

their branches introduce into surrounding tissues with division of organ on parts (new organs, lobes, lobules).

Epithelial tube of body growths and branches much slowly.

The work is submitted to the International Scientific Conference «Fundamental research», Jordan (Aqaba), 9-16 June 2013, came to the editorial office on 25.09.2013.

EFFECT OF ENVIRONMENTAL FACTORS ON THE DEVELOPMENT OF BRONCHIAL ASTHMA IN CHILDREN

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Bronchial asthma (BA) is one of the most common allergic diseases. The authors conducted a study to determine the role of the impact of environmental factors in the development of BA. We studied 148 children with a diagnosed of asthma in fact (the main group). As a control, we examined 156 healthy children with an early age recurrent episodes of bronchial obstruction. We investigated the medical documentation of the patients (outpatient cards). In the statistical analysis we used nonparametric methods. Differences in relative indicators were studied by Fisher's exact test. Among the study group of children for intermittent disease was observed in 53 (36,3%) children, mild persistent – in 46 (31,5%) children, moderate persistent – in 32 (21,9%) children, severe persistent – in 15 (10,3%) children. The duration of dispensary observation was on average 6,0 [4,0, 8,0] years. Early manifestations of allergy were observed in 137 (93,8%) children, including atopic dermatitis occurred in 128 (89,8%) children, food allergy- in 134 (92,6%), drug allergy – in 64 (43,8%) children, acute urticaria and angioedema – in 77 (53,1%) of the children, nasal congestion with no evidence of viral infection- in 76 (52,3%), contact dermatitis – in 54 (37,0%) children. Adverse environmental factors of the microenvironment are making a great contribution to the development of BA. We set significant differences between groups for the following factors: the presence of upholstered furniture and carpets in the bedroom (82,9%), keeping the books on open shelves (prolonged contact with house and library dust) (65,3% of children), the presence in the house of flowering plant (contact with pollen and fungi in soil) (86,3% of children); dampness and mold in the apartment (contact with fungi) (67,8% of children), the presence of gas stoves in the kitchen and the lack of fume cupboards (contact with nitrogen dioxide and other chemicals) (85,6% of children), living near major highways, industrial plants and other ecologically unfavorable objects (67,8% of children). In summary, we found that the studied group of children charac-

terized by intermittent course of the disease, early onset of allergic symptoms and more exposed to adverse environmental factors.

The work is submitted to the International Scientific Conference «Fundamental and applied problems of medicine and biology», UAE (Dubai), 16-23 October 2013, came to the editorial office on 05.09.2013.

AXIOLOGICAL ASPECT OF STUDYING THE HUMANITIES IN HIGHER MEDICAL EDUCATIONAL ESTABLISHMENTS

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The enormous progress made by medicine in recent decades requires life-long learning, permanent updating of knowledge, skills, and improving of personal qualities of a medical specialist. It is obvious, that a specialist possessing high intellectual and cultural potential and characterized by greater professional mobility easily adapts to the changing socio-economic conditions and to new achievements in his field of science. First-year students of medical schools are people with a shaped personality, and still not enough educated people, sometimes lacking willingness to consider complex phenomena of social and professional reality. Willingness of a future doctor for a holistic perception of the realities of professional work, mastering the experience of world culture, dialogical thinking as an integral part of the professional and personal culture, interdisciplinary synthesis of knowledge – these and many other factors suggest changing traditional approaches to medical education worldwide.

As a universal process, the humanization of medical education should be implemented in all components of education: in educational content, forms and methods of the educational process, requirements to the level of training. These are the conditions for establishing the priority of human values, for the development of creative capabilities of faculty members and students, whose joint activity is aimed at providing truly humane, competent deontological attitude to the patient. The researchers of the higher education humanization process note that it is very difficult to develop a universal recipe for the optimal combination of general scientific and humanitarian components of professional education. The key prerequisite here is to create a flexible system focused primarily on saturation of scientific and special disciplines with humanitarian content.

One of the promising models of educational process implementing humanitarian components into specialized medical subjects was developed and tested in the educational process at the Volgograd state medical university. The model involves creation of pedagogical environment (so-called

«pedagogical situations»), stimulating the development of required features (skills, experience). It comprises three stages:

1) situations of cognitive level – formation of students' perceptions of interdisciplinary links of the humanitarian component of education through demonstration of its relevance as a means of initiation to the professional, social, cultural, moral and other kinds of experience;

2) situations of professionally-oriented communicative interaction – the formation and development of the communicative level of professional competence and appreciation of the value of the partner as the carrier of a special system of philosophy, values, cognitive, personal experiences. These situations provide understanding of the multiplicity of beliefs, attitudes, fostering respect for the opinion of others, the development of ethical standards of debate and opposing.

3) situation of axiological problems solving. The sources of the problems are:

– the contradiction between the leading role of the methods of natural sciences (in medical training) and vast range of humanitarian issues, which can not be solved by these methods. These contradictions are modeled by a faculty member in problem situations that demonstrate the insufficiency of methods of natural sciences in addressing the humanitarian problems;

– the contradiction between the universal human values (altruism, loyalty and civilian professional duty, decency, morality, etc.) and the desire to achieve prosperity and social acceptance by any means. These situations are quite common in our lives when we observe the use of public office resources for private gain, the enrichment of the population by means of deception and deliberate advertising of useless, if not dangerous, medicines and procedures. There are worldwide known facts when new technologies were developed, the negative effects of which were not studied thoroughly and over a long-time period.

For the analysis of such contradictions, students evaluate the leading motives guiding the actions of certain people, form their own personal attitude and consider different humanitarian aspects of the problem. The presented model contributes to enhancement of interdisciplinary links of Humanities, forming a complete picture of humanitarian medical issues and willingness to be guided by universal values and ideals while addressing these issues. The outcomes of the model implementation into the teaching process demonstrated a significant professional axiological potential of the Humanities for the professional and personal development of a medical specialist.

The work is submitted to the International Scientific Conference «Fundamental and applied research. education, economics and law», Italy (Rome-Florence), 7-14 September 2013, came to the editorial office on 05.09.2013.

PSYCHOMOTOR DEVELOPMENT OF INFANTS BORN WITH INTRAUTERINE GROWTH RETARDATION

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The birth of infants with intrauterine growth retardation (IUGR) is an outcome of unfavourable circumstances in prenatal period, and may be the cause of pathological conditions at an early age, which considerably effects on all body functions including psychomotor development. Considering that the performance of psychomotor development is a reflection of the level of biological growth of the infant in the first months and years of life determines the quality of his life in later periods of growth, the relevance of the study of this problem is undeniable.

The aim of the study:

To study the psychomotor development and the formation of physical activity for children with intrauterine growth retardation during the first three years of life.

Materials and Methods: The study of NPD low-birth weight infants with IUGR was estimated with L.V. Druzhinina, I.D. Dubinin method for the first three years of life. It was formed two groups of infants;

I-group of infants included 41 term infants with IUGR born at term of 38–40 weeks' gestation, weighing less than 2500,0 g and body length of 47,0 cm or less; II-control group comprised 37 infants weighing 2800,0 grams or more, with a body length of 48,0 cm or more, born at 38–40 weeks' gestation.

Results: Evaluation of neuropsychic development (NPD) in infants with IUGR was conducted in the first three years of life. The analysis showed that the most pronounced deviations in NPD took place during the first year of postnatal development: with IUGR in 13 infants (31,7)%, and in control group – in 2 (5,4%). In small babies, backlog was primarily in motor and speech development. Quantity of overall motion in babies with IUGR was less in 10 (24,3%) cases, which was significantly ($P < 0,05$) different from the control group 3 (6%). Significant differences were obtained in infants when studied mental development of infants with IUGR.

Thus, to the end of first year of life in this category of infants backlog in speech development was observed in 7 (17%), whereas in control group it was only in 1 (2,4%) child.

In the second year of life NPD retardation in infants with IUGR was in 9 (21,9%) infants and in control group, only in 2 (4,8%). In the third year of life in 4 (9,7%) infants in control group of infants with such problems were not recorded, respectively. The formation of adequate behavioral skills was