

In the present work 54 Iranian students-guy demonstrated an asymmetric functioning of gustatory analyzer (by different tastes perception, maximally by the bitter one) and mimic expression whereas 54 women showed more bilateral functioning.

These results indicate the importance of gender effects in the lateralization in maxillary-facial area as a whole and in oral cavity in part. Although these data can be taken into account at anesthesia in this area with respect to the fact that it possesses rich innervation.

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SALIVA HEMOSTATIC FEATURES IN THE UMSA STUDENTS WITH INDIVIDUAL ASYMMETRY INTERHEMISPHERICAL PROFILE

Scientific leader: assistant professor Tkachenko E.V.

Face right half is more than the left one in the biggest people quantity. Inferior lip blood supply is rather higher than superior one. Mandible sizes are characterized by bigger asymmetry than maxilla ones. Maxilla first premolars are less higher and wider than mandibular ones (particularly at typical and fast-progressive parodontitis). Gums vestibular surface mucosa tactile sensitivity is higher on the right than on the left. Enamel solubility of maxilla teeth is higher than mandible teeth.

Very interesting new scientific data were received in Donetsk Medical State University during latest 3 years. They took particularly following data dealt with parotid glands functional asymmetry. 5-7 - yeared children and 13-15 - yeared teenagers possess maximal asymmetry degree in their parotid glands as for hemostasis, specific and non-specific organism protection indexes (lysozyme, myeloperoxidase, alkaline phosphatase) (Н.Г.Сенченко, 2005). Intermediate asymmetry degree is observed in elder people (60-82 years) and minimal one in adult people (30-43 years). In all groups assessed antibacterial substances and local immunity factors level were dominant in left parotid gland. Parotid saliva from right gland had more expressed procoagulant features in children and adolescents but in elder ages it was from left gland. Total antifibrinolytic activity in children and adolescents was dominant on the left, in the old on the right. Adult people have more expressed pro- and antifibrinolytic activity on the left. Parotid secretion velocity asymmetry was dominant in the adult and insignificant in other age periods and has left reaction type. There is a relationship between handedness and asymmetry of the occlusal morphology of first permanent molars (K.Pirila-Parkkinen et al., 2001). Left-handers have less testosterone level in their saliva comparatively to right-handers (M.Turner, J.Rack, 1996). Tooth decay injures mainly left canines in left-handers, right canines in right-handers.

Taking into account this scientific material, we made experiments the aim of which was to assess saliva hemocoagulative features in real left-handers, hidden left - handers, non - real left - handers and real right - handers among students of UMSA. We solved following tasks: interhemispheric asymmetry individual profile assessing and saliva hemocoagulative features estimating. We used psychophysiological methods for interhemispheric asymmetry individual profile assessment (dominant extremity, dominant finger, dominant eye, Napoleon's probe, probe with applauding) and methods for pro- and anticoagulative features assessment (recalcification time, thrombin time, euglobulin clot lysis time).

We have taken following results. As it was shown, real left-handers have left reaction type, real right-handers, non-real left-handers have primarily right reactions types. Hidden left - handers and ambidexes have both right and left reaction types. Also there was right-left asymmetry on these indexes.

Conclusions. The results received explained by oral cavity organs (particularly salivary glands) morpho-functional asymmetry. In the most cases dominant extremity plays the most essential role in reaction type determining. But in hidden left-handers other indexes (dominant eye, dominant finger, Napoleon's probe and probe with applauding results) were actual in reaction type determination.

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PERSONAL ANXIETY DETERMINING PROSPECTS IN DENTISTRY

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Exam stress places one of the first positions among the reasons causing psychic tension in pupils and students. Very often exam becomes psycho-traumatizing factor which is taken into account even in clinical psychiatry at determining the psychogeny character and neuroses classification (Ю.В.Щербатых, 2008). In part, there are proven data that exam stress causes negative influence on nervous, heart-vascular and immune system of the students (А.С.Фаустов, Ю.В.Щербатых, 2000, В.Е.Орёл, 2001, Th.Pichering, 1997). One can mention following unfavorable factors of the pre-examinational training period: intensive mental activity, enforced stathic loading, extremal limiting the motor activity, sleep regimen disorder, emotional reactions dealt to possible changing in the students' social status. Foreign students undergo to stronger stress than their friends born in the country where they study in part due to language and cultural barriers. Both students-dentists and doctors are undergone to stress (R.M.O'Shea et al., 1984). Any pain manipulation represents a stressful factor. 6-16% of American children suffer from phobia of dental manipulations and about 6% of the adult. There exist data according to which the dentist

needed approximately 20% more time near the arm-chair to the patients with fear high index. Though the cavity preparation period (measured by odontotrypy (tooth drilling) was mainly similar for the both groups and the preparation process was needed to be interrupted in the patients with fear high degree. So, a dentist fear and anxiety not only prevent a patient's addressing the dentist but also decrease the performed treatment effectiveness (W.A. Ayer, 2008).

Usually stress intensiveness is not assessed for helping the students and the patients. We propose using a test of a personal anxiety of Spilberger for this on the base of our results received. This test demonstrated valuable differences in dental department Iranian, Arabic and Ukrainian students before modules (exams) passage and during them with indexes increase at modules or exams passage (bigger difference was observed during session because of bigger material preparing for several exams than for one module). The maximal anxiety has been demonstrated by the Ukrainians, the middle one - in the Arabics and the minimal one - in the Iranians at all courses. The investigated group was 75 students (equally from 3 regions). Also this test showed statistically significant differences in the Poltava Regional Hospital 25 patients before and during anesthesia performance.

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DISTRIBUTION OF CHOLERIC WITH MELANCHOLISM AND MELANCHOLICS WITH CHOLERISM AMONG THE IRANIAN STUDENTS DEPENDENTLY ON GENDER AND DOMINANT EXTREMITY

Scientific leader: assistant professor Sedyh K.V.

The actuality of a given work is in following. The hardest dysadaptation belongs to marginal temperament types - choleric and especially melancholic as well as choleric with melancholism features and melancholic with cholerism features. It should be mentioned that choleric with melancholism and melancholic with cholerism represent not intermediate types similarly to sangvo-phlegmatics, sangvo-choleric and phlegmo-melancholics which are something middle with bigger or less specific weight of one or another type. Choleric with melancholic features is a neurotic characterized mainly by choleric temperament signs such as strong excitement and weak inhibiting processes low balance. But at the same time choleric with melancholism comparatively to choleric (and sangvo-choleric) possessed lowered mobility tendency to neurotization present in choleric. Low mobility (moreover at weak balance) creates conditions for personality epileptoid features expression (that is more characteristic to melancholic). This type people are emotionally unstable, wrath fits are more durable due to decreased mobility comparatively to usual choleric, depressive states are possible (that is characteristic more melancholic), optimism and pessimism states are alternated, they are extraverts in the biggest cases. But melancholic with choleric features represents deep neurotic characterized mainly by melancholic features id est excitement low force and low mobility. But differently from melancholics (and phlegmo-melancholic) this type people possess weak inhibiting that leads to the outburst characteristic for choleric. But comparatively to choleric these wrath and irritability periods are very durable due to personality low mobility and epileptoid direction. Hysterioid fits on this background creates a picture of deeply neurotized personality especially in the cases (very improbable but possible) when there can be intermediate or high mobility at weak force and insufficient balance of the processes. This type as choleric with melancholism is emotionally unstable but differently to it is introvertized and mainly pessimized.

The object of a given work was 81 Iranian students of both faculties and all courses. We used Eysenck's questionnaire for temperament type assessment and took into account the extremity used for writing at the investigation moment.

The students of medical department were choleric with melancholism while dentists were melancholics with cholerism in bigger extent. Men were melancholics with cholerism more and women were choleric with melancholism in bigger per cents. Sinisters were melancholics with cholerism while dexters - choleric with melancholism more. Ambidexters were both choleric and melancholic practically in equal extent.