

Table 5

Applications of villagers to DGP and medical assistants (per 1 resident per year)

Number of bonded FOPs	FOP	Applications to a DGP by residents of bonded FOP in a ROC	Applications to a DGP by residents of bonded FOP with a doctor's trip to a FOP	All application to aDGP	Applications to a medical assistant by residents of a bonded FOP at the FOP	General applications (DGP + medical assistant)
1 FOP	2,92	2,01	0,94	2,93	5,78	4,27
2 FOPs	4,51	5,02	1,35	5,69	1,96	6,92
3 FOPs	7,3	3,09	0,7	5,3	4,07	7,61
4 FOPs and more	3,23	3,06	1,38	4,04	5,22	7,53

The analysis has shown that a number of applications to DGP in a ROC by residents of a point settlements oscillated from 2,92 to 7,3 applications per a resident per year; by residents of a bonded FOP – from 2,01 to 5,02. With a doctor's trip to a FOP, a number of applications by villagers who live in the FOP service area oscillated from 0,94 to 1,38 per a resident per year.

Per one villager who lives in a FOP service area number of applications to a medical assistant within the FOP reaches 5,78 applications in a number of practices. All applications to a DGP (within ROC and with trips to a FOP) oscillated from 2,93 to 5,69 per a resident per year.

Total number of applications (to a DGP and medical assistant), that considers applications to DGPs and medical assistants reaches 7,61 applications per a resident per year (table 5).

Analyzing applications of villagers who live in a FOP service area, we can speak of a reason to preserve aid of medical assistants, even in presence of DGP, as applications to a medical assistant form more than a half of total applications of villagers.

#### References

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#### THE PROBLEM OF INCREASING KNOWLEDGE FOR INFECTIOUS DISEASES A FAMILY DOCTOR

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Postgraduate training of physicians in the specialty «General medical practice (family medicine)»

should provide mandatory training for family physicians mastering scientific principles of infectious disease, clinical manifestations of infectious diseases and their diagnosis, epidemiological characteristics, skills, organization and implementation of anti-epidemic measures in the foci of infection preventive work among the population served.

The leading role in organizing and implementing the educational process in this direction should be given to the departments of general practice post-graduate education departments medical schools with mandatory separate organization of thematic improvement on the cycle of doctors «Questions Epidemic prevention work in general practice». The program theme this cycle should be designed to meet the requirements of the educational standard (general practitioner intended to provide benefits in various medical specialties only in the first volume of medical care) and in amounts not less than 80 hours. Lectures and seminars must include a review of the epidemiological characteristics, main clinical manifestations, current diagnostic and treatment methods, modern complexes prevention programs and special events in infectious diseases, provided educational standards: airborne, children, intestine, particularly dangerous (quarantine) and wound infections, intestinal infestations, viral hepatitis, tuberculosis and AIDS. Particular emphasis in the curriculum of the cycle should be given the mastery of learner knowledge and skills to the organization of the family doctor to prevent mass infection in identifying the source of infection. Particular attention should be paid to addressing the issues of organizing and conducting immunization of adults and children on the basis of the national immunization calendar.

In the implementation of the curriculum should be involved in the thematic cycle leading specialists of the faculty medical school and institutions of practical public health (tuberculosis dispensary, infectious clinical departments of hospitals and clinics). Therefore, students will have the opportunity to learn skills directly to the training facilities in clinics and hospitals, organized by the Department in conjunction with health authorities. This form of learning approach maximizes the learning process to practice family physician and, therefore, can im-

prove the theoretical knowledge and practical skills to improve on the diagnosis and prevention of infectious diseases in adults and children.

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#### NATURAL GEOMAGNETIC EFFECTS ON SOME PARAMETERS OF HOMEOSTASIS IN THE BODY HUMAN IN THE NORTH

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It is well known that geomagnetic storms cause nonspecific adaptive stress response in the human body in the form of homeostatic changes in the parameters of the basic physiological systems. The present study is devoted to search for possible patterns of interactions studied with long term observations of patients and healthy individuals. An analysis of morbidity and nosological structure of the seasons in those of working age living in the northern city of Surgut, and sought medical help for five years. Status of resistance of the organism was assessed by clinical and immunological blood tests: a monthly average of lymphocytes (in %) in peripheral blood and immunoglobulin M, G, A (in g/l) in samples of blood serum of healthy people (control group) and patients. Parallel index of geomagnetic activity has been studied over the same five-year period. To determine the closeness and authenticity of the relationship between incidence of disease and the state of the geomagnetic activity used Spearman's rank correlation test (rs).

Analysis of the average frequency of referral of patients for medical care revealed two peaks in March-April and October-November, with lows in July and August. High frequency of spring and autumn uptake was detected in a longer average period of geomagnetic activity. The minimum number of hits identified in the most «magnetically» summer period (July-August). Correlation analysis showed, first, a high reliable direct link between the seasonal incidence and geomagnetic activity ( $rs = 0,804$ ;  $P = 0,002$ ), and, secondly, that the state of geomagnetic activity in the human environment may play a role in triggering seasonal raising the level of morbidity.

During the disease process depends on the activity of the immune system, so has been studied the relationship between the monthly average content of lymphocytes and immunoglobulins in the peripheral blood of patients and the observed state of the geomagnetic activity. It was revealed that the activation of the immune system observed in the periods of geomagnetic activity. Correlation analysis demonstrated a significant direct relationship

to the monthly average geomagnetic activity level in peripheral blood lymphocytes of surveyed men ( $rs = 0,587$ ;  $P = 0,046$ ), and immunoglobulin levels ( $rs = 0,913$ ;  $P = 0,001$ ).

The study showed that during periods of geomagnetic activity (long-term multi-year analysis) observed certain patterns of interaction with the environment inside the body, causing a condition of instability of the biological systems in the spring and autumn, and promoting the development of acute and worsening of chronic diseases in humans, that must be considered when developing regional prevention programs.

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#### PHARMACOLOGICAL ANALYSIS OF TACTICS OF OPERATIVE TREATMENT OF AN INNOCENT HYPERPLASIA OF PROSTATE

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In case of presence of evidence for operative treatment of an IHP, transurethral resection of prostate (TRP) is considered to be a «golden standard» for the standard volume of prostate up to 80 cm<sup>3</sup>.

Our objective was to define the applicability of alternatives for unipolar TRP (UTRP), specifically, bipolar transurethral resection and transurethral bipolar plasmatic vaporization of prostate for a small volume of prostate.

Comparative analysis of the results of unipolar and bipolar transurethral resection for an average volume of prostate shows the advantage of BTRP in the majority of significant indicators (complication frequency, bed fund work indicators), insignificantly less time of operation was the only advantage of UTRP.

Totally 167 patients with prostate volume of up to 80 cm<sup>3</sup> were studied within the research.

Open surgery – adenomectomy was implemented for patients with a prostate of bigger volume. Transurethral enucleation of prostate with bipolar loop – Trans Urethral Enucleation with Bipolar (TUEB) is an alternative method of choice. We have carried out an analysis of its clinical advantages (minimal blood loss during an operation, short period of placement urethral catheter in urinary tracts (24-72 hours), lack of traumatic cut of the front abdominal wall and urinary bladder, quick normalization of urine composition, short recovery and restoration of workability of patients [6, 7]) and economic effect for persons of capable and incapa-