

International Academy of Science and Higher Education
London, United Kingdom
Global International Scientific Analytical Project



LIFE AND SOCIAL PROGRAMS OF BIOLOGICAL ORGANISMS' EXISTENCE QUALITY DEVELOPMENT

Peer-reviewed materials digest (collective monograph) published following the results of the LXXXV International Research and Practice Conference and II stage of the Championship in Medicine and Pharmaceuticals, Biology, Veterinary Medicine and Agriculture (London, July 24-July 29, 2014)



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**The event was carried out in the framework of a preliminary program of the project
“World Championship, continental, national and regional championships on scientific analytics”
by International Academy of Science and Higher Education (London, UK)**

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Scientific researches review is carried out by means of professional expert assessment of the quality of articles and reports, presented by their authors in the framework of research analytics championships of the GISAP project.

Research studies published in the edition are to be indexed in the International scientometric database “Socrates-Impulse” (UK) and the Scientific Electronic Library “eLIBRARY.RU” on a platform of the “Russian Science Citation Index” (RSCI, Russia). Further with the development of the GISAP project, its publications will also be submitted for indexation in other international scientometric databases.

“Life and social programs of biological organisms’ existence quality development». Peer-reviewed materials digest (collective monograph) published following the results of the LXXXV International Research and Practice Conference and II stage of the Championship in Medicine and Pharmaceutics, Biology, Veterinary Medicine and Agriculture. (London, July 24-July 29, 2014)/International Academy of Science and Higher Education; Organizing Committee: T. Morgan (Chairman), B. Zhytnigor, S. Godvint, A. Tim, S. Serdechny, L. Streiker, H. Osad, I. Snellman, K. Odros, M. Stojkovic, P. Kishinevsky, H. Blagoev – London: IASHE, 2014. - 66 p.)

In the digest original texts of scientific works by the participants of the LXXXV International Scientific and Practical Conference and the II stage of Research Analytics Championship in Medicine and Pharmaceutics, Biology, Veterinary Medicine and Agriculture are presented.

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Dear friends!

He knew that his colleagues-practitioners mostly do not agree with his ideas, scientists most often disregard them, listeners perceive them with watchful curiosity and suffering patients - with sincere hope for curing. Philippus Aureolus Theophrastus Bombastus von Hohenheim himself treated his own activity with unconcealed self-satisfaction.

He was known enough in Europe as Paracelsus - tireless experimentalist, terminator of medical traditions and authorities, arrogant man and troublemaker... People also said Paracelsus used to drink alcohol incontinently. This made him too talkative and critically ironic in relation to trivial methods of treatment actively used in medical practice of the 16th century.

However valuable achievements in medicine and innovative approaches in examination and treatment of the heaviest sicknesses significantly outweighed numerous shortcomings of Philippus attracting a lot of attention of people around.

One day the Basel University administration, excited by the possibility to involve the famous doctor into the academic staff of such an old educational institution, has invited Paracelsus to attend the interview concerning filling the post of the professor.

- Your frame of a doctor is the eloquent evidence of high medical qualification. Besides, some of our curators are familiar with your works. We must say they are seriously confused after reading them, - gray-haired rector of the University said to Paracelsus after the exchange of greetings. - By the way, dear Philippus, why aren't your books presented in Latin?

- Latin? Fortunately, I wasn't so stupid to spend time for studying this dead language! - Answered Paracelsus defiantly and further explained his position. - I believe every true doctor should have as much practice as possible instead of spending time on useless things. True knowledge and skills in medicine may be acquired only through practical experience.

- How is that..? - the dumbfounded rector couldn't find words to answer to the pushy interlocutor. - But Latin covers all the medical terminology! How were you able to be educated as the doctor?

- Well, I never said I used to study as the doctor in the generally accepted way! - Exclaimed Paracelsus even more challengingly. - Yes, yes, this means I don't have the diploma and the scientific degree.

- How could you possibly be recommended... And your prominence - where is it from? - The rector was flabbergasted.

- That's simple: I am not only the best doctor among others living on this planet, but also a person not seeking for justification of medical failures in insufficiency of human knowledge! I create knowledge myself!

- How dare you..? - The rector couldn't find good words to answer once again and jumped up from his chair.

- Don't worry that much. You turned pale, your eyes are filled with blood, your legs are going weak, your hands are shaking... You need my mixture containing mint, motherwort, a bit poppy-seed and the zinc bloom - to fasten the processes of the drug imbibition.

- That's nonsense, what mixture? - Whispered the head of the University swaying of the rapid weakness.

- You're going to die without it in the year... And if you're going to communicate with me often - even sooner. - Explained Paracelsus carefully seating the old man back into the chair. - You should know that chemical processes of interaction of liquids and tissues in your organism are significantly complicated. That is why any forced tension additionally blocks the bloodstream and steals your energy. I will make you feel better if you observe rules of periodicity and doses of the drug...

We do not know exactly the final moments of the discussion presented above. However in the Basel University they are still proud of the fact that the great doctor, biologist, chemist and the pharmacist Paracelsus used to occupy the post of the medical department professor for a short period of time.

This digest includes reports, presented on the LXXXV International Research and Practice Conference "Life and social programs of biological organisms' existence quality development" and on the II stage of research analytics championships of various levels in Medicine, Pharmaceuticals, Biology, Veterinary medicine and Agriculture.

We are sincerely grateful to authors of works presented in the digest for active participation in international scientific communications. We congratulate winners and awardees of relevant research analytical championships and we look forward to further participation of these scientists in the International Scientific-Analytical Project of the IASHE and to their new ideas and scientific innovations.

August 08, 2014
London, UK

Yours sincerely, -
Head of the IASHE International Projects Department
Thomas Morgan



Уважаемые друзья!

Он знал, что практикующие коллеги в основном не приветствуют его взгляды, ученые мужи чаще всего их презирают, слушатели воспринимают с настороженным любопытством, а страждущие пациенты – с пламенной надеждой на исцеление. Сам же Филипп Ауреол Теофраст Бомбаст фон Гогенгейм относился к собственной деятельности с нескрываемым самодовольством.

Он был достаточно широко известен в пределах Европы под именем Парацельс как неутомимый экспериментатор, низвергатель медицинских устоев и авторитетов, гордец и склочник ... Парацельсу также приписывали несдержанность в употреблении алкогольных напитков, которая провоцировала у него чрезмерную словоохотливость и критическую иронию в отношении тривиальных методов лечения, активно применявшихся в медицинской практике 16 века.

Однако весомые врачебные успехи Гогенгейма и его новаторские подходы в изучении и излечении самых тяжелых заболеваний, значительно перекрывали многочисленные недостатки Филиппа, приковывая к нему внимание окружающих.

Однажды руководство Базельского университета, плененное возможностью заполучить знаменитого врача в преподавательский состав этого старинного учебного заведения, пригласило Парацельса на собеседование по поводу замещения им профессорской должности.

- Ваша слава врача является красноречивым свидетельством высокой медицинской квалификации. Кроме того, с Вашими трудами знакомы некоторые наши кураторы и, надо признаться, пребывают от их прочтения в немалом замешательстве, - улыбаясь обратился к Парацельсу седовласый ректор университета после обмена приветствиями. – Однако же, уважаемый Филипп, почему ваши книги не изложены на латыни?

- Латынь? К счастью, не имел глупость потратить время на изучение этого мертвого языка! – дерзко ответил Парацельс и далее пояснил свою позицию. – Полагаю, что каждый настоящий врач, вместо того, чтобы придаваться очевидно бесполезному времяпровождению, должен как можно больше практиковать. Ибо только опытом можно в медицине приобрести истинные знания и навыки.

- Как же это...? – не нашел слов опеший от наглости собеседника ректор. – Ведь латынь охватывает всю медицинскую терминологию! ... Как вы тогда могли учиться на врача?

- А я никогда и не утверждал, что учился на врача в общепринятом смысле! – еще более вызывающе воскликнул Парацельс. – Да, да, из этого следует, что у меня нет диплома и ученой степени.

- Как же могли Вас рекомендовать ... да и Ваша известность – откуда...? – опешил изумленный ректор.

- Всё очень просто: я не только лучший врач из когда-либо живших на свете, но и тот, кто не ищет оправданий врачебным неудачам в недостатке человеческих знаний! Я творю знания сам!

- Как Вы смеете ...? – вновь не нашел ответных слов ректор, вскочивший со своего кресла.

- Не надо так переживать. Вы побледнели, глаза налились кровью, ноги подкосились, а руки трясутся... Вам нужна моя микстура, содержащая мяту, пустырник, немного мака и окись цинка – для ускорения процессов усваивания лекарства.

- Что за бред, какая микстура? – покачнувшись от внезапного бессилия прошептал глава университета.

- Без неё Вы умрете через год... А поскольку Вам придется часто общаться со мной – так и того раньше. – пояснил Парацельс, заботливо усаживая старика в кресло. – Знаете ли, химические процессы взаимодействия жидкостей и тканей в Вашем организме итак существенно затруднены, поэтому любое вынужденное напряжение дополнительно препятствует кровотоку и лишает Вас сил. Я вас вылечу, если будете соблюдать периодичность и дозы приема лекарств...

Доподлинно неизвестно, чем именно закончилась изложенная выше беседа, однако в Базельском университете до сих пор гордятся тем, что в их учебном заведении недолгое время занимал должность профессора кафедры медицины великий врач, биолог, химик и фармацевт Парацельс.

Данный сборник включает доклады, представленные на LXXXV Международную научно-практическую конференцию «Жизнь и социальные программы развития качества существования биологических организмов», а также 2 этап научно-аналитических первенств по медицинским, фармацевтическим, биологическим, ветеринарным и сельскохозяйственным наукам.

Искренне благодарим авторов представленных в сборнике произведений за активное участие в международных научных коммуникациях, поздравляем победителей и призеров соответствующих первенств по научной аналитике, а также с нетерпением ожидаем дальнейшего участия этих ученых в «Международном научно-аналитическом проекте МАНВО», их новых идей и научных разработок.

«08» августа 2014 г.
Лондон, Великобритания

С уважением и наилучшими пожеланиями, -
Руководитель Департамента международных проектов МАНВО
Томас Морган





National Research Analytics Championship

- Azerbaijan**
- Kazakhstan**
- Moldova**
- Russia**
- Ukraine**
- Uzbekistan**



Open European-Asian Research Analytics Championship

- Azerbaijan**
- Kazakhstan**
- Moldova**
- Russia**
- Ukraine**
- Uzbekistan**



International Scientific and Practical Conference

- Azerbaijan**
- Georgia**
- Kazakhstan**
- Moldova**
- Russia**
- Ukraine**
- Uzbekistan**

EXPERTS OF CHAMPIONSHIPS AND CONFERENCES



ALEX PAVLOV (UKRAINE)
Doctor of Medical sciences, Professor

Place of work: Kharkiv International Academy of Postgraduate Education.
Discoveries and Inventions: 28 inventions.
Scope of scientific interests: anesthesiology, intensive therapy, transfusiology.
Scientific works: more than 98.



ALEXANDER CHIGLINTSEV (RUSSIA)
Doctor of Medical sciences, Professor

Place of work: Chelyabinsk State Pedagogical University
Discoveries and inventions: 11 certificates of the Russian Federation of computer programs state registration, 6 patents for inventions of new methods of operations and surgical instruments.
Research interests: practical and theoretical urology, psychology, organization of health care and public health, the legal aspects of medical practice, intellectual property in medicine, patent law.
Scientific works: 56 publications, including 4 in foreign editions - Scotland, Germany, Czech Republic, USA.
The most significant works: monographies: «Структура, фазовый и химический состав мочевых камней», «Патентоспособность и решение исследовательских проблем в медицине», «Операционный риск в хирургии»



BAKAR SUDHIR (INDIA, USA)
DM, Cardiology Centre (Agra)



MARVAT KHAIBULLIN (KAZAHKSTAN)
Candidate of Medical sciences, Head of the Laboratory of Neurophysiology

Place of work: Institute of Human and Animal Physiology.
Scope of scientific interests: psychophysiology, biorythmology, diagnostics and drug-free methods of correction of functional state.
Discoveries and inventions: innovative patent No. 24344 (04.08.2010) «The device for an assessment of a psychological and emotional state of the person».



SHORENA VASHADZE (GEORGIA)
Candidate of Medical Sciences, Associate Professor

Place of work: Batumi Shota Rustaveli State University.
Research interests: neurology, psychiatry, psychology.
Scientific works: over 80.



GEORGE CRUIKSHANK (UK)
HScD, Medical clinic «بركة» (Damask, Syria)



VASYL' RUDEN' (UKRAINE)
Doctor of Medical sciences, Professor, Academician of Higher Education Academy of Sciences of Ukraine, Full Member (Academician) of the New York Academy of Sciences, Head of the Department of Social Medicine, Economics and Health Care.

Place of work: Danylo Halytsky Lviv National Medical University.

Awards and prizes: Honored Doctor of Ukraine.

Discoveries and inventions: 10 certificates of the author's innovation state registration of the Ministry of Education and Science of Ukraine; 7 innovations in the Registry of Industry Innovations of the Ministry of Health of Ukraine.

Scope of scientific interests: medical support of the population, administration, management and economy of health care, medical prevention, healthy lifestyle, medical education.

Scientific works: 409, including monographs - 3; scientific articles – 122 (in foreign editions – 22); scientific and methodical articles-24, publicistic articles – 14, scientific reviews - 4; textbooks - 4; manuals - 34, methodical recommendations for the practical health care, approved by the Ministry of Health of Ukraine - 16; information letters for the practical health care, approved by the Ministry of Health of Ukraine - 15; Copyright Reestration Certificates – 10, theses – 93, etc.



YURIY LAKHTIN (UKRAINE)
Candidate of Medical sciences, Associate Professor

Place of work: Kharkiv Medical Academy of Postgraduate Education

Research interests: dentistry, dental diseases, periodontal tissues, oral mucosa, anesthesiology in dentistry, physiotherapy, dentistry, dental filling materials, the organization of health care, drug treatment in dentistry, pharmacotherapy in dentistry, dental ecogenic

Yuriy Lakhtin is the author of over 100 scientific works, including 1 monograph; co-author of two monographs, 2 manuals, guidelines.



HOKUMA KULIEVA (AZERBAIJAN)
Doctor of Biological sciences, Professor

Place of work: Baku State University, Institute of Zoology of the Azerbaijan National Academy of Sciences.

Honors, prizes and awards: Diplomas of the Ministry of Education of the Azerbaijan Republic and Baku State University.

Discoveries and Inventions:

Patent I 2003 0100, Patent I 2012 0091

Scope of scientific interests: entomology, ecological physiology..

Scientific works: 3 monographs, 2 textbook, 5 tutorials, 16 curriculums, practical recommendations, 3 scientific implementations and 79 articles.



SAITO KANO (JAPAN)

DSc, Head of the Tingo Maria National Park Breeding Service (Peru).



DANI SARSEKOVA (KAZAKHSTAN)

Doctor of Agricultural sciences, Associate Professor, Acting Professor

Place of work: S.Seifullin Kazakh Agro Technical University.

Honors, prizes and awards: Grant of the International program «Bolashak».

Discoveries and inventions: patent pending.

Scope of scientific interests: forest plantations, irrigation forestry.



GABRIEL GRAZBUNGAN (SWITZERLAND)

DSc, co-owner of an international agricultural corporation



MIHAIL NIKONOV (RUSSIA)

Doctor of Agricultural sciences, Professor, Head of Department of Forestry

Place of work: Novgorod State University named after Yaroslav Mudry, Academy of Marketing and Socially-Information Technologies.

Honors, prizes and awards: Honored forester of Russia; Academic of the IAES; is awarded the Mikhail Lomonosov medal by the Decree of the Presidium of the IAES; is awarded the distinction «For merits before the Novgorod Region» by the Decree of the Governor of the Novgorod Region.

Scope of scientific interests: stability of forests under the influence of natural and anthropogenic factors.

Is the author of more than 140 publications, including 24 educational works.



MAYA AIZAMAPARASHVILI (GEORGIA)

Doctor of Agricultural sciences, Professor, Corresponding Member of the Academy of Engineering, Ecology Department

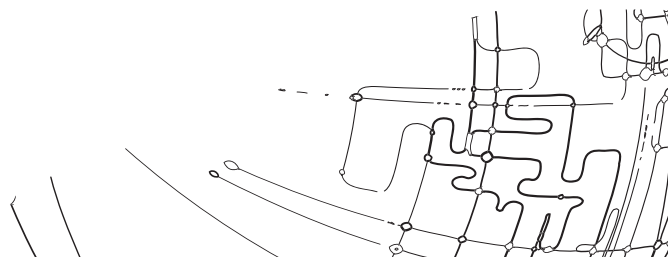
Place of work: Gori Teaching University.

Scope of scientific interests: agroecology, agrolandscape, soil as an ecological factor, protection of Georgian soil from erosion, distribution of heavy metals in soils under study.

Is the author of more than 35 scientific works, published in republican and international magazines, including the Ecology textbook « 100+QUESTIONS AND ANSWERS ON APPLIED ECOLOGY», Tbilisi, 2011.



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INTERNATIONAL ACADEMY
OF SCIENCE AND HIGHER
EDUCATION (London, UK)



ALL-UKRAINIAN
ACADEMIC UNION
(Kiev-Odessa, Ukraine)



AWARD PROTOCOL № 85k-2014

Following the results of the II stage of the Championship in Medicine, Pharmaceutics, Biology, Veterinary Medicine and Agriculture, held within the framework of the National Research Analytics Championship and the Open European-Asian Research Analytics Championship, the Championship Organizing Committee and IASHE regional expert council decided to single out the following reports as the best research works presented at the championships:

OPEN EUROPEAN-ASIAN RESEARCH ANALYTICS CHAMPIONSHIP

Absolute championship

Agriculture

Silver decoration,
Money bonus in the amount of Euro 75 and 60 credits

Dani Sarsekova,
Vasip Ismailov

Bronze decoration,
Money bonus in the amount of Euro 50 and 50 credits

Mihail Nikonov

Biology

Silver decoration,
Money bonus in the amount of Euro 75 and 60 credits

Hokuma Kuliyeva,
Ulker Sultanova,
Ayqun Abdullaeva

Bronze decoration,
Money bonus in the amount of Euro 50 and 50 credits

Gunel Nasrullayeva

Medicine

Silver decoration,
Money bonus in the amount of Euro 75 and 60 credits

Yuri Lakhtin

Bronze decoration,
Money bonus in the amount of Euro 50 and 50 credits

Ion Mereuta,
Iuliana Fornea

Alpha-championship

Medicine. Section «Public health and healthcare»

Bronze diploma,
Money bonus in the amount of Euro 25 and 30 credits

Konstantin Yetsko,
Gennady Damashkan,
Natalia Zarbailova

NATIONAL RESEARCH ANALYTICS CHAMPIONSHIP

Biology

Azerbaijan

Bronze decoration,
Money bonus in the amount of Euro 60 and 50 credits

Hokuma Kuliyeva,
Ulker Sultanova,
Ayqun Abdullaeva

Medicine

Moldova

Bronze decoration,
Money bonus in the amount of Euro 60 and 50 credits

Ion Mereuta,
Iuliana Fornea

Ukraine

Silver decoration,
Money bonus in the amount of Euro 80 and 60 credits

Yuri Lakhtin

Bronze decoration,
Money bonus in the amount of Euro 60 and 50 credits

Liubov Hryhorenko

All the participants of championships except those who were awarded with diplomas receive certificates of participants of the championship.

August 08, 2014
London, UK

On behalf of the Organizing Committee and the Commission of Experts
of the II stage of the Championship in Medicine, Pharmaceuticals, Biology,
Veterinary Medicine and Agriculture
of the National research analytics championship
and the Open European-Asian research analytics championship
Head of the IASHE International Projects Department
Thomas Morgan



Morgan

PEASANTS' HEALTH SUBJECTIVE ASSESSMENT IN THE RURAL SETTLEMENTS OF DNIPROPETROVSK REGION

L.V. Hryhorenko, PhD, Doktorant
Dnipropetrovsk Medical Academy MHU, Ukraine

Conference participant,
National championship in scientific analytics

Purpose of research. Peasants' questionnaires were collected in the rural settlements of Dnipropetrovsk region in order to estimate health status interviewing by their subjective vision.

Materials and methods. The field study has been conducted among 75 peasants located in rural settlements of Dnipropetrovsk region (experimental group), and data of sociological survey among 75 town-dwellers living in Dnipropetrovsk city (control group). Questionnaire included 24 standard questions focused on the point of view respondents as well as their attitude toward different types of additional potable water treatment. Test-questionnaire subjective estimation of the peasants health contained 29 questions, whose answered "yes", or "no". General estimation have shown each respondent answers calculated as follows: "excellent" health – 0 – 2 points; "good" – 3 – 5 points; "satisfactory" – 6 – 9 points; "poor" – up to 10 points. Thus, negative were answers "yes" to 1 – 25 questions, "no" – to questions 27–29, "poor" to question 26. Criterion of estimation in the baseline study carried out age for adult population (both men and women) – from 35 to 55 years, average impact of potable water varied – 5 – 10 years and over 10 years, dwelling in this region: 5 – 10 years and over 10 years.

Keywords: questionnaire, subjective estimation, health status, respondent, rural settlements, peasants, experimental and control group, sociological survey.

Results and discussion. According to the sociological survey, an average term of dwelling from 5 to 10 years at the peasants' population (experimental group) was statistically amounted to 23.93±0.35 %, compare to city-dwellers (control group) 22.37±0.19 % (p < 0.05). The data obtained in the study showed that quantity of inhabitants with 10 years term of dwelling was varied from (78.03±0.52) % to (74.87±2.28) % in both groups of supervision (Figure 1).

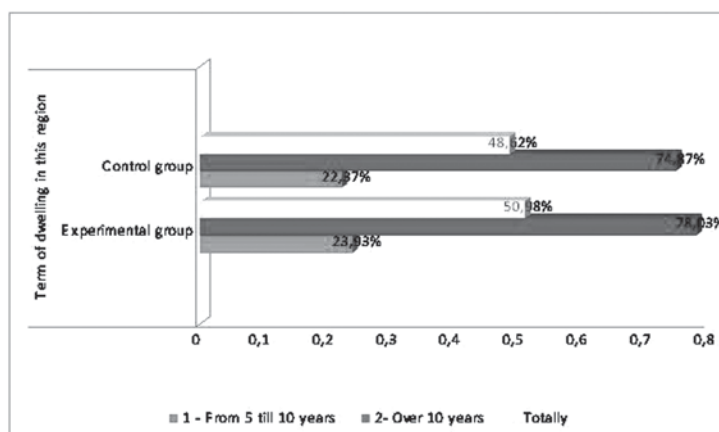


Fig. 1. Average term of dwelling for experimental and control group respondents located in Dnipropetrovsk region.

Generally, above 10 – year period of consumption potable water from local sources have been available for 78.73±1.12 % peasants population and 74.93±2.22 % town-dwellers. The whole distribution for those respondents, who determined with answer, was shifted in the measure 49.20±29.53 % compared with control group 48.25±26.68 %.

Professional composition included: 56.50±3.01 % worker staff (p < 0.05) and 42.60±1.45 % paper – shuffler (p < 0,001) among the peasants population. Percentage of paper – shuffler among town-dwellers was higher 57.87±0.47 % in comparison with worker staff 42.60±1.45 % (p < 0.05). Our investigations were informative for respondents, who determined with answer: 49.55±6.95 % of peasants and 50.23±7.63 % respondents in the control group.

Our study describes data on average age related both to peasants' population (33.33±0.52) years and town-dwellers (35.07±0.54) years. It is well documented that distribution on the gender shift showed that only 51.93±0.81 % of women more than 56.10±0.66 % of men took part in a questionnaire in the statistical evaluation of the given data (p < 0.001) (Figure 2).

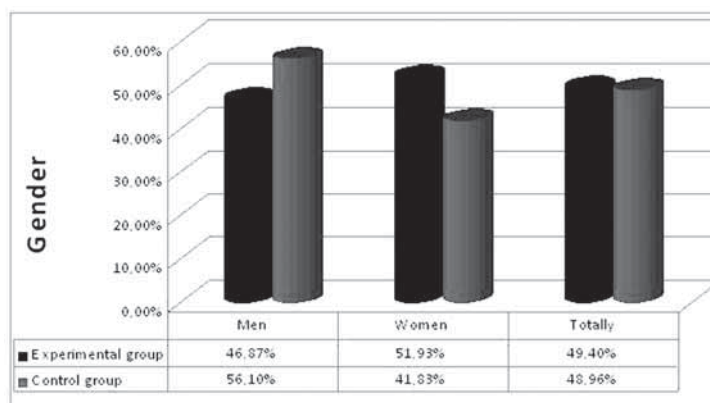


Fig. 2. Gender composition for respondents in experimental and control group.

The same tendency as well as absence of respondents' complaints was carried out among city inhabitants. Thus, respondents from control group answered "no", if they bring up any health problems with cardiovascular system: each 56 from 75 respondents, e.i. 73.47 ± 1.34 %; if they have any vision problem: each 58 town-dwellers – 74.87 ± 2.28 %; or possible deafness: every 65 respondents 85.13 ± 0.97 % inhabitant of city.

Detailed analysis subjective vision state of health among respondents from rural settlements by the percentage of positive answers "yes" have shown, that all questions were classified in order to 20 positions. The first place takes 70.13 ± 0.33 % of statistically significant peasants answers, if they have ever had suddenly getting up mood or happiness without reason ($p < 0.001$). Healthy life standards were on the second place as well as quantity of interviewing covered healthy life style – 66.77 ± 1.79 % ($p < 0.05$). On the third place were located 55.33 ± 2.74 % of peasants, having meteorological predisposition; 53.97 ± 0.38 % respondents from rural settlements, felling high level of working and mental capacity, as well as before ($p < 0.001$). Above 47.53 ± 1.07 % of rural inhabitants felt paralyzation through agitation, 34.97 ± 0.84 % of respondents have discomfort through choose of certain meals ($p < 0.001$). Seven place covered 32.53 ± 1.21 % of peasants, occupied by complaints about pain in the back ($p < 0.05$); the last 31.37 ± 0.41 % of respondents complaints about violation of memory; over 27.87 ± 0.08 % focused on the pain in joints ($p < 0.001$). Tenth place was occupied by displays from cardiovascular system, namely 24.30 ± 1.87 % of peasants, as well as 24.30 ± 1.87 % felt symptoms of hypertensive illness ($p < 0.05$, $t = 6.573$), 24.30 ± 0.57 % – shortbreathing at the rapid walking.

As analysis questionnaire data testifies, the first places among inhabitants in the control group occupy positive answers "yes" on the followings questions: "Have you ever had suddenly getting up of mood or happiness?" – 79.77 ± 1.07 % of respondents ($p < 0.001$); 79.07 ± 0.70 % of town-dwellers showed high capacity, as well as before, and 72.83 ± 1.18 % regularly visited city beaches ($p < 0.05$). On the one hand, city inhabitants followed high life style standards according to the results of questionnaire. On the other hand, respondents in the control group have poor state of health in order to their point of view by the results of self-test questionnaire subjective estimation. Totally, for control group a reliable tendency to increase complaints about somnopathies through agitation, as count 61.03 ± 0.14 % of respondents ($p < 0.001$), no less sensible city inhabitants to meteorological changes – 55.27 ± 2.46 %, e.i. 30.47 ± 0.08 % carried out severe pain in joints ($p < 0.001$).

Taking into account respondents middle age: 35.07 ± 0.54 years, professional composition – paper – shuffler, the most respondents complaints were focused on the musculoskeletal system disorders – 25.17 ± 2.04 % ($p < 0.05$, $t = 3.102$); cardiological medications usage – 24.70 ± 0.70 % ($p < 0.05$); specific cardiac insufficiency shifts, as well as lower extremities edemata: 23.70 ± 1.70 % ($p < 0.05$). Complaints about violation of memory covered around 23.50 ± 1.73 % of city inhabitants. Shortbreathing at the rapid walking was observed among 23.27 ± 0.43 %, and pain in a hepatic area noticed 21.40 ± 0.32 % of respondents from control group ($p < 0.001$). Symptoms of dizziness were characterized for 21.03 ± 0.37 % of city inhabitants ($p < 0.05$, $t = 6.031$). The majority of town-dwellers – 21.03 ± 0.37 % felt discomfort during meals ($p < 0.001$, $t = 15.152$), e.i. 20.40 ± 1.65 % of urban population have an off-flavour in an oral cavity.

Among city inhabitants were carried out tendency to increase complaints about violation of digestion, as showed 17.33 ± 0.20 % of polled, confirmed by both statistical criteria ($p < 0.05$, $t = 3.759$). Besides, for young respondents, presented by men 56.10 ± 0.66 %, increased number of central nervous system complaints, namely 17.23 ± 0.17 % of population in this group, i.e. hardness to concentrate attention ($p < 0.05$, $t = 5.202$). The minority of respondents: 12.03 ± 0.89 % among city inhabitants were easily to cry ($t = 2.374$). On the last place city-dwellers have showed symptoms of hypertensive illness, by the results of sociological survey – 11.87 ± 0.29 % of interviewing ($p < 0.05$, $t = 6.573$), every 7 respondent, e.i. 8.56 ± 0.62 % felt noise, a tingle ($p < 0.001$, $t = 10.325$).

An interviewing carried out self-test questionnaire as well as subjective estimation state of health by the following criteria: "good", "satisfactory", "poor", "unsatisfactory". Consequently, on the first place located subjective estimation state of health as well as "satisfactory" for 39.02 ± 5.54 % questionaired peasants. Second position belongs to "poor health" – 30.73 ± 5.47 %, the third place carried out for 23.97 ± 5.37 % of self-test answer as "unsatisfactory health". At least, 26.77 ± 1.79 % peasants from local settlements estimated themselves as well as "good health". Majority of interviewing among city inhabitants, e.i. 42.88 ± 7.26 % have showed "satisfactory health", 31.14 ± 7.51 % consider to have "poor health", only 28.77 ± 1.80 % estimated their health condition as "good". The minority of city respondents – 23.96 ± 6.69 % estimated their health as well as "unsatisfactory".

Total estimation health status among interviewing in both groups by the general quantity of answers "no" have tendency to increase. Therefore, most of the peasants respondents from local settlements carried out "poor health" – 23.73 ± 2.28 %. "Satisfactory" estimation own state of health was shifted to 20.02 ± 1.62 % of polled, 17.92 ± 1.73 % consider to have "good health". On the last place were 14.13 ± 0.33 % of interviewing peasants in the settlements (experimental group), carried out "excellent health", those answers varied from 0 to 2 marks (Figure 3).

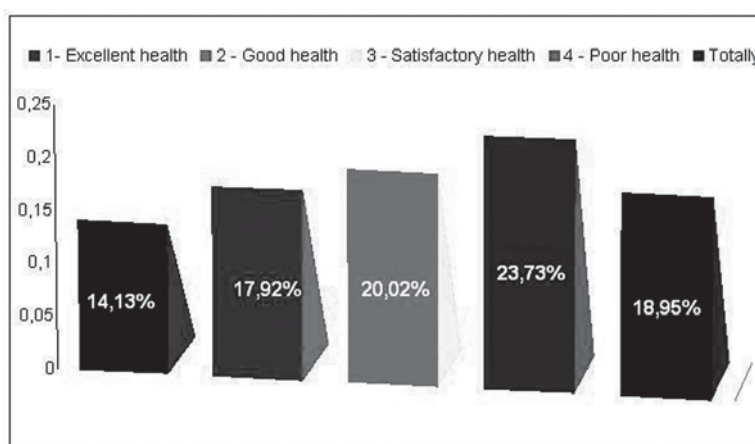


Fig. 3. General subjective self-estimation state of health interviewing peasants in the settlements (experimental group), by 10 – ball scale.

Unfavorable tendency was observed among answers of interviewing city-dwellers (control group). The follow-up surveys have followed that 20 respondents, e.i. 23.47 ± 1.73 % have "poor health"; every 23 interviewing – 22.91 ± 2.29 % estimated their state of health as well as "satisfactory"; 20 city inhabitants, e.i. 19.22 ± 2.10 % have shown "good health"; 12 respondents, namely 14.93 ± 0.83 % consider to have "excellent state of health".

Conclusions. For retrospective survey until 2011-2013 years, standardized questionnaire was designed for interviewing, which were constantly located on the rural settlements over 10 years, age group varied (from 33.33 ± 0.52 to 35.07 ± 0.54) years. Gender and professional composition in the experimental group carried out by women – working staff, for control group was represented by men – paper – shuffler. The data obtained in the sociological study showed, that most of the peasants population estimated their state of health as well as «unsatisfactory»: 23.73 ± 2.28 %, self-estimation such as “satisfactory health” was found in 20.02 ± 1.62 % of respondents. The largest effect has been found in 23.47 ± 1.73 % of interviewing city-dwellers (control group), carried out “poor health” against 22.91 ± 2.29 % of respondents in order to have “satisfactory” health condition.

In the course of this part of the study given data was link with healthy life style, carried out among respondents in both groups, on the basis of positive answers “yes» testify to 29, 30, 31 question of questionnaire. According to the data of follow-up study, percent of negative answers «no», collected from the given respondents, have tendency to increase in order to demonstrate worsening state of population health. After collecting questionnaires from 150 respondents in both groups ($n = 75$) new data will be received in order to improve that majority of respondents self – estimated their health as well as “satisfactory” – most of answers varied (from 39.02 ± 5.54 to 42.88 ± 7.26) %.

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ПСИХОСОМАТИЧЕСКИЕ ИССЛЕДОВАНИЯ ОНКОЛОГИЧЕСКИХ ЗАБОЛЕВАНИЙ

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Врачи и клинические психологи должны понимать важность оказания психологической помощи онкологическим больным, с целью предотвращения у них психических и психосоматических расстройств, способствующие прогрессированию основного заболевания.

В научных исследованиях учёных Залитис Я.П., 1985; Temoshok L., 1987; 2000; Baltrusch et al., 1991; Ивашкина М.Г., Непомнящей Н.И., 1998; Менделевич В., 1999; Лакосина Н.Д., 2007; Малкина-Пых И.Г., 2008; и др. представлены психологические и психосоматические аспекты онкологических заболеваний, а также психологические феномены обуславливающие развитие онкозаболеваний.

В работах ученых Шкуропат А.Г., Шутценбергер А.А., и др. показана эффективность психокоррекционных методов в лечении этого заболевания: изменение образа жизни, своей личности, отношения к болезни и т.д.

Ключевые слова: экзистенциальная психология, онкологическая болезнь, психогенные факторы, психотерапия онкозаболеваний, позитивная психотерапия, гештальт - терапия.

Doctors and clinical psychologists must understand the importance of accordance of the psychological aid to the oncology patients, in order to prevent their psychic and psychosomatic disturbance which are enhancing the progress of the main disease.

Scientific researching works of Zalitis I. P., 1985; Temoshok L., 1987; 2000; Baltrusch et al. 1991; Ivashkina M.G., Nepomniashei N.I., 1998; Mendeleovich V., 1999; Lakosina N.D., 2007, Malkina - Pih I.G., 2008; and others, describe psychological and psychosomatic aspects of the oncologic diseases, also the psychological phenomena conditioning the progress of the disease.

Scientific researching works by Shkuropat A. G., Shutsenberger A. A., and others, describe the effectiveness of the psychic correctional methods in healing of this disease: changing lifestyle, changing ego, the attitude towards the disease.

Keywords: existential psychology, oncologic disease, psychogenic factors, psychotherapy of the oncologic disease, positive psychotherapy, gestalt - therapy.

Экзистенциальная психология исходит из первичности бытия человека в мире, столкновение с которым порождает у каждого человека базовые экзистенциальные проблемы, стресс, тревогу, разочарование, и т.д. Неспособность человека совладать с ними может привести к психическим и психосоматическим расстройствам.

Были выделены **4 основных узла экзистенциальных проблем**, пути решения которых изучает экзистенциальная психология: проблемы времени, жизни и смерти; проблемы свободы, ответственности и выбора; проблемы общения, любви и одиночества; проблемы смысла и бессмысленности существования [9].

В контексте Э. п. используются многие достижения психоанализа. Наиболее видные представители этой области: Л. Бинсвангер, М. Босс, Е. Минковский, Р. Мей, В. Франкл, Дж. Бугенталь. Экзистенциальная психология подчеркивает уникальность личного опыта конкретного человека, несводимость его к общим жизненным проекциям [3; 9].

Robinson В. добавляет в данный перечень еще 4 проблематики с точки зрения клинической психологии: проблема, связанная с удовольствием и окружающей средой; проблема законности и запретов; проблема потребности организации психики в связную конфигурацию Я (self); проблема эротизации жизни (сексуальности) [4, 136-138].

