



**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  $\geq 150$  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.



This was determined after research data obtained from 45 African countries from the World Health Organization (WHO), the World Bank, the United Nations Children's Fund (UNICEF) and the United Nations Development Programme (UNDP) were studied.

Despite the significant differences between countries, the number of maternal deaths was high in all of them, at an average of 885 deaths for each 100,000 births, but these women are not dying as a result of any disease, but just from normal biological processes.

The main causes of death are hemorrhages, infections, pre-eclampsia and obstruction during birth. There are also indirect causes, although they are no complications relating to the birth itself, but they become worse over the course of the pregnancy and cause 20% of the deaths.

The results of this study show that an effective and efficient health system, especially during pregnancy and birth, are fundamental cornerstones of maternal health,

along with access to clean drinking water.

According to the World Health Organization, an estimated 13,000 women die each year in Tanzania due to labor and pregnancy-related complications, and more than a quarter million more suffer disabling conditions. Transportation is spotty and health-care facilities are often miles away from local communities, making it extremely difficult for women which experience pregnancy complications - which can include severe hemorrhage, infections, anemia and obstructed labor—to access skilled health care.

Lack of access to obstetric care is one of the major obstacles worldwide in reaching Millennium Development Goal № 5 to reduce maternal deaths by three-quarters - a mark set forth by the international community in 2000. As the deadline looms for achieving that goal—2015—many agree it's a deadline, to which Tanzania is unlikely to meet.

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## CHANGE IN THE USUAL ENVIRONMENT AND HEALTH CONDITION - IS THERE A CONNECTION?

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**Introduction.** This research deduces the ravaging courses and kind of diseases in foreign students and the effect of diet & climatic condition towards its enhancement. This study shows the influence on self reported health of foreign students.

**Aim.** The aim of this study is to evaluate the self reported health of foreign students of Bukovinian State Medical University Chernivtsi, considering changes of their usual environment.

**Materials & methods.** A random sample of fifty (50) foreign students of Bukovinian State Medical University (from Nigeria, Ghana, Nepal, India, Libya, Congo, Djibouti, Somalia) ranging from ages 18 – 28, were interviewed in September, October & November 2011 about their health condition. In successive models starting with only disease type and its dominance, one variable at a time was included in the two main models, one with climatic and economic factors and another with lifestyle factors as independent variables, in order to study how the importance of change in diet induces deterioration of health among foreign students. The students were told to specify the most affected part of the body, intensity of symptoms & general health evaluation from 1-5 according to the questionnaire.

**Results.** Afterwards the interviewed the following data were obtained: 25 students have suffered from gastrointestinal tract disorder (GIT), 15 students, have suffered from respiratory tract disease, while other students were grouped among others, for example students that suffered from diseases like osteochondrosis, urinary tract infection and tonsillitis.

From analysis we observed the drastic change in the relations between students who suffered from GIT disorder, respiratory infections, kidney infections and other kinds of diseases (osteochondrosis, urinary tract infection, tonsillitis) as a large variable owing to the fact that 60% of student from the University suffer from GIT related disorders, 25% - from respiratory diseases, 14% - from kidney infections, setting aside 11% for other form of diseases as observed.

**Conclusion.** Due to information obtained, we can conclude that gastrointestinal tract disorder is the most common disease among foreign students, and this could be as a result of poor diet & starvation, we recommend factors that can help reduce the risk of disease e.g regular diet, proper usage of local products, physical exercise & active social life.

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## THE USE OF AMLODIPINE AND REGIONAL MYOCARDIAL CONTRACTILITY

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In order to determinate the efficiency of amlodipine's influence on the capability of the left ventricular (LV) myocardium contractility, 40 patients were examined after the dynamic contractility of the left ventricle

myocardium was tested. Patients were examined during the acute period of the amlodipine test and under the background of 10 days of treatment. Clinical effect of amlodipine is related to the blood pressure stabilization.