

Table 1. The distribution of psychosocial integration levels of the examined young people considering the stress manifestation frequency (in % from the general number of the examined)

Total stress intensity	Psychosocial adaptation level			
	high	medium	low	total
Low	14,2	10,2	4,4	28,8
Moderate	12,9	16,1	17,6	45,3
High	3,6	6,8	15,2	25,8
Total	30,7	33,1	36,2	100,0

As it is seen from the data represented (Table 1), the group of the high psychosocial integration level against the background of low stress loads, i.e. the group of low adaptation price, made 14,2% of the whole mass of the examined youth. The size of the opposite to this one group of high adaptation price (high stress and low level of adaptiveness) was practically the same - 15,2% of the examined.

Hygienic anxiety index was in close connection with the considered above adaptation price. Where the adaptation price was the highest, the index of hygienic anxiety was essentially higher. In particular, among young people from the group of high psychosocial integration the HAI reached 32,1%. In the group of moderate adaptation price it decreased up to 18,9%, and in the group of low adaptation price it didn't exceed 9,3%.

The close interconnection between such phenomena as the level of hygienic anxiety and the character of adaptation processes allows considering the increased level of hygienic anxiety, i.e. fear for one's health, as a defensive reaction, a natural and integral part of adaptation syndrome, the principles of which "...in general can be applied ...to even whole communities of people" (Selye H., 1979).

Based on the above, one can consider that the level of hygienic anxiety or its extreme manifestation – fear, is an obligatory element of active psychosocial integration. The statement, that the correct using of the fear factor is an obligatory component of healthy lifestyle social regulation, issues from here.

And it is necessary to remember that fear is like a drug, the overdosage of which can lead to heavy consequences, and shortage – deprives it efficiency as the most important medico-social factor of healthy lifestyle.

References:

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BLOOD SERUM ANTIOXIDANT SYSTEM AND IMMUNITY STATE AT GESTOSIS IN PLURIPARA WOMEN

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The purpose of the research is to study the role of lipids in gestosis pathogenesis and immunity state at repeated deliveries. The problem is to define blood serum antioxidant system state (AOA) and lipid peroxidation (LPO) in 25 pluripara women (PW) with gestosis and 14 PW without complications, and to study the immune status in 50 PW. Malondialdehyde increase in blood serum of PW with gestosis ($18,09 \pm 0,071$ nmol/ml at gestosis and $10,48 \pm 0,54$ nmol/ml in the control), hydroperoxidation inhibition degree lowering on the quick h rise ($0,401 \pm 0,040$ and $0,573 \pm 0,01$) and oxidation enhancement of non-esterified aliphatic acids on the slow AOA h rise ($0,368 \pm 0,012$ and $0,476 \pm 0,029$) have been detected. The quantity reduction of T- ($32,4 \pm 2,5\%$ and $36,4 \pm 21,9$ per

mcl) and B- ($13,9 \pm 1,5\%$ and $192 \pm 8,4$ per mcl) lymphocytes, moderate enhancement of their blast conversion and migration inhibition index increase ($62,08 \pm 2,07\%$ and $33,65 \pm 3,14$), circulating immune complex level increase (light transmission percentage decrease up to $65,4 \pm 2,289\%$ in PW with gestosis) have been detected. So, the activation of LPO processes, blood AOA inhibition and evident immune depression can be evaluated as the components of gestosis pathogenesis in PW. Preventive treatment was carried out for 68 PW from the gestosis risk group in terms of 20-22 and 30-32 weeks during 10-14 days. Besides the general pathology treatment the action on the peripheral circulatory dynamics was provided; antioxidant therapy (Chophytol), metabolic disorders' and immune shifts' correction was carried out. The I degree gestosis frequency reduced 2,4 times as much, II degree – 1,4 times, III degree – 1,1 times. Thus, early being registered, gestosis risk groups forming, carrying out complex preventive therapy will allow decreasing gestosis frequency and severity in PW.

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NORMOBARIC HYPOXITHERAPY AS AN IMPORTANT FACTOR OF NON-MEDICATION TREATMENT OF ARTERIAL HYPERTENSION NON-ADULTS

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Normobaric hypoxitherapy, that is breathing with an oxygen mix with a reduced content of oxygen, concerns perspective preformed physical factors which are successfully used in treatment of children and teenagers with arterial hypertension. The data for arterial hypertension prevalence among non-adults vary rather widely and make from 4,8 to 14,3 %.

On the basis of RAMS SB Clinic normobaric hypoxitherapy correction was received by 89 arterial hypertension teenagers. According to the age composition the distribution was as follows: there were 61 (68,5 %) boys, 28 (31,5 %) girls; there were 40 (44,9 %) children aged from 12 to 15, and older than 15 - 49 (55,1 %) teenagers. The findings got were compared to the ones of the control group balanced quantitatively, by sex and age with the basic one. The research was carried out on a hypoxicator “Everest-1” (Russia), МПФК.941589.001-05ПЦ. The course of treatment consisted of 10 daily manipulations carried out in morning hours with obligatory observance of not less than 30 min interval after meal. Breathing with hypoxic mixture was carried out by a mix in an interval mode (3:1, 5:1). We had been modified the technique of carrying out normobaric hypoxitherapy depending on the age and seance number of the children and teenagers. In the course beginning the exposition did not exceed 10 min with gradual increase up to 40 min. Further seance lasting time was inappropriate as could cause unwished vegetative reactions. Arterial tension indices were chosen to be the efficiency criteria. The following results were obtained. In the group receiving normobaric hypoxitherapy the dynamics of arterial tension indices was as follows: at the age of 12-15 the average arterial tension level was 131,9/75,2 (higher 95percentile) before the treatment, a significant arterial tension decrease up to 117,5/72,2 (corresponds to 90percentile) was registered after the treatment; in teenagers older than 15 - 133/81,1 (higher 95percentile) before the treatment, 114,9/71,9 (lower 90percentile) – after the treatment. In the control group average arterial tension index changes turned out to be less significant: they corresponded to 95percentile in children aged 12-15, and 90percentile - in teenagers older 15. More over, disappearance of concomitant complaints – cephalalgia, dizziness, asthenic implications, instable moods – conditioned by vegetative disfunction, was marked in 83,2% of the cases in the children receiving normobaric hypoxitherapy. While in the control group subjective complaint regress was registered only in 43,1% of the cases.

Thus, including normobaric hypoxitherapy in rehabilitation complex for arterial hypertension non-adults authentically decreases arterial tension