

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

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diastolic blood pressure in patients with coronary heart disease with diabetes mellitus 2 is 9.11% and 9.03% higher respectively than in the group without diabetes mellitus ($p < 0.05$). Analyzing indicators of carbohydrate and lipid metabolism, it was found that in patients with coronary artery disease with type 2 diabetes, the levels of glucose, total cholesterol, and triglycerides were higher than the corresponding indicators in patients with coronary artery disease without type 2 diabetes by 50.92%, 10.15%, and 16.46% respectively ($p < 0.05$).

Overweight and obesity, disorders of lipid metabolism are more common among patients with a combined course of coronary heart disease and diabetes. Body mass index, levels of systolic and diastolic blood pressure, glucose, total cholesterol, and triglycerides prevail over the corresponding indicators in patients with coronary heart disease without type 2 diabetes, which indicates a greater severity of cardiometabolic disorders in them.

Conclusions. So, according to the results of the study, it was established that coronary heart disease in combination with diabetes has a number of clinical features, which include, first of all, early development and severe course, an increase in the number of arrhythmic complications.

Mandryk-Melnychuk M.V.

THE ROLE OF SUSHRUTA IN THE DEVELOPMENT OF INDIAN MEDICINE

Department of Social Medicine and Health Organization

Bukovinian State Medical University

Introduction. Ancient Indian civilization has made a significant contribution to the development of the world medicine. This is evidenced by various sources that tell about diseases and treatment of diseases, types of medical instruments, unique surgery, deep knowledge of the structure of the human body, the first pharmacopoeia in the world, the development of ethical principles of the medical profession.

The aim of the study is characteristic of the intellectual and practical heritage of most prominent Indian doctor Sushruta. One of the most famous figures of medicine of Ancient India was doctor Sushruta, an encyclopedist and philosopher, who is considered to be one of the authors of the unique medical treatise "Sushruta-Samhita" Sushruta-samhita. He was a representative of the famous medical award, which was formed in Bernes in northern India. This second most important Ayurvedic canon was written almost 2500 years ago, but reflected a very deep understanding of Indian doctors of the anatomical structure of the human body, the nature of diseases, treatment methods. This treatise is devoted to practical surgery; It describes more than 300 types of operations, 120 surgical tools and at least 650 medicines.

Material and methods. Medical manuscript «Sushruta-Samhite». We used retrospective and analyze of historical sources. The source mentions that ancient Indian healers had considerable anatomical knowledge: 7 sections, 500 muscles, 900 ligaments, 90 tendons, 300 bones (including teeth and cartilage (flat, round and long) 107 joints, 40 major vessels and 700 of their branches (for blood, mucus and air), 24 nerves, 9 senses and 3 substances.

Special attention of the authors of the canon is devoted to the description of 120 types of medical instruments, means, 650 types of medicinal plants and the description of their properties, among them more than 120 species of drugs of animal and vegetable or mineral origin.

The Sushrut doctor considered the functioning of the body through the interaction of three substances: air, fire and water. Health was understood as homeostasis, that is, the result of the balance of three substances, normal digestion, peace of mind, clarity of mind. The disease came when the person was feeling poorly, drank dirty water, was cold, etc. Sushruta divided all diseases into natural, nature-related, and supernatural, referring to gods (leprosy, venereal). The disease was diagnosed in appearance, body temperature, discharge, voice, skin color. Signs of inflammation are described: slight pain, shooting pain, swelling, heat, fever, redness, dysfunction, suppuration. The Sushrut also describes that the doctor had to take into account many factors before choosing treatment - age, person's background, physical condition, endurance, therefore, it was an exclusively individual approach to the treatment of patients. Prescribed vomiting, laxatives or diaphoretic drugs, surgery was performed. Plants for the preparation of medicines were collected

exclusively in the Himalayan mountains. Only doctors did the preparation of medicines. The Indians were actively exporting their healing herbs and seasonings far beyond India. Among them, the most demand was the backdrop, musk, sandal, cinnamon, aloe. Many achievements of ancient Indian medicine were borrowed by Tibetan healers and were reflected in the treatise of the VIII-IX centuries. Zjud-Ty. A separate branch of ancient Indian medicine was assistance with childbirth. "Sushruta-Samhita" contains descriptions of sanitary and hygienic requirements for assistance, advice to pregnant women and women in childbirth, mention deviations from the normal course of childbirth, fetal injury. It is noted that the caesarean section was carried out only in the event of the death of a woman to save the baby.

Conclusions. The canon "Sushruta-Samhita" describes more than 70 types of diseases that occur as a result of homeostasis disorders caused by external climatic factors, blood diseases, harmful effects of sunlight, and sleep disorders.

Vlasyk L.Y.

THE IMPACT OF EDUCATION ON LIFESTYLE AND HEALTH ACTIVITIES AMONG THE ECONOMICALLY ACTIVE POPULATION

Department of Social Medicine and Health Organization

Bukovinian State Medical University

Introduction. The World Health Organization (WHO) has recognized noncommunicable diseases (NCDs) as the basis of the global disease burden. Europe has the highest rates of premature mortality from NCDs compared to the other continents. The WHO experts recommend paying more attention to social justice issues, the level of education, increasing health literacy, and respect for the patient's status. Some well-known studies have shown that positive changes in health status were observed primarily in persons with higher education and increased access to medical information.

The aim of the study. The study of the influence of the level of education on the prevalence of NCD risk factors, self-assessment of health, and activity concerning it among the representatives of the economically active population of the Chernivtsi region was our goal.

Material and methods. The materials of an epidemiological study, which was conducted by surveying business entities in the market, visitors, and civil servants during a preventive medical examination (N1252), were used. More than half of all respondents (55.0%) had higher education. Sociological and statistical methods (PIVOT, χ -Square) were used.

Results. In our study it was recognized that men with a low literacy level were less committed to participating in the survey, so there was an equal proportion of men with higher education among the respondents of all study groups. Fewer women with higher education were employed in the market (41.9%) than among other categories (67.0%). Regarding the characteristics of nutrition and alcohol consumption by respondents, no differences were found depending on the level of education; these characteristics were more associated with the place of employment. However, those who exercised regularly were more likely to have higher education than those who did not ($p = 0.007$). Women with secondary and secondary specialized education were more likely to smoke (24%) than women with higher education (17%) ($p < 0.05$). Differences among men concerned the intensity of smoking: 50% of men without higher education smoked 20 or more cigarettes per day versus 42% with higher education ($p < 0.001$). A statistically significant difference in education level was found when studying all four major NCD risk factors (unhealthy diet, lack of physical activity, smoking, and alcohol abuse). Thus, 2.0% of respondents reported the presence of all the studied factors among people with higher education, and 3.9% among people without higher education ($p = 0.05$); 17.3% of people with higher education were without risk factors compared to 13.1% among people without higher education ($p = 0.042$).

Persons with higher education more often assessed their health as "good" and "satisfactory" (88.9%) than the others (78.0%) ($p < 0.001$). Persons with higher education (mainly men) were less often served at the primary level (22.0%) than those without higher education (28%) ($p < 0.05$). 32.7% of women with secondary and secondary-specialized education were informed about