unsaturated fats, trace substances, dietary fiber, pectin, and other components.

3. Strict control of patients' weight, excluding risk factors.

4. Administration of individually tested medicaments from antioxidant and antihypoxant groups on the method of Foll R. in case of a pathological process manifestation.

5. Regulatory and traditional therapy (multiresonance and bioresonance therapy, homeopathy, reflex therapy, manual therapy, tripsis, phytotherapy, leech therapy, apitherapy, exercise therapy, respiratory gymnastics and other kinds of medical rehabilitation.

6. If necessary, a palliative care (disaggregants, vascular, neuroprotective, neurotrophic antihypertensive drugs and others).

The offered measures of prophylactic and rehabilitation actions should be carried out on the patients permanently, without intermission, because the main pathogenetic factor "substrate hypoergosis" functions in the human body chronically on constant conditions.

Thus, the offered concept can be a theoretic foundation for the realization of priority national projects in the field of human chronic non-infectious diseases prophylaxis and treatment. It will allow putting the principles of prophylactic and remedial treatment of atherosclerosis, hypertension disease, ischemic heart and brain disease, diabetes of the II type, metabolic immunosuppression, etc. into practice pathogenetically intelligently and highly effectively.

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EVALUATION OF THROMBOCYTE CAPACITY AS METHOD OF EARLY DIAGNOSTICS OF HEMORRHAGIC SYNDROME AT CRIMEAN-CONGO HEMORRHAGIC FEVER

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Nowadays in the Southern regions of Russia, as well as in Astrakhan Region, a steady incidence rate of Crimean-Congo hemorrhagic fever (CCHF) is marked (Maleyev V.V., Sannikova I.V., 2005); up to 9% of fatal cases of the disease being registered (Maleyev V.V., 2003), the root of which is in deep hemocoagulation disorders. According to the modern data, the initiating role in the pathogenesis of hemorrhagic syndrome and thrombotic complications at many infectious processes is played by thrombocytes (Polyakova A.M., 2000).

With the purpose of carrying out a modern and appropriate pharmacological correction of hemostasis disorders at CCHF there appeared a

necessity to define the capacity of blood platelets during the acute period of the disease. To solve the specified problem clinical-laboratory trial of 20 patients was carried out on the basis of Astrakhan State Medical Academy and Regional Clinical Infectious Hospital, Astrakhan, from May till August, 2005. The patients' average age was 56,6±4,16 years old. The disease proceeded in the form of average severity (62%) and severe (38%) forms. The diagnosis was made on the foundation of a complex of anamnestic, epidemiological, clinical-laboratory data and was serologically verified in the IFA reaction to the CCHF virus antigen with the antibody titer of 1:800 –1:1600. Counting of platelets in the venous blood and the analysis of their aggregative ability were carried out on the analyzer NFP BIOLA (model 230LA). The platelet capacity was evaluated in aggregation value (V %) and speed (S %). ADP in the concentration of 2,5 mcMol was chosen as an inductor.

In 70% of the patients clinical implications of hemorrhagic syndrome in the form of intensive hemorrhagic rash on skin integuments and gingival bleeding were marked. In peripheral blood platelet number decreased up to 71,2±5,9x10^9/l, and in venous one – up to 48,5±4,6x10^9/l; it being 17,7x10x^9/l in single cases.

The research results showed that the aggregation value (V%) was strongly decreased as compared to the control values (4,02 ± 0,7 и 24,3±1,4 при p<0,0001), and the time (Tv) during which platelet activity reached its maximum reduced to 1′25″±0,6 from the regular one of 4′01″±0,5. The aggregation speed (S) was authentically decreased twofold from the control values (7,2±0,5 and 4,3±1,3 accordingly, p<0,0001), and the time (Ts) of reaching its maximum - decreased (20″±1,8 against 12″±0,4, p< 0,05). The aggregates were of small radius (3,5±0,23), while in donors it was equal to 6,5±0,7. The discharge reaction of own agonists in the platelet granules was not registered on all the occasions, that gave evidence of the release failure or their absence.

Thus, considerable disorders of hemostasis thrombocyte link in CCHF patients were found out in the result of the research. Perhaps, it is a leading cause of the hemorrhagic syndrome development. That is why, when admitting patients to the hospital, it is necessary to define the platelet capacity for carrying out the appropriate pathogenetic therapy.

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METABOLIC AND CIRCULATORY DYNAMICS DISORDERS IN TEENAGE GIRLS WITH OLIGOMENORRHEA AND SECONDARY AMENORRHEA

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Disorders of menstrual function like oligomenorrhea (OM) and secondary amenorrhea (SA) in teenage girls in most cases are attended by disorders of the cardiovascular system and lipid metabolism functional state. The lipid profile study showed the existence of dyslipidemia of atherogenic character in the majority of patients with the specified pathology. Central circulatory dynamics disorders took place in more than 80% of the cases, only in 6% of the patients the showings characterizing uterus and ovary blood supply fell within the limits of the norm.

Purpose of the work: finding heart, uterus and ovaries vessels Doppler investigation complex of showings for an individual circulatory dynamics state evaluation. For the realization of the purpose Doppler investigation of the heart and vessels of uterus and ovaries in 92 patients with OM and SA was carried out. The estimation of diagnostic value of the obtained showings was carried out according to the system-information analysis of Vald.

The main diagnostic markers of a circulatory dynamics system disorder were: myocardial thickness less than 5mm (yes – RQ = +6; no – RQ = -0,4), fraction of cardiac output less than 63% (yes – RQ = +6,5 ; no – RQ = -2,9), systole blood velocity of the left atrium more than 80cm/sec (yes – RQ = +6; no – RQ = -0,4), relaxation time of the left ventricle more than 0,06 sec (yes – RQ =+5,6; no – RQ = -3),