Арсёнова Т. В -1 курс

Научный руководитель: Назаркина С. И.

Образование в любом медицинском вузе включает не только изучение естественных наук, но и дисциплин гуманитарного направления. Это нужно для того, чтобы будущие «слуги Гиппократов» были не только человечными, сострадательными, но и интеллигентными, образованными. Знание персонажей античной мифологии, эпизодов истории Древней Греции и Древнего Рима позволит понять студенту-медику смысл многих терминов при изучении курса латинского языка, смысл крылатых выражений, часто употребляемых в СМИ.

Гласит пословица «Non est medicina sine lingua Latina» - «без латинского языка нет медицины». Как понять назначение той или иной структуры тела человека, название паразитов, свойства химических элементов, если не знаешь латинский язык. Но ещё интереснее будет узнать, какова история этих названий. Я решила посвятить этому свою работу.

В первую очередь мы обратимся к происхождению анатомических терминов. «Атлант» - первый шейный позвонок, который подвижно соединяет череп с позвоночным столбом. А вот почему он получил своё название? Дело в том, что Атлант – *atlas, ntis m* – несущий – титан, державший на голове небесный свод в наказание за участие в битве титанов с богами Олимпа. Когда Геракл искал яблоки Гесперид, Атлант помог их добыть, но с условием, что Геракл в это время будет держать небосвод на себе. Ещё в архитектуре атлантами называются мужские статуи, поддерживающие перекрытия или зданий. И это далеко не единственные термины, где встречается слово «атлант». Если мы посмотрим на глобус, то увидим Атлантический океан, названный так потому, что люди считали местонахождение титана Атланта крайний запад. «Олимпийский лоб» - *frons olumprica* – лоб с увеличенными лобными буграми из-за образования остеофитов (костных наростов), названный по ассоциации с горой Олимп. «Гиппократово лицо» - лицо умирающего человека, которое было впервые описано именно в трудах Гиппократов. Нужно отметить, что Гиппократ дал название многим терминам, среди которых есть «скамья Гиппократов», «митра Гиппократов», «чёрная болезнь Гиппократов» и т. д.

Интересно происхождение слова «панацея» - от греческого Панацея – имя одной из дочерей бога врачевания Асклепия. В переводе означает «всецелительница». Иносказательно панацея – лекарство от всех болезней, от всех бед.

Уделим внимание ряду терминов и крылатых выражений. «Академия» - священная роща вокруг могилы греческого героя Академа, где в IV веке до н.э. читал свои лекции Платон. Осно-

ванная им школа получила название «академия», сейчас же – название учреждений научного, учебного, художественного характера. «Клятва Гиппократова» - разработана Гиппократом этика отношения врача к пациентам. Она записана в виде обязательства, которое дают врачи по окончании медицинского вуза. «Восьмым чудом света» называют что-то из ряда вон выходящее. На самом деле причисляют к семи чудесам света: сады царицы Семирамиды, храм Артемиды в Эфесе, статую колосса Родосского, Фаросский маяк, статую Зевса, мавзолей в Геликарнасе, египетские пирамиды Мемфиса. Мы видим, что продолжать можно и дальше, ведь культура античных времён очень богата, а её вклад в развитие медицины велик.

11. МЕДИЦИНА В ДРЕВНЕЙ ГРЕЦИИ И ДРЕВНЕМ РИМЕ.

Астахова Е.В -1 курс

Руководитель: Ткачёва Н.А.

Ученые и натуралисты древних Греции и Рима внесли огромный вклад в развитие медицины. Они обобщили полумагические системы древнего Египта, Вавилона, Персии и в результате экспериментов, сумели перевести медицину с уровня магии и заговоров на научный уровень. Конечно, несовершенство техники того времени и незнание людьми фундаментальных законов естества не позволили им полностью избавиться от заблуждений в сфере человеческого тела, однако то, что было сделано, действительно заслужило того, чтобы имена ученых и простых медиков древнего мира были внесены в анналы истории.

На ранних этапах рабовладельческого строя врачебное дело выделилось в качестве самостоятельной профессии. Повсеместное развитие получила так называемая храмовая медицина: врачебные функции осуществляли жрецы (напр. в Египте, Ассирии, Индии). Достигшая высокого расцвета медицина Древней Греции нашла отражение в культах обожествленного врача Асклепия и его дочерей: Гигиены — охранительницы здоровья (отсюда гигиена) и Панакии — покровительницы лечебного дела (отсюда панацея).

В древней Италии вплоть до II в. до н. э. обходились без врачей профессионалов. Лечили дома народными средствами: травами, кореньями и плодами, настоями и отварами, часто совмещая это все с магией и наговорами. По свидетельству видного писателя и политического деятеля М. П. Катона, самым популярным лечебным средством считалась капуста: “Капуста из всех овощей – первая. Ешь ее вареной и сырой... она чудо как помогает пищеварению, устанавливает желудок, а моча того, кто ее ест, служит лекарством от всего. Натерши, прикладывая ее ко всем ранам и нарывам... она все вылечит, выгонит боль из головы и из глаз...”

12. МЕДИЦИНСКАЯ СИМВОЛИКА

Фесько Е.В - 1 курс

Научный руководитель - Субачева Н.А.

Знание о медицинских символах - важные знания, которые важны в работе медицинского работника. Любая сфера деятельности не остаётся не затронутой медициной. В разные времена в разных культурах медицинские символы отражали восприятие жизни и смерти, здоровья и болезни, напоминали об образе врачевания и методах лечения. Символ стал профессиональным знаком отличия врачей.

Цели и задачи работы. Проследить изменение медицинских символов разных стран, народов, древних цивилизаций Востока, Египта, Греции и Нового света, выявить их общность, историю происхождения – легенду, определить сущность, и доказать значимость в современном мире.

Знаменитые символы, которые встречаются наиболее часто в современной медицине:

-Змея.

-Чаша (чаша жизни).

-Посох Асклепия, посох с ветками, покрытыми листьями.

-Пентаграмма.

-Треножник Аполлона.

-Животные и растения - символы врачебного искусства (сова, петух, ворон, собака, змея, коза; мак, виноград, пальма, кипарис, ландыш, «платан Гиппократ»).
-Медицинские символы- эпохи Средневековья и Ренессанса.

(пестики, ступки, уринария, медицинские банки, горящий факел, пламенеющая свеча, серебряное зеркало, близнецы, земля, звезда).

13. МИФЫ АНТИЧНОЙ МЕДИЦИНЫ.

Нечаева А.С. – студентка первого курса

Руководитель - Шпильчук Л.И.;

Медицина, наука и практическая деятельность по предупреждению и лечению болезней.
Доисторические примитивные общества.
Примитивная медицина основывалась на предположении о сверхъестественной причине болезни.
Древние цивилизации.
Египет. Представления египтян о болезнях были основанными на идее вселения демонов.
Средние века.
Византийская медицина. Мистицизм, суеверия и догматизм вытеснили научное знание, болезни уже не связывались с естественными причинами, а считались наказанием за грехи.
Возрождение.
Старые медицинские теории и методы лечения не сразу уступили место научной медицине, догматические подходы были слишком глубоко укоренены.
Семнадцатый век.
Жесткая догма уступила место наблюдению и эксперименту, слепая вера - разуму и логике, распознавание болезней значительно продвинулось.
Восемнадцатый век.
Для медицины 18 в. стал по преимуществу временем обобщения и усвоения предшествующего знания, а не великих открытий.
Девятнадцатый век.
В течении 19 в. возникли многие медицинские специальности.
Двадцатый век.
В центре внимания медиков оказались уже не инфекционные, а хронические и дегенеративные заболевания, гораздо большее значение приобрели научные исследования.
Античная медицина.
Античная медицина унаследовала и магические формы врачевания, и рациональные приемы, и целебные средства народной медицины.
Гален (129- ок.200гг.)
Гален был чрезвычайно удачливым практикующим врачом. Мировоззрение и теории Галена.
Гален считал, что все в человеческом организме, было создано Богом.
Новая фигура врача: истинный медик должен быть так же философом.
Гален ставит целью восстановить античный образ врача, достойным примером которого был Гиппократ.
Причины большого успеха Галена.
Грандиозная систематизация знания в рамках медицины, ясная теоретическая схема, высокий религиозный и моральный смысл учения Галена обеспечили ему в эпохи Средневековья и Возрождения неувядаемую славу.

14. МИФЫ И ЛЕГЕНДЫ О СВОЙСТВАХ ЛЕКАРСТВЕННЫХ РАСТЕНИЙ

Жданова Р.А., Детушева О.П., 1 курс

Научный руководитель - Ткачева Н.А.

Все народы, населяющие Землю, в глубокой древности слагали мифы и легенды о чудодейственных свойствах лекарственных растений. Рекомендации по их использованию встречаются в египетских папирусах, в клинописных текстах вавилонских глиняных табличек, в книгах Древнего Китая, сделанных из панцирей черепах и бамбуковых планок. Из трав, обладающих наркотическим действием, готовили успокоительные и болеутоляющие вещества, а также «напитки бессмертия»,

игравшие большую роль в религиозных и магических ритуалах. В честь лекарственных трав слагли гимны, их слова доносят до нас священные тексты стран Древнего Востока. И в наше время медицина широко использует лекарственные растения и изучает их свойства. Однако в древней медицине восприятие лекарственных растений было совсем другим: оно связывалось не столько с эмпирическим (от греч. «εμπειρία» — опыт) знанием, сколько с магией и астрологией — двумя основами искусства врачевания в древности.

Первыми лекарствами были растения. Издавна люди стремились найти «траву бессмертия», способную излечить многие болезни.

Свидетельства мифов и легенд о лекарственном использовании растений в каменном веке были подтверждены археологической находкой. Экспедиция под руководством польского археолога И.Солецки в 1960 г. обнаружила в пещере Шанидар в Ираке 9 скелетов людей каменного века. Эти люди были больными или калеками и нуждались в постоянной помощи: их останки говорят о болезнях костей и позвоночника, а один из скелетов имеет следы ампутации нижней части правой руки.

Исследование захоронений в пещере Шанидар представило первое материальное доказательство целенаправленного использования лекарственных трав. Люди помещались на ложе из растений восьми видов, среди которых были те, которыми мы и сейчас пользуемся для лечения болезней: тысячелистник, алтей, золототысячник, эфедра. Цветы были связаны в букетики и разложены по всему ложу.

Сохранились многочисленные легенды и свидетельства о том, как люди догадывались о лекарственных свойствах растений, наблюдая за животными. Это было основным направлением развития эмпирической медицины в древности.

Мифы стран Древнего Востока повествуют о том, что из одних и тех же растений можно получить и лекарства, и яды. В Древнем Египте мякоть плодов персика входила в состав лекарственных средств, а из ядер косточек и листьев растения жрецы умели получать сильный яд, содержащий синильную кислоту. Приговоренный к «наказанию персиком» человек обязан был выпить чашу с ядом. Один из египетских медицинских папирусов, хранящийся в Лувре, содержит предостережение: «Не произноси имени Иао под страхом наказания персиком». «Не открывай, иначе умрешь от персика», — гласит надпись на стене храма Изиы.

В культурах Древнего Востока и античного мира, средневековья и Ренессанса было распространено убеждение в том, что лекарственные растения приобретают свою силу под действием небесных тел, а в процессе приготовления лекарств необходимо учитывать влияние планет.

15. ТЫ И ТВОЁ ИМЯ.

Левчук. Д. А.- студентка 1 курса.

Научный руководитель: Назаркина С. И.

Язык в более широком научном и историческом понимании - это категория социальная, экономическая, а не только лингвистическая. Данный постулат может быть подкреплён всем ходом мировой истории. Наиболее ярким примером данного утверждения является латинский язык - официальный язык Римской империи, который является сейчас классическим образцом мёртвого языка. Очень интересным и важным фактом является происхождение имён человека, так как их большинство греческого и латинского происхождения.

У римлян обычно было три имени, как у нас - имя, отчество, фамилия.

Первое имя - преномен (praenomen) - было личным, как Пётр или Мария, таких имён было всего 18.

Второе имя - номен (nomen) - было названием рода и соответствовало фамилии.

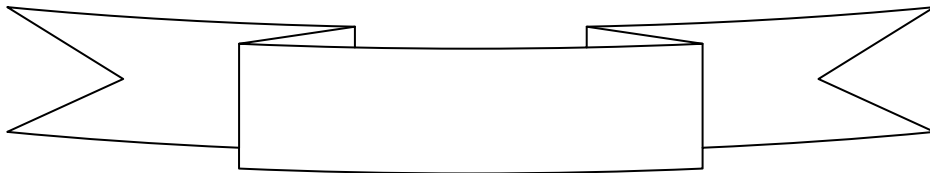
Третье имя - когномен (cognomen) - прозвище: рыжий - Руф, ловкач - Катон, носатый - Назон.

Когноменом отличали семью или отдельную ветвь данного рода. Иногда за какие - либо заслуги римлянин получал и четвертое имя или прозвище - агномен. Публий Корнелий Сципион в честь победы, одержанной над Ганнибалом в Африке в 202г. до н.э., стал именоваться Африканским (Africanus). Женщин называли родовым именем отца в форме женского рода. Так, к примеру, дочь Гая Юлия Цезаря звали Юлией. Когда в семье появлялась другая дочь, то добавляли преномен:

Старшая (Major) и Младшая (Minor), другие прозывались Третья (Tertia), Пятая (Quintilla) и т. д. Замужняя женщина сохраняла своё имя, но к нему добавляли когномен мужа: Корнелия, дочь Корнелия, Гракха (жена Гракха).

Рабов именовали по происхождению: Сир (уроженец Сирии), Галл (уроженец Галлии); по именам мифических героев: Ахилл, Гектор; по названиям растений или камней: Адамант, Сардоник. Иногда рабам, которых окликали «мальчик» (puer) присваивали имя владельца в родительном падеже: Марципор (Marcipuer), то есть раб Марка.

Вольноотпущенники (то есть рабы, получившие свободу) приобретали родовое и личное имя бывшего господина, их собственное имя ставилось на третье место как когномен. Так, секретарь Цицерона Тирон, освободившись из рабства, назывался Марк Тулий, отпущенник Марка Тирон. Элементы античной истории, культуры, фразеологии, как известно, всегда входили в систему гуманитарного образования Европы, и именно на них в течении многих веков базируется фундамент новоевропейской культуры. Тысячи слов латинского и греческого происхождения вошли в ежедневную лексику каждого из нас во всех сферах жизни: от идеологии, политики, науки до личных имён, предметов и понятий домашнего быта. Человек, приобщившийся к тайнам слов античных Греции и Рима, безразмерно расширяет свой кругозор, осмысленно воспринимает сущность и смысл многих современных слов и понятий и, конечно, своего имени.



ASMA (Blagoveshchensk, Russia) – OMC (Osaka, Japan)

TV bridge

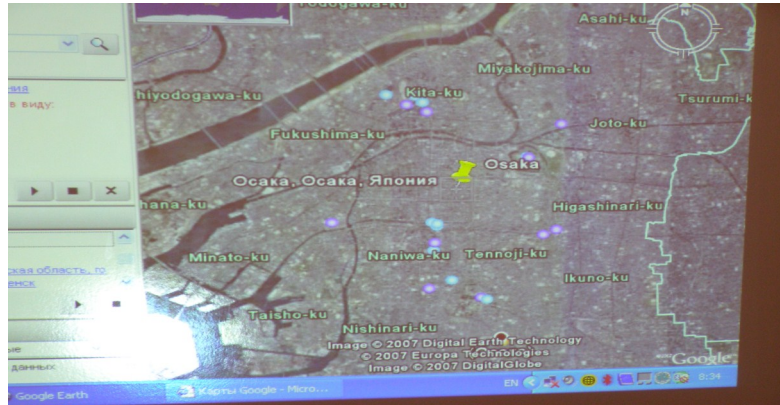


Within the 17 students scientific conference of ASMA on foreign languages the TV bridge between Blagoveshchensk and Osaka had been established.

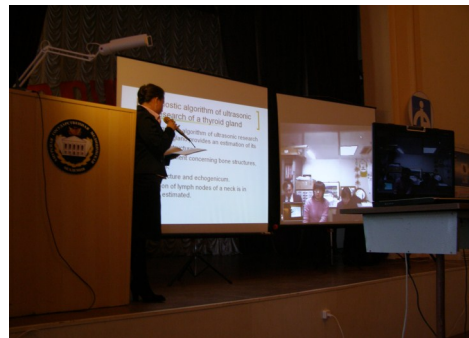
It means that both ASMA and Osaka Medical College students took part in the conference in online regime.



Professors Alexander Kudrin and Eugene Borodin took grate efforts to organize this TV bridge in the Internet network with a help of IP-telephony Skype program.



Dr. Emi Yamadori and 3 OMC students and one OMC postgraduate student from China took part in the conference. They present two presentations: "Club activities: Various medical clubs" (by Mr. Tadayuki Hashimoto, Miss Yu Nishijima, Miss Hitomi Kotera) and "The Ageing in Japan" (by Miss Sun Wei).



ОГЛАВЛЕНИЕ

Section of the English Language

- THE AGEING IN JAPAN**
Sun W—the 3rd grade postgraduate school student
- IRIDODIAGNOSTICS**
Gerasimenko D. – 5
- THE STATE OF THE THYROID GLAND ACCORDING TO THE DATA OF ULTRA-SOUND DIAGNOSTICS IN THE CONDITION OF STRUMOUS ENDEMIC**
Kravchenko O. – 5
- HISTIOCYTOSIS**
Dimova E. – 6
- AFTER MY SUMMER EXAMS**
Dobrovolskaya D. – 7
- DESTRUCTIVE TOTAL CULTS**
Chekmarov M. – 7
- CLINICAL SYMPTOMS OF SYPHILIS**
Prishchepa Y.A.– 8
- ANOMALIES IN THE DEVELOPMENT OF DIGESTIVE ORGANS.**
Maslenikova K. – 9
- URINARY INCONTINENCE IN WOMEN: PROBLEMS AND SOLUTIONS.**
Gorin A. – 9
- EFFECTIVENESS OF VIDEO-COMPUTER AUTOTRAINING METHOD IN CHILDREN WITH MYOPIA**
Gostieva A.A.- 10
- RESULTS OF TREATMENT OF GULLET CANCER (ACCORDING TO THE DATA OF THE REGIONAL ONCOLOGICAL DISPENSARY) WITHIN 2002-2006.**
Satyr N.A. – 11.
- DISTURBANCES OF THE HEART RHYTHM IN PATIENTS WITH COLD**
T. Kandaurova, A. Tolstopyatova, A. Khomkolova – 11
- COMPLEX THERAPY OF THE PURULENT LESIONS OF THE SOFT TISSUES IN PATIENTS WITH DIABETES MELLITUS**
Konkova D.- 12
- CELLULAR AND HUMORAL IMMUNITY IN PATIENTS WITH COPD**
Tolstopyatova A.A.- 13
- THE DIAGNOSTICS AND PROPHYLAXIS OF THE NEURO-PSYCHICAL DISORDERS OF THE STUDENTS DURING ADAPTATION PROCESS AT THE HIGHER EDUCATIONAL ESTABLISHMENT.**
Zubko N. – 13
- CANCER OF THE OESOPHAGUS**
Ankudinova Y. – 14
- TYPES OF BONE FRACTURES AND TREATMENT**
Komogortsev D. – 14
- FLAVANOIDS**
Abdulaeva M. – 15
- E ANATOMY OF EPIDURAL SPACES OF CERVICAL PART OF SPINAL CORD OF A PERSON.**
Miasnicova R., Kozka A. – 15

- THE SYMBOLS OF MEDICINE**
Stepantsova A. - 16
- COMPARISON OF THE EFFECTIVENESS OF PROPOPHENON AND AMIDORON IN PATIENTS WITH VENTRICULAR EXTRASYSTOLE.**
- Teplishchev D. A. - 16
POTENTIAL THERAPEUTIC APPLICATIONS OF THE ENDOCANNABINOID SYSTEM.
- Kotelnikova M.A. – 17
INTESTINAL OBSTRUCTION
- Tarasuk E.- 18
IGHT WEEKS OF AN EMBRYO.
- Dimova M. – 18
FOLK REMEDIES IN ONNURI MEDICINE.
- Nedid S.N.- 19
NOOTROPIC AND NEUROPROTECTIVE REMEDIES.
- Sokolovskaya O. – 20
750 YEARS OF FOXGLOVE USE
- Nomerovskaya T. – 20
ANTHROPOMETRY AND ITS HISTORY
- Marushenko I. - 21
COLD INFLUENCE ON DYNAMICAL AND STATICAL CHANGES OF RATS'ACTIVITY.
- Senchenko E., Yushina O. – 21
THE SKIN AND THE DISEASES OF THE SKIN.
- Khohlova K. – 21
ANOMALIES OF DEVELOPMENT OF THE OSSA CRANII
- Pushcareva V., Volovik L.- 22
SEXUAL DIFFERENCES AND PSYCHOTROPIC REMEDIES
- Sheludko E. - 22
ORIGIN OF LIFE, DOES EVOLUTION SUPPLY THE ANSWERS?
- Kolesova M. – 23
EPIDEMIC HEMORRHAGIC FEVER AND LUNG PATHOLOGY.
- Gorin A., Musnitckaya A - 23
THE EPIDEMIC HEMORRHAGIC FEVER IN PREGNANT WOMEN AND CHILDREN.
- Gorin A., Zolotuchina O -24
THE SKELETON.
- Moiseenko A.-24
UTERUS
- Gerasimenko D., Glebova I., Grishina O. –25
THE PARALLEL WORLD. SENCES AND SUPERSENCES.
- Tsikalova N. – 25
HYPODYNAMIA
- Bondarchuk E. – 26
CANDIDIASIS
- Nikolaeva V. – 26
METHODS OF SURGICAL TREATMENT OF HEPATIC ECHINOCOCCOSIS
- Leshenok E., Kol O. – 27
MY TRAVELLING TO NIIGATA.
- Prishchepa Y.A.– 27
DIABETIC NEPHROPATHY
- Snegiryov A.A., Totskaya E.G. – 28
PATHOLOGOANATOMICAL PECULIARITIES OF DEFORMING OSTEOARTHRISIS (OA)
- Bardov V.S. , Bezzubtseva V.V. – 29

- HEALTHIER SKIN NATURALLY IN 7 DAYS OR LESS.**
Kantamirova A. - 30
- THE ROLE OF FORENSIC MEDICINE IN TAKING PREVENTIVE MEASURES
AGAINST SHORTCOMINGS OF PROPHYLACTIC MEDICAL EXAMINATION**
Knalyan S. - 30
- PECULIARITIES OF THE DEVELOPMENT OF THE IMMUNE SYSTEM IN CHILDREN**
Zrazhevskaya O.A - 31
- A GREAT RUSSIAN SCIENTIST – LOMONOSOV.**
Kunilova M. – 32
- AVICENA**
Neylis Ya. – 32
- PERSONAL FEATURERS OF SECONDARY SCHOOL LEAVERS AND STUDENTS OF
ASMA CONTRIBUTING TO SUCCESS.**
Volodeva O. – 33
- AN ARTIFICIAL SKIN FOR HEALING WOUNDS.**
Nahapetyan V. – 34
- COMPARATIVE CHARACTERISTICS OF INDAP AND ARIFON IN TREATMENT OF
THE PATIENTS WITH ARTERIAL HYPERTENSION.**
Selega A.E.-34
- THE EFFECTIVENESS OF THE METHOD OF VIDEO-COMPUTER AUTOTRAINING IN
CHILDREN WITH MYOPIA**
Teplishchev D.A.- 35
- IMMUNOLOGIC ASPECTS OF LASER LIGHT AND LYCOPID APPLICATION IN PA-
TIENTS WITH ACUTE PANCREATITIS**
Skaredina M - 35
- CREATION OF ARTIFICIAL LYMPH NODE BY JAPANESE SCIENTISTS.**
Ivanova E. - 36
- NEW METHOD OF ACNE TREATMENT**
Tolstopyatova A.A- 36
- ROLE OF IMMUNOGLOBULIN IN HUMAN ORGANISM**
Savchenko D. – 37
- THE UTERINE NECK CANCER**
Nikitina K.- 38
- APPLICATION METHODS OF SU JOK THERAPY IN REHABILITATION OF FRE-
QUENTLY ILL CHILDREN**
Anisimova A. - 38
- FEDOR MERING**
Korotkikh A., Fillipov A. – 39
- MULTIFOCAL SYNCHRONOUS CANCER OF STOMACH AND CANCER OF
SIGMOID GUT**
Druzhinin E. – 39
- BOTKIN S. P. – FAMOUS RUSSIAN PHYSICIAN.**
Filippov A.S., Korotrih A.V. – 40
- THE METHOD OF BLOODLETTING**
Gladun E. - 41
- THE INFLUENCE OF PARENTS BAD HABITS ON THE DEVELOPMENT OF A FETUS
AND ON THE HEALTH OF THE POSTERITY.**
Dyomina K.A. – 42
- THE FOUNDER OF RUSSIAN THERAPY SCHOOL:
MIKHAIL YAKOVLEVICH MUDROV.**
Konoplyannikova A.S, Shunkova O.A. the - 42

Dausche Abteilung

- AKUTE NIERERINSUFFIZIENZ.**
L. Tcherendina – 44
- AKUTER DARMVERSCHLUSS**
A. Sudnikowa – 44
- ANTIINFLAMMATORISCHE UND ANTIAGREGAZIONE EFFEKTE DER CHEMISCHEN VERBINDUNG AUS β -CYCLODEXTRIN UND ACETYLSALICYLSAURE.**
S. Rzaewa – 45
- DAS STICKOXYD UND SEINE PHYSIOLOGISCHE ROLLE.**
E. Nikischina - 46
- DIE METASTATISCHE SCHADIGUNG DER LUNGEN**
Fastowez T. – 46
- KLINISCHER PERITONITISVERLAUF.**
A. Kaschtschenko – 47
- KOMBINIERTE ANTIHYPERTENSIONSTHERAPIE-MODERNER BLICK AUF DAS PROBLEM**
Simanowskaja O.- 47
- MODERNE VORSTELLUNGEN UBER DAS METABOLISCHE SYNDROM.**
D. Suewa – 48
- MULTIPLES MYELOM IM AMURER GEBIET**
Jusupowa A. – 49
- NEUES SIGNALSYSTEM ODER EIGENES "MARIHUANA" DES GEHIRNS.**
E. Pendjurowa – 49
- PROGNOSTISCHE BEDEUTUNG DER HERZKONTRAKTIONSHAUFIGKEIT BEI DEN KRANKEN MIT DER ISCHAMISCHEN HERZKRANKHEIT.**
J. Garmanowa- 50
- RONTGENANATOMIE DES SCHULTERGELENKS.**
Ignatenko T. – 50
- LASER IN DER PROPHYLAXE UND DER BEHANDLUNG DER WUNDINFEKTIONEN.**
J. Jarowaja – 51

Section du Francais et du Latin

- LA THERAPIE INTENSIVE DU CHOC INFECTIEUX ET TOXIQUE PENDANT L'OPERATION.**
J. Soultankina – 52
- LES INDICATIONS ET LES CONTRE-INDICATIONS DE LA THERAPIE HORMONALE REMPLACANTE AVEC LE SYNDROME CLIMATERIQUE.**
D. Doubovitskaia – 52
- LES TROUBLES CLIMATERIQUES ET LES METHODES DE LEUR CORRECTION**
A. Bernada, O. Bernada – 53
- LES PARTICULARITES DE L'EVOLUTION CLINIQUE DE LA GROSSESSE, DE L'ACCOUCHEMENT ET DE LA PERIODE POST-NATAL CHEZ LES GROSSES AVEC LA PLACENTITE DE L'ETIOLOGIE VIRO-BACTERIENNE.**
F. Mavzutova – 54
- L'INFLUENCE DE VASILIP AUX INDICES D'ECHANGE LIPIDE CHEZ LES MALADES DES MALADIES CARDIOVASCULAIRES.**
Mavzutova F. –54

**LES FAUTES DE L'EXPERTISE DE L'INVALIDITE PROVISOIRE CHEZ LES MALADES
OBSTRUCTIVE CHRONIQUE DES POUMONS DANS LES CONDITIONS DE POLI-
CLINIQUE.**

Soultankina J. – 55

ГИППОКРАТ – ОТЕЦ МЕДИЦИНЫ.

Сколубович А.А – 55

АНТИЧНЫЕ СЮЖЕТЫ В ЖИВОПИСИ И ИСКУССТВЕ

Прагнимак Т.М., Барабаш Е.В. – 56

ОБУЧЕНИЕ В ДРЕВНЕЙ ГРЕЦИИ И РИМЕ

Борисова С., Мусаева Э.—56

**ЛАТИНСКИЕ СЛОВА И КРЫЛАТЫЕ ВЫРАЖЕНИЯ В РУССКОМ ЯЗЫКЕ И
МЕДИЦИНЕ.**

Арсёнова Т. В – 57

МЕДИЦИНА В ДРЕВНЕЙ ГРЕЦИИ И ДРЕВНЕМ РИМЕ.

Астахова Е.В - 58

МЕДИЦИНСКАЯ СИМВОЛИКА

Фесько Е.В – 58

МИФЫ АНТИЧНОЙ МЕДИЦИНЫ.

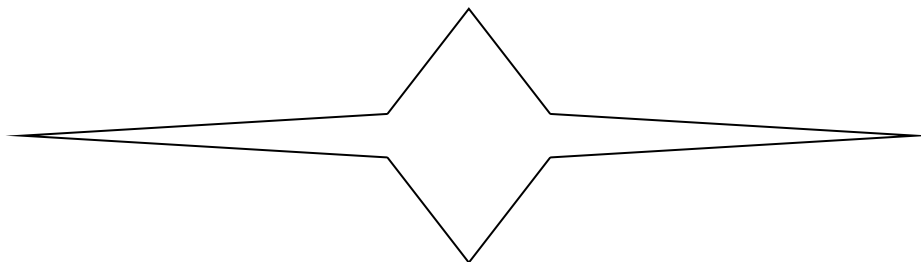
Нечаева А.С. – 59

МИФЫ И ЛЕГЕНДЫ О СВОЙСТВАХ ЛЕКАРСТВЕННЫХ РАСТЕНИЙ

Жданова Р.А., Дегушева О.П – 59

ТЫ И ТВОЁ ИМЯ.

Левчук. Д. А. – 60



Для заметок