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^3.

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^3 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-