



Material and methods. We studied 38 patients with type 2 diabetes (42% men and 58% women, mean age – 56,0±1,36 years, average duration of DM – 8,0±0,79 years), hospitalized to Chernivtsi Regional Endocrinological Center during a month period. In 29% of participating patients the duration of diabetes was less than 5 years, in 40% – 5-10 years, 31% of patients had diabetes longer than 10 years. Fasting and postprandial glucose concentration, lipids level, AST and ALT were measured in plasma using standard clinical methods. Establishment of MS diagnosis was based on the presence of central obesity, defined as waist circumference more than 102/88 cm for men/women plus any two of the following four factors: raised triglycerides ≥ 150 mg/dl (1,7 mmol/l), reduced HDL cholesterol < 40 mg/dL (1,0 mmol/l) for men and < 50 mg/dL (1,3 mmol/l) for women, raised blood pressure $\geq 130/85$ mmHg, raised fasting hyperglycemia > 110 mg/dl (6,0 mmol/l) or previously diagnosed type 2 diabetes.

Results. According to the obtained findings, normal body weight was observed only in 8% of patients,

whereas in 40% of them overweight was diagnosed, in 34% – obesity of I degree, in 13% – II degree, in 5% – III degree correspondingly, accompanied by abdominal obesity. These results are indicative of a considerable risk to develop insulin resistance and metabolic disturbances in the examined patients. ALT and AST were steadily elevated according to the increase of BMI and waist circumference. Being associated with such abnormalities of the metabolic syndrome, as obesity, hyperglycemia and dyslipidemia, reflecting liver fat content, liver markers may indicate the worsening of hepatic glucose output (hepatic insulin resistance). As inexpensive and routinely measured clinical variables, ALT and AST are available for identification of insulin sensitivity without measurement of insulin concentrations, displaying a satisfactory predictive capability for MS in patients with type 2 diabetes.

Conclusion. Abnormal liver enzymes were associated with markers of MS and strongly indicate existing metabolic risk in patients with type 2 diabetes with insulin resistance.

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AYURVEDIC WAYS TO TREAT LUNG DISORDERS

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Indian herbal medicine also known as Ayurvedic medicine and is the oldest organized system of medicine. Today we classify it as a complementary and alternative medicine but to Indians is known as the divine medicine due to its long history. Ayurvedic is grounded in the understanding that the universe and the body are composed of five great elements: Earth, Water, Fire, Air and Ether. Additionally Ayurveda stresses the importance of balance through three elemental energies. Everyone possesses these energies or doshas as they are known. These doshas are important because when they are balanced within the body, then you are healthy, but when they become imbalanced the body possesses diseases.

Curcumin – substance found in turmeric is an antioxidant that prevents inflammation. Thus helps it to prevent the growth of cancer cells, as well as kill the existing cancer cells. Gynostemma pentaphyllum – specifically it prevents the growth of cancer cells and increases immunity. Arjuna – Extract of Terminalia Arjuna tree bark that helps with lung cancer. The flavanoids present in the Arjuna bark have high antioxidant properties that kills the cancerous cells. Ashwagandha (Indian Ginseng) – rich in flavanoids, the anti-inflammatory, antioxidant, antitumor properties help prevent spread of cancer as well as kill cancer cells

to cure lung cancer. Shatavari (Asparagus) — this is rejuvenating and is used to strengthen the patient after standard treatments like chemotherapy.

The Ayurvedic treatment of chronic obstructive pulmonary disease is aimed at relieving the symptoms, slowing down the progress of the disease, improving exercise tolerance, preventing and treating complications and improving overall health. Medicines like Sitopaladi-Churna, Talisadi-Churna, Yashtimadhuk (Glycyrrhiza glabra), Tulsi (Ocimum sanctum), Pippali (Piper longum), Som (Ephedra vulgaris) Kantakari (Solanum xanthocarpum), Kushtha (Alpimia galangal), Vasa (Adhatoda vasaka) and Behada (Terminalia bellerica) are used to reduce cough and breathlessness. Medicines which act on the 'Rakta' dhatu (tissue) are useful in this condition. These include Patol (Tricosanthe dioica), Kutki (Picrorrhiza kurroa), Saariva (Hemidesmus indicus), Patha (Cissampelos pareira), Musta (Cyperus rotundus), Triphala (Three fruits) and Nimba (Azadirachta indica).

Common conditions that have found relief through herbal remedies include angina, arthritis, skin care, thyroid, urinary tract infections and many more. New products are coming out that help for additional problems such as smoking cessation, removing unwanted hair, and eliminating wrinkles.

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MOST MATERNAL DEATHS IN SUB-SAHARAN AFRICA COULD BE AVOIDED

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The objective of this research was to quantify the specific weight of maternal mortality in Sub-Saharan

African and to determine the healthcare, cultural and economic factors involved in this.