

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



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year. Compared to European countries, the incidence of laryngeal cancer in Ukraine occupies an average position of 5.2 per 100,000 population. Comparing mortality rates in European countries, the highest levels of laryngeal cancer were recorded in Hungary, Poland, Slovakia, Lithuania, Latvia and Romania, where the mortality of men is about 5 times higher than the corresponding figure of the female population. In Ukraine, the mortality rates from laryngeal cancer are also quite high, which is explained by the low level of primary cancer prevention. A high proportion of patients (for both sexes) was established at the age of 60-69 years (43.5%), a similar picture was in men (42.4%), and in women, a high proportion of cancer incidence did not decrease and in the age group 70 and older (1.1%). In general, the ratio of men to women was $21.5 \div 1$. The number of deaths from cancer in 2020 was 1053 people, with a rough mortality rate of 4.0 per 100 thousand population, which is 0.8% higher than in 2013, including 0.4% for women and by 1.1% in men. As with the incidence, the peak mortality from laryngeal cancer occurred in 2019 - 4.4 per 100 thousand population (for men - 8.6, for women - 0.7 per 100 thousand population).

Conclusions. To conclude, the incidence and mortality rate of laryngeal cancer among men has been declining since the late 1990s, while for women, these rates remain virtually unchanged.

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FEATURES OF THE COURSE OF ISCHEMIC HEART DISEASE IN COMBINATION WITH DIABETES

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Introduction. According to WHO, the incidence of diabetes mellitus (DM) in the world is steadily increasing. DM is one of the most important risk factors for the occurrence and progression of cardiovascular diseases (CVD). The pathogenetic connection between CVD and DM is confirmed by the Framingham Heart Study, which found that patients with diabetes have an increased risk of coronary heart disease (CHD), angina pectoris, myocardial infarction, heart failure, coronary death, etc. According to statistics, almost 68% of patients with diabetes aged 65 years and older die from CVD, 16% - from stroke. Almost 30% of patients with coronary artery disease have diabetes, which aggravates the course of the underlying disease, worsens the prognosis and quality of life of patients.

The aim of the study. The purpose of our study was to study the influence of diabetes on the course of coronary heart disease.

Material and methods. The following methods were used during the research: epidemiological - to study the sources of obtaining statistical information; sociological - to determine the most common risk factors for CHD; medical and statistical - for collecting, processing and analyzing the information obtained during the research (correlation analysis and student's t-criterion). In the course of the study, 110 patients were examined, they were divided into three groups: the main group - patients with coronary heart disease in combination with diabetes (n50), the experimental group of patients with coronary heart disease without manifestations of diabetes (n50) and the control group (n 10). 50 men and 60 women aged 40 and older.

Results. According to the results of conducted study comparative evaluation of the anamnesis data showed an earlier occurrence of clinical manifestations of myocardial ischemia was established in the group of patients with coronary artery disease in combination with type 2 diabetes both in men and especially in women. With a combination of CHD and DM, CHD symptoms appeared on average in men at the age of 46.1 ± 4.1 years, in women at the age of 48.7 ± 3.8 years; in patients without diabetes, respectively, in men at the age of 50.8 ± 2.7 years and in women - at the age of 56.4 ± 3.6 years. Painless myocardial ischemia in patients with coronary heart disease and concomitant DM occurred twice as often (in 21 of 60 patients – 35%) than in patients without DM (in 8 of 50 patients – 16%). Heart rhythm disorders (atrial fibrillation, ventricular extrasystole) were detected more often in patients of group 1 ($p < 0.05$). Thus, in patients with coronary artery disease associated with type 2 diabetes, the body mass index was 10.16% higher than the corresponding indicator in patients with coronary artery disease without type 2 diabetes ($p < 0.05$). Systolic and

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.

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THE ROLE OF SUSHRUTA IN THE DEVELOPMENT OF INDIAN MEDICINE

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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