

Thus, we obtained a spleen cell culture, consisting mainly of lymphocytes, with a content of $4.6 (4.1-4.8) \times 10^7$ cells in 1 ml of suspension and a specific gravity of viable cells of 99.3 (98.9-

99.4)%. The culture produced hepato growth factor

cells with maximum values on the 5th day, when the concentration in the cultivation medium increased by 255 times. After cultivation, cell groups prevailed, and there were 45.0 (40-

55)%.

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T. M. Maksikova, A. N. Kalyagin, and D. V. Piven — 2011
UDC 615

EFFICIENCY OF THE USE OF DIHYDROQUERCETIN IN PERSONS PARTICIPATED IN HEALTH GROUPS

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Summary. On a group of 12 people aged about 60 attending physical culture classes in the health group, the possibility of using dihydroquercetin to correct the main indicators that limit human health was evaluated. Dihydroquercetin helps to reduce body weight, normalize blood pressure, has a pronounced positive effect on the functional state of the central and autonomic nervous system, increases physical endurance and exercise tolerance. It is important that against the background of taking dihydroquercetin there was a significant increase in integral health indicators: general reserves and physical. Taking into account the established efficacy, the availability of relevant permits and the absence of side effects based on the results of the study, it is recommended that doctors of health centers and prevention centers use dihydroquercetin in the complex of prescriptions in order to form a healthy lifestyle and eliminate the identified risk factors and functional disorders.

Key words: dihydroquercetin, health groups, health-limiting indicators.

EFFICIENCY OF APPLICATION OF DIHYDROQUERCETIN BY PERSONS ENGAGED IN THE GROUPS OF HEALTH

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summary.] e group of 12 persons in the age of about 60 years, attending classes of physical culture in the group of health, estimation of an opportunity of application of dihydroquercetin for correction of the main indicators, and limiting human health. Dihydroquercetin helps to reduce body weight, normalization of blood pressure, has a marked positive influence on the functional state of the central and vegetative nervous system, increases physical endurance and tolerance to physical activity. It is important that on a background of reception dihydroquercetin occurred significant growth of integral parameters of health: general reserves and physical. Taking into account the established efficiency, availability of appropriate permits and absence of side effects on the survey results, recommended by the doctors of the health centers and the centers for the prevention of the use of dihydroquercetin in the complex assignments with the purpose of formation of a way healthy of life and the rectification of identified risk factors and functional disorders.

Key words: dihydroquercetin, health groups, indicators, limiting health.

The concept of a healthy lifestyle is one of the most dynamically developing in recent

years. It attracts special attention from the standpoint of the process of demographic aging of the population. In this si-

Tutations are important to save high quality

life, creative and physical potential la personality.

One of the traditional means of preserving longevity is Xia methods of physical culture. The weakening of muscle tone leads to a deterioration in metabolism, a decrease in the lumbar bend of

the spine, and over time, to the onset of limitation of mobility not only of the spine, but also of the joints. Therefore, physical education for the elderly should be more gentle, completely exclude the possibility of injury, and should take into account the speed of recovery of the body after exercise at this age. Under the influence of physical exercise, bone strength is strengthened and muscular system, the amplitude of joint mobility increases, the risk of cardiovascular diseases decreases, the state of the immune system improves. Physical education for the elderly includes such exercises that make low demands on the body and are easily dosed according to the load. It has been convincingly demonstrated that an active lifestyle contributes to an increase in the adaptive capabilities of the body of the elderly [3-5]. Along with physical education, pharmacological gerontoprotectors play an important role in creating active longevity.

Dihydroquercetin is a bioflavonoid, a biopolymer of wood, which is one of the gerontoprotectors, i.e. agents that slow down the aging process individual. Its antioxidant activity has been proven in preclinical and clinical studies [6]. There are convincing data on the benefits of the drug in the pathology of the respiratory system [1] and blood circulation [2].

The purpose of the study: to evaluate the effectiveness of the impact of dihydroquercetin on the main indicators that limit human health.

Materials and methods

In total, 12 people (4 women and 8 men) who regularly attend physical education classes in the health groups of the OVFD "Health" were examined. All patients signed a voluntary informed consent form to participate in the study, and the requirements of the Declaration of Helsinki were strictly observed.

The selection of the subjects was carried out among persons engaged in groups with a similar class of intensity of physical activity, taking into account the individual aerobic capacity. At the time of taking the drug, classes did not stop. The subjects were selected for the study randomly. Average age of the examined was 59.6±5 years. The length of time spent in health groups at the time of the survey was about 5.2 years. To avoid the influence of external factors, all subjects were examined in the afternoon, not earlier than 2 hours after eating, before training. The duration and intensity of physical activity did not change during the study. All 12 people underwent a complete comprehensive examination with data entered into a unified protocol and received recommendations from the doctors of the health center on a healthy lifestyle (rational nutrition, dosed physical activity, stress prevention, daily routine, antiparasitic and detoxification prophylaxis), individual dual recommendations on identified risk factors and functional disorders. The comprehensive survey included the determination and registration of data and indicators provided for

Anthropometric characteristics

Table 1

Index	Average	Standard deviation	Median	Lower quartile	Upper quartile	Interquartile range	R
Growth	169.9	8.8	171.5	164	174.5	10.5	-
Body weight (1st study)	85.7	14.8	83.5	74	91	17	0.0077
Body weight (2nd study)	84.1	14.3	82.5	73	90	17	
BMI (1st study)	29.6	3.1	28.7	28	30.9	2.9	0.0076
BMI (2nd study)	29	2.9	28.6	27.5	thirty	2.5	

the standard for comprehensive examination in health centers (determination of psychological, adaptive, physical health reserves, functional state of the autonomic nervous system and central nervous system on a hardware and software complex; express assessment of the state of the heart by ECG signals from the extremities; angiological screening with automatic measurement of blood pressure and calculation of the shoulder-ankle index, computerized spirometry, bo express analysis of total cholesterol and blood glucose; pulse oximetry; integral assessment of the state of health). For 30 days, the subjects received the drug dihydroquercetin, 2 capsules per day. At the end of the drug intake, a repeated comprehensive examination was carried out, and unified protocols were filled out. The study did not include a control group, therefore, the influence of other external factors on the results of the examination, including the recommendations of the doctors of the health center, cannot be complete.

Considering that the group consisted of only 12 people, and the distribution for most characteristics was not correct, the following descriptive statistics were used in the process of statistical processing: median, lower quartile, upper quartile, interquartile range. The mean and standard deviation are also presented, but only to better understand the results. To compare indicators over time, nonparametric tests of Wilcoxon and "signs" were used; the percentage distribution by qualitative characteristics was estimated. The critical level of significance in testing statistical hypotheses is $p=0.05$.

Results and discussion

It should be immediately noted that a statistically significant negative effect of dehydroquercetin on any of the health components were missing. Therefore, the results of the study present only those indicators in respect of which a positive trend was revealed.

Complaints about side effects, refusals and returns of the drug were not registered.

Anthropometry showed that while taking dihydroquercetin for a month, there was a significant decrease in the average body weight and body mass index (BMI) in the examined sample (Table 1).

It is important that at the beginning of the study, 100% of the subjects were overweight, upon re-examination, one person had a BMI that returned to the normal value, and no one had obesity II degree (Table 2).

The presented data are also confirmed by the results of bioimpedancemetry: a trend was revealed. Table 2

BMI values in subjects before and after the examination

Stage surveyed vanya	Norm (18.5-24.9)	Prediction (25-29.9)	obesity I st. (30-34.9)	obesity II Art. (35-39.9)	III Art. (40 and over)
I	-	8 (66.7%)	3 (25%)	1 (8.3%)	-
II	1 (8.3%)	8 (66.7%)	3 (25%)	-	-

Table 3
Characteristics of the functional reserves of the CNS at the first and second examinations

Index	Average	Standard deviation	Median	Lower quartile	Upper quartile	Interquartile range	R
FUS (1st examination)	4.13	0.71	4.13	3.69	4.74	1.06	0.091*
FUS (2nd survey) UR (1st survey)	4.23	0.69	4.31	3.73	4.71	0.97	
UR (2nd survey)	1.30	0.85	1.44	0.62	2.07	1.45	0.026
UVB (1st examination) UVB (2nd examination) CNS RF (1st examination) CNS RF (2nd examination)	1.46	0.87	1.59	0.77	2.26	1.49	
	2.73	0.87	2.73	2.02	3.56	1.54	0.04
	2.86	0.89	2.88	2.19	3.55	1.36	
	49.24	30.62	49.77	19.50	80.73	61.23	0.037
	52.32	30.37	54.40	23.30	80.85	57.55	

the decrease in indicators such as fat mass, % visceral fat, metabolic age slightly decreased, but the difference was not statistical meaningful.

Thus, it can be concluded that the value of dihydroquercetin in the set of recommendations for various degrees of obesity contributes to weight loss.

According to the results of the Luscher test, dihydroquercetin did not have a pronounced effect on the studied psychological characteristics.

To assess changes in the functional reserves of the central nervous system (CNS) while taking dehydroquercetin, all subjects underwent a visual-motor reaction test (the test allows determining the main characteristics of the central nervous system - excitability, reactivity, mobility, response stability). The following indicators were calculated: FUS (functional level of the system) characterizes the current state of the nervous system and the degree of development of fatigue at a given point in time; UR (response stability) - characterizes the stability and stability of the current functional state of the CNS - fatigue, sleep and wakefulness disturbances cause a decrease in UR; UVB (assessment of the level of functionality) - gives the most complete characterization of the central nervous system, as it allows you to judge the ability to show a certain level of reaction and maintain an appropriate functional state for a sufficiently long time. Also, based on the summation of these indicators, the functional reserves of the CNS (FR of the CNS) were assessed in general, that is, the ability to overcome loads of various durations and intensities associated with mental stress (Table 3).

The results obtained showed that, while taking dihydroquercetin, there was a significant increase in the functional reserves of the central nervous system, which provide an increase in physical and mental performance, contribute to the optimal performance of complex coordination work, and reduce the risk of overstrain and overwork of the central nervous system.

Therefore, it is appropriate to recommend dihydroquercetin in order to prevent overwork of the central nervous system during high and prolonged mental stress; to improve the efficiency of work that requires a long concentration of attention and concentration.

The autonomic nervous system plays a role

functional tension of the autonomic nervous system and to establish the causes that cause it.

At the first stage of the survey, the number of individuals with functional stress of the autonomic nervous system of varying severity prevailed (Table 4).

Table 4

Indicators of functional tension of the autonomic nervous system

Stage surveyed variability	Functional voltage			
	no moderate pronounced	pronounced	exhaustion	
I	5 (41.6%)	3 (25%)	3 (25%)	1 (8.3%)
II	6 (50%)	4 (33%)	2 (16.7%)	-

In dynamics, during the re-examination, there were statistically significant changes in the following characteristics of the state of the autonomic nervous system: mode amplitude (AMo), tension index (TI), total regulation (SR), vegetative homeostasis (SH), PARS - an indicator of the activity of regulatory systems (Table 5).

Under the action of dihydroquercetin, a statistically significant decrease in AMO occurred. High values of the mode amplitude indicate an increased activity of the sympathetic link of regulation (the main manifestations of this type of reaction are increased heart rate, vasoconstriction, increased respiration, tremor and etc.). A permanent type of reaction according to this type can lead to the development of vegetative-vascular dysfunction, arterial hypertension and its complications.

The stress index also decreased statistically significantly, one of the most important indicators characterizing the activity of the mechanisms of sympathetic regulation and the state of the central link. Normally, the stress index ranges from 80 to 150 conventional units. This indicator is extremely sensitive to increased tone of the sympathetic nervous system. A small load (physical or emotional) increases SI by 1.5-2 times, with significant loads it increases by 5-10 times. Table 5

Determination of indicators of heart rate variability

Index	Average	Standard deviation	Median	Lower quartile	Upper quartile	Interquartile range	R
AMO (1st survey) AMO (2nd survey)	67.58	17.62	70.0	51.0	82.0	31.0	0.016
ID (1st survey) ID (2nd survey)	59.58	19.09	63.0	43.0	77.5	34.5	
SR (1st survey) SR (2nd survey)	421.07	334.33	212.8	185.9	718.8	532.9	0.019
VG (1st survey) VG (2nd survey)	302.39	215.71	187.7	133.5	520.8	387.3	
PARS (1st survey) PARS (2nd survey)	0.58	0.996	0.0	0.0	1.5	1.5	0.042
	0.17	0.58	0.0	0.0	0.5	0.5	
	0.92	0.9	1.0	0.0	2.0	2.0	0.041
	0.42	0.51	0.0	0.0	1.0	1.0	
	2.83	2.41	2.5	1.0	5.0	4.0	0.046
	1.83	1.8	2.0	0.0	2.5	2.5	

Siberian Medical Journal, 2011, No. 6

In patients with a constant tension of regulatory systems, the IN at rest is 400-600 conventional units, in patients with angina attacks and myocardial infarction, the IN at rest reaches 1000-1500 conventional units. It is important to note that at the beginning of this study, only 2 out of 12 people had a stress index less than 150 conventional units, and in 3 people it exceeded 600 conventional units, which in itself is a risk factor for the development of cardiovascular complications. During the study, the mean value of the stress index in the sample decreased by 18 units.

There have been changes in the total effect of regulation, which reflects the state of normo-, tachy- or bradycardia. As the results of the study showed, taking dihydroquercetin helps to reduce the heart rate, thereby optimizing the work of the myocardium.

Another characteristic positively affected by dihydroquercetin is autonomic homeostasis. This indicator determines the balance of interaction between the sympathetic and parasympathetic systems. Dihydroquercetin contributes to the restoration of balance between parasympa

tic and sympathetic

links of regulation of the autonomic nervous system. The indicator of activity

of regulatory systems (PARS) is an integral indicator that characterizes the state of the autonomic nervous system as a whole. During the first phase of the study, more than high tension of regulatory mechanisms with the predominant influence of the sympathetic nervous system. Taking dihydroquercetin allowed to reduce PARS by 1 unit.

Thus, the appointment of dihydroquercetin is indicated as part of a set of measures to correct various forms of sympathicotonia, vegetative-vascular dysfunction, and prevent overstrain and overwork.

The exercise test determines a person's endurance, that is, the ability to perform a load of a certain intensity for a certain period of time. Physical Capabilities

of a person, first of all, depend on the state of the cardiovascular and respiratory systems. Therefore, the increase in stamina is a witness about the improvement of the state these systems.

Against the background of taking dihydroquercetin, significant changes in individual

Exercise test

Table 6

Index	Average	Standard deviation	Median	Lower quartile	Upper quartile	Interquartile range	R
Recovery time (1 examination)	90.2	47.36	84.5	57.5	100.5	43.0	0.197
Recovery time (2 examinations) UVR (1 examination)	85.08	44.2	71.0	49.0	100.5	51.5	(p>0.05)
UVR (2 examinations)	8.14	2.39	7.30	5.80	10.40	4.60	0.037
	8.94	2.66	8.55	6.70	10.55	3.85	(p>0.05)

indicators in the dynamics were not identified. There was a decrease in the mean recovery time after exercise testing, but the difference was not statistically significant. However, positive changes in the population led to a statistically significant increase.

Table 7

Change in the dynamics of the main indicators during the examination on the apparatus "Cardiovisor"

Index	Average	Standard deviation	Median	Lower quartile	Upper quartile	Interquartile range	R
Myocardium (1 examination)	14.67	3.63	15.0	12.0	15.5	3.5	0.3
Myocardium (2 examinations)	13.83	2.89	14.0	11.5	14.5	3.0	(p>0.05)
Rhythm (1 examination)	43.58	21.91	41.5	32.0	51.5	19.5	0.39
Rhythm (2 examinations)	41.25	18.74	40.5	31.0	52.5	21.5	(p>0.05)

"level of physical health (PMI)" and the integral indicator of health "physical reserves" (tab. 6).

Table 8

Change in the dynamics of blood pressure indicators

Index	Average	Standard deviation	Median	Lower quartile	Upper quartile	Interquartile range	R
BP syst. (1 survey)	125.42	9.16	122.5	120.0	130.0	10.0	0.0929
BP syst. (2 examination)	125.5	8.12	120.0	120.0	127.5	7.5	(p>0.05)
BP diast. (1 survey)	80.0	10.0	80.0	72.5	87.5	15.0	0.1159
BP diast. (2 survey)	76.25	4.83	80.0	70.0	80.0	10.0	(p>0.05)

Physical activity, along with nutrition, is one of the most important factors affecting human health. In this case, dihydroquercetin can be recommended in order to increase resistance to physical activity in people involved in sports and physical culture.

Assessment of the state of the cardiovascular system in the examined persons using the Cardiovisor device before and after taking dihydroquercetin showed that the drug contributes to some improvement in blood supply and the metabolic state of the myocardium, but no significant difference was found (Table 7). A detailed assessment of changes in the state of the myocardium in various parts of the heart was not carried out.

Table 9

Change in cholesterol values over time

Index	Average	Standard deviation	Median	Lower quartile	Upper quartile	Interquartile range	R
Glucose (1 examination)	6.13	1.51	5.9	5.15	7.0	1.85	0.5049
Glucose (2nd examination)	5.85	0.7	5.65	5.25	6.45	1.2	(p>0.05)
Cholesterol (1st examination)	5.88	1.03	5.68	5.15	6.39	1.25	0.224
Cholesterol (2nd examination)	5.49	1.23	5.11	4.81	5.96	1.16	(p>0.05)

Table 10

Dynamics of integral indicators of health

Characteristics	Average	Standard deviation	Median	Lower quartile	Upper quartile	Interquartile range	R
General reserves Stage I	37.949	10.999	36.709	30.709	42.459	11.759	0.012
General reserves Stage II	41.509	12.16	38.909	34.35	45.40	11.05	
Physical reserves Stage I	22.77	8.00	21.25	16.65	23.90	7.25	0.0076
Physical reserves Stage II	25.92	11.08	23.70	18.95	27.00	8.05	
Mental reserves Stage I Mental	67.44	12.93	68.50	62.45	72.90	10.45	0.42 (p>0.05)
reserves Stage II Adaptive reserves	68.32	10.81-	68.00-	62.85-	75.55-	12.70-	
Stage I	65.57	17.64	70.90	51.00	77.90	26.90	0.09 (p>0.05)
Adaptation reserves Stage II	70.51	14.39	71.00	63.00	82.05	19.05	

The annotation to digi droquercetin describes in detail the cardio- and angi-protective effects and the mechanisms of their realization. Therefore, the absence of pronounced positive dynamics may be associated either with insufficient duration of the study, or other additional methods are needed to identify

nia positive effects of the drug on the cardiovascular system. The fact that such an effect is possible is evidenced by the fact that, while taking dihydroquercetin, there is a decrease in the average values of systolic (BP syst.) and diastolic blood pressure (BP diast.), but these changes are also not statistically significant (Table. eight).

The same situation is observed with respect to blood glucose and cholesterol, determined in dynamics by the rapid test method. The average value of glucose over time in the examined sample remained virtually unchanged. Cholesterol decreased markedly, but the observed difference was not statistically significant (Table 9).

This can be explained by several reasons: the absence in the group of people with extremely high initial values of glucose and cholesterol (in 2 people at the time of the initial examination, the glucose level was slightly higher than 7.6 mmol/l: one of them had diabetes mellitus, another meal was taken less than an hour before the examination); insufficient dosage of the drug and examination time; non-compliance with other doctor's recommendations regarding diet and exercise. An additional study is required to confirm the antiatherogenic and hypoglycemic effect of the drug.

When evaluating the data of spirometry (examination of the function of external respiration), angiological screening, and adaptive characteristics, no significant changes were revealed.

It is very important that the intake of dihydroquercetin significantly increased two of the four integral health characteristics, namely, general reserves and physical reserves. Positive dynamics was also observed in the field of adaptation reserves, but the revealed difference is not statistically significant (Table 10).

Insufficiently pronounced effect of the drug in relation to adaptive reserves and minimal

effect on the psychological state can be due to the fact that initially the selected category of the subjects had high average and individual values of adaptive and psychological reserves, this is clearly shown by the structure of the integral reserves of the body before and after the study, presented in Table 11.

Table 11

Dynamics of the distribution of study participants by integral indicators of health

Characteristics	Number of persons				
	Short	Below the average	Average	Above average	High
General reserves (stage I)	-	6	...	2	-
General reserves (stage II)	-	...	6	2	-
Physical reserves (stage I) Physical	5	5	2	-	-
reserves (stage II) Mental reserves	...	6	2	-	-
(stage I) Mental reserves (stage II)	-	-	-	5	6
Adaptive reserves (stage I) Adaptive	-	-	-	7	5
reserves (stage II)	-	-	2	...	6
	-	-	2	3	7

Thus, dihydroquercetin helps to reduce body weight, normalize blood pressure, and has a pronounced positive effect influence on the functional state of the central nervous system, the autonomic nervous system, increases physical endurance and tolerance to physical loads. It is important that against the background of taking dihydroquercetin there was a significant increase in integral health indicators: general reserves and physical. Taking into account the established effectiveness, the availability of relevant permits and the absence of side effects according to the results of the study vanya recommended by doctors of health centers and prices For prevention, the use of dihydroquercetin in a complex of prescriptions in order to form a healthy lifestyle and eliminate identified risk factors and functional disorders.

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UDC 618.1-02:6.18.39:615.256.55

INFLUENCE OF CHRONIC INFLAMMATORY DISEASES OF THE UTERUS AND ADDITIONS ON THE STRUCTURE OF COMPLICATIONS AFTER MEDICAL AND ARTIFICIAL ABORTIONS

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Summary. For termination of pregnancy in the early stages (up to 42 days of amenorrhea), as well as a comprehensive assessment of early and late complications, we performed 115 medical abortions on the basis of the Irkutsk City Perinatal Center over 2 years (main group). The comparison group consisted of 82 women after artificial abortions in the same year. After medical abortion, the number of early complications was 3.5%. No late complications were observed. In case of artificial abortion, repeated curettage was required in 12.5% of women; there were inflammatory processes of the uterus, confirmed by clinical and laboratory methods of examination.

vanity.

Key words: medical abortion, artificial abortion, mifepristone, misoprostol.

THE INFLUENCE OF CHRONIC INFLAMMATORY DISEASES OF THE UTERUS AND APPENDAGES ON THE STRUCTURE OF COMPLICATIONS AFTER MEDICAL AND ARTIFICIAL ABORTION

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summary. For interruption of early pregnancy (up to 42 days of amenorrhea), and a comprehensive evaluation of early and late complications, we carried out 115 medical abortion during 2 years (main group) in the City Perinatal Center. 82 women after artificial abortion during the same year were the group of comparison. After a medical abortion, a number of early complications was 3.47%. Late complications were not observed. For artificial abortion repeated scraping required 12.5% of women, inflammatory changes in the uterine cavity were observed, confirmed by clinical and laboratory methods of examination.

Key words: medical abortion, artificial abortion, mifepristone, misoprostol.

The topic of abortion is relevant, because, despite the success achieved over the past decade in reducing the frequency of artificial termination of pregnancy, its share in the structure of maternal mortality continues to be high. The World Health Organization has recognized abortion as a serious reproductive health problem for women in many countries (WHO, 1994, 1999). Statistical data for the regions of Russia indicate that every sixth woman needs medical care due to complications after an abortion [4]. In 10-20% of women, abortions are complicated by inflammatory diseases of the female genital organs, which occur both in the early and late post-abortion periods. Endocrine diseases develop mainly in longer periods in 40-70% [2]

Considering the demographic situation in Russia in recent years, the combination of these figures with the growth of the pathology of the reproductive system of modern women is especially alarming. Thus, today the priority tasks of the obstetrician-gynecologist are to reduce the number of abortions, where the leading direction is the widespread use of modern and effective methods of contraception, as well as the preservation of the reproductive health of women. Since women still continue to regulate their birth rate through abortion,

the task of finding safe ways to terminate a pregnancy while maintaining reproductive health and abandoning outdated technologies (dilatation and curettage), which lead to traumatization of the neuromuscular apparatus of the cervix and contribute to the development of isthmio-cervical insufficiency, infection of the endometrium and infertility.

Recently, along with traditional surgical termination of pregnancy and mini-abortion during

In many parts of the world, an increasing number of women are resorting to medical abortion using antiprogestins. In Russia, the use of this method is allowed with the use of mifepristone for periods not exceeding 42 days of pregnancy [6]. The mechanism of the abortive action of mifepristone is based on its antiprogesterone effect, due to blocking the action of progesterone at the level of endo- and myometrium receptors, which in turn leads to suppression of trophoblast development, damage and rejection of the decidua, the appearance of uterine contractions and bleeding [5]. Medical expulsion of the ovum is less traumatic compared to curettage or vacuum excochleation [3]. However, on the other hand, with medical abortion, one should expect a longer stay

rejected necrotic tissues in the uterine cavity and a more significant amount of blood loss after it, and this condition is a good breeding ground for pathogenic flora. Therefore, a comparative study of complications after various methods of abortion seems relevant.

The vacuum excochleation method, in most cases, is accompanied by complications, and is effective only when ultrasound is used during an abortion to visualize the suction of the vacuum aspirator cannula to the fetal egg. In practice, this method of controlling the removal of the ovum is almost never used, and in 95% of cases, vacuum aspiration also ends in curettage, so in the future we will not separate these 2 methods, designating them as artificial abortion.

The composition of the microflora of a woman's vagina is a factor that directly affects the development of infectious and inflammatory complications during abortion [1]. Used in most cases