

in the space which inevitably will call for the Russian language as existential foundation of Russian culture in the capacity of the world's one as well.

In such understanding of the essence and destination of the national educational space and the role of the Bologna process, undoubtedly, possessing heuristic sense, Russia can productively use foreign experience and enrich it with fundamental ideas of native idea. Russian culture is able to enrich the world's educational space of an open society including the ideas of cosmic pedagogy, which is knocking at doors, our native educator Ventsel N.K. wrote and called us up to "open them wide and study it seriously".

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The article is admitted to the International Scientific Conference "Problems of the international integration of national educational standards", Paris-London, April, 20-27th 2007, came to the editorial office on 20.02.07

COMPARATIVE CHARACTERISTICS OF HEALTH STATUS OF PARENTS EXPOSED TO CHLORENATED DOSES OF TCDD AND OF THEIR CHILDREN

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Abstract: The comparative health studies of subjects exposed to dioxin and their children have shown that functional changes in the cardiovascular system, arterial hypertension, gastritis occurring in adults do not differ significantly from the same disorders when seen in the pediatric age group. There is evidence that at a later age the children may develop the diseases similar to those of their parents – ischemic heart diseases, hypertension, insults, cancer.

Introduction: Dioxins are known to have a high level of cumulative activity. Because of this they are hazardous not only during contact period. Negative processes in all bodily organs and functional systems occur within the lifetime.

Most scientists believe that the presence of dioxins inside the parental body has large effects on health of the offspring. The most convincing studies were conducted in Yusho and Yu-Cheng (1-5). The effects of accidentally consumed rice oil contaminated with TCDD on the regional population health were related to reduced birth weight, height, skin hyperpigmentation, retarded growth and psychoemotional development, impaired memory, hypoplasticity, abnormal finger and toenails. In Yusho, children born to mothers exposed to dioxin, died from cardiovascular pathology. However, the authors themselves consider the results obtained to be associated with a variety of factors. In rice oil TCDD was not found alone, it contained a mixture of different chemicals.

Materials and Methods: We have been following a closed cohort of subjects exposed to TCDD during the manufacture of 2,4,5 T between 1965 and 1967. The mean age of the subjects when they developed chloracne was 23±2,3 years. During contact period and after it, 103 children were born to the families exposed to dioxin. During a recent four year period, 2004 - 2006, a complex pediatric health study including questionnaire on working and living conditions,

quality of life, health self-assessment was conducted. The individuals who wished to be studied by physicians were offered a complex clinico-functional examination. Thirty subjects

were clinically examined by various hematological, biochemical, immunological professionals.

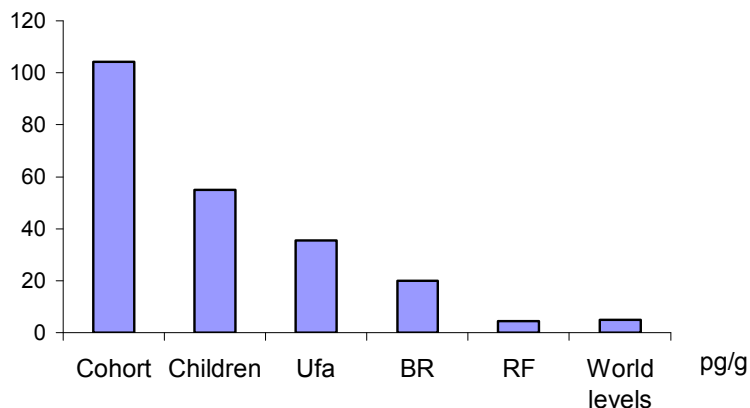


Figure 1. Dioxin content in subjects exposed by chlorinated doses of TCDD, in their children and population

Results and Discussion: All the children of the cohort are at the age of 24-39 years. Of importance is the fact that there is a 1,2-fold elevation in the number of female children compared with male children. Among subjects aged 35-39 years who were born during contact and early post-contact period this disbalance is 2,0 (66% of females, 34% of males). Gender disproportion of newborn babies was determined in our previous studies (1990-1995).

According to the Republican Centre for Ecology (6), parental TCDD mean concentration is currently determined to be 104,2 pg per gram of blood lipid.

TCDD concentration from 31 to 80 pg per gram of blood lipid is found in the body of the children, confirming the hereditary fact. The mean level of dioxin in the pediatric group is 55 pg per gram of blood lipid that is 2 times greater than the background index of the Russian Federation population (6) (fig. 1).

By the time of Stage I study (1990-1995), the children born with background chloracne during post-contact period reached the age of 15-26 years. The mean age was $20 \pm 2,2$ years. Only every other person among them was regarded to be healthy. (Table 1)

Table 1. Illustrates characteristics of the cohort children's health (%)

Signs	1st child	2-nd child	3-d child	4-th child	All children
Healthy	36,6	55,6	70,0	100,0	51,7
Sick, including	63,4	44,4	5,0	-	48,3
Allergy	7,0	6,7	10,0	-	7,9
Chronic bronchitis	4,2	6,7	-	-	5,3
Arterial hypertension	1,4	4,4	-	-	0,8
Gastritis, ulcer	7,0	6,7	-	-	7,0
Cholecystitis	1,4	-	-	-	0,8
Endocrine disorders	2,8	-	-	-	1,7
Other disorders	41,0	20,0	20,0	-	25,8
Mean number of disorders per patient	1,5	1,0	1,0	-	1,2

Clinico-functional health levels of children who underwent clinically-based examination were compared with analogous levels of their parents who had a history of dioxin exposure with marked chloracne. Previous diagnoses of

parents aged 26-35 years were observed. We report here the recent diagnoses (1995-2000) with parental age to be over 60 years. Some of them died. (Table 2)

Table 2. Comparison of diagnoses of children and their parents exposed to TCDD chlorinated doses

Parental diagnoses		Pediatric diagnoses	
Studies between 1968-1980		Studies between 1995-2004	
		Studies between 2004-2006	
1.	Hypertension. Vegeto-vascular dystonia	Vegeto-vascular dystonia. Hypertension.	Vegeto-vascular dystonia. Ch.gastritis
2.	Vegeto-vascular dystonia. Ch. gastritis	Atherosclerosis of heart & brain vessels. Cancer of larynx	Vegeto-vascular dystonia. Ulcer
3.	Vegeto-vascular dystonia. Hypertension	Hypertension. Myocardial infarction	Vegeto-vascular dystonia
4.	Vegeto-vascular dystonia. Ch. gastritis	Hypertension. Encephalopathy	Vegeto-vascular dystonia. Ch.gastritis
5.	Vegeto-vascular dystonia. Ch. Bronchitis	Ischemic heart disease. Hypertension. Ch. bronchitis	Vegeto-vascular dystonia
6.	Vegeto-vascular dystonia. Ch. bronchitis	Hypertension. Cerebrosclerosis.	Hypotheriosis. Hypophysial insufficiency. Myocarditis. Ch.bronchitis, cholecystitis.
7.	Vegeto-vascular dystonia.	Ischemic heart disease. Angina pectoris. Hypertension.	Vegeto-vascular dystonia.
8.	Vegeto-vascular dystonia. Ulcer.	Ischemic heart disease. Angina pectoris. Hypertension.	Vegeto-vascular dystonia. Hypertension
9.	Vegeto-vascular dystonia. Ch. gastritis	Hypertension. Ch. gastritis. Ch.cholecystitis.	Vegeto-vascular dystonia. Ulcer
10.	Vegeto-vascular dystonia. Ch. Gastritis. Ch. cholecystitis	Vegeto-vascular dystonia. Hypertension. Ch.gastritis. Ch. cholecystitis	Vegeto-vascular dystonia. Ch.gastritis
11.	Vegeto-vascular dystonia. Ch. Gastritis.	Hypertension. Ch. gastritis	Vegeto-vascular dystonia. Ch. Gastritis
12.	Vegeto-vascular dystonia	Ischemic heart disease. Hypertension. Myocardial infarction	Vegeto-vascular dystonia. Ch.gastritis
13.	Vegeto-vascular dystonia. Ch. cholecystitis	Hypertension. Ch. gastritis. Ulcer	Mitral valvular disease.
14.	Hypertension	Ischemic heart disease. Hypertension	Vegeto-vascular dystonia. Encephalopathy.
15.	Vegeto-vascular dystonia. Arterial hypertension.	Encephalopathy	Vegeto-vascular dystonia. Ch.gastritis
16.	Vegeto-vascular dystonia. Ch. gastritis	Hypertension. Ch. gastritis	Vegeto-vascular dystonia. Ch.gastritis

17.	Vegeto-vascular dystonia. Ch. Gastritis. Arterial hypertension.	Hypertension. Ch. gastritis	Vegeto-vascular dystonia. Ch.gastritis. Ch. cholecystitis.
18.	Vegeto-vascular dystonia. Arterial hypertension.	Ischemic heart disease. Hypertension. Myocardial infarction	Erythema nodosum. Ulcer. Arterial hypertension
19.	Vegeto-vascular dystonia. Arterial hypertension.	Vegeto-vascular dystonia. Hypertension. Ch.gastritis	Vegeto-vascular dystonia. Ch.gastritis
20.	Vegeto-vascular dystonia. Ch. Gastritis. Arterial hypertension.	Vegeto-vascular dystonia. Ch. bronchitis	Vegeto-vascular dystonia.Ch.bronchitis Arterial hypertension
21.	Hypertension. Ch. gastritis.	Ischemic heart disease.Hypertension. Ch. gastritis.	Vegeto-vascular dystonia. Ch.gastritis Arterial hypertension
22.	Hypertension. Ch. gastritis. Arterial hypertension.	Hypertension. Ch. gastritis. Ch. cholecystitis	Vegeto-vascular dystonia. Ulcer. Arterial hypertension
23.	Vegeto-vascular dystonia. Arterial hypertension. Ch. pyelonephritis	Ischemic heart disease. Hypertension.	Vegeto-vascular dystonia.Ch.bronchitis Arterial hypertension
24.	Vegeto-vascular dystonia. Arterial hypertension.	Ischemic heart disease. Hypertension. Ch. gastritis.	Vegeto-vascular dystonia. Ch.gastritis Arterial hypertension
25.	Vegeto-vascular dystonia. Arterial hypertension.	Ischemic heart disease. Hypertension. Myocardial infarction	Vegeto-vascular dystonia. Arterial hypertension.
26.	Vegeto-vascular dystonia. Arterial hypertension. Ch.gastritis	Ischemic heart disease. Hypertension. Ch. gastritis.	Polyvalent allergy
27.	Vegeto-vascular dystonia. Arterial hypertension.	Ischemic heart disease. Hypertension. Myocardial infarction	Vegeto-vascular dystonia. Ch. Gastritis
28.	Vegeto-vascular dystonia. Arterial hypertension. Ch. gastritis.	Ischemic heart disease. Hypertension. Ch. gastritis.	Vegeto-vascular dystonia. Ch.gastritis. Ch. bronchitis
29.	Vegeto-vascular dystonia. . Arterial hypertension.Ch. gastritis.	Ischemic heart disease. Hypertension	Vegeto-vascular dystonia. Ch. Gastritis
30.	Vegeto-vascular dystonia Arteria Hypertension. Ch. gastritis	Hypertension. Ch. gastritis	Vegeto-vascular dystonia. Ch. Gastritis

Comparative analysis showed that parental diagnoses established in young life (matching in age with the children) were not different from pediatric ones. It is reasonable to suggest that in later life the children will develop the same diseases as their parents have.

Questionnaire information on health revealed that 51,1% of respondents considered themselves to be “practically healthy” and 48,9% were “sick”, respectively. The most common complaints were headache – 58,4%, dizziness – 42,2%, bitter taste in the mouth – 26,6%. Analysis of the answers to the question “What

troubles you?" revealed that 21,1% of subjects had cardio-vascular disease, 18,4% - the neuro-system disorders, 14,3% - digestive disorders, 11,9% - respiration disorders, 4,3% - endocrine disorders. Of importance is the fact that hypertensive disease, arterial hypertension, vegeto-vascular dystonia of hypertensive type, neuro-vascular dystonia constitute the group of cardio-vascular and nervous system diseases. It should be noted that the rate of cardio-vascular pathology accompanied by hypertension is about 3 times (2,8) higher among the children of the exposed parents than among the general adult population of the Republic of Bashkortostan. Our previous studies (7) showed cardio-vascular, atherogenic effects of dioxins on parents enrolled in our closed cohort we have been following since 1968.

Thus, our comparative studies have shown that the children of subjects who had chloracne have the same health disorders as their parents.

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The article is admitted to the International Scientific Conference "Prospects of development of a high school science", Sochi (Dagomys), September, 20-23th 2007, came to the editorial office on 14.06.07

CREATIVENESS ("TVORCHESTVO") AND CREATIVITY: AN ANTHROPOLOGICAL THEORY

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As of today there is neither a theory of creativeness ("tvorchestvo") nor a united platform treating and defining the notion of the "creativity", "creativity" and "creative thinking". We have been developing an anthropological theory of creativity for seven years, and this is a qualitative research.

The basic developmental **principles** of this theory are: *non-contradiction, lack of theoretical foundation, practice-centered character; accumulation of sufficient quantity of unspecified ties; shifting over, integrity, formalized nature and interrelationships of all positions, critical attitude to other theories.*

The basic **notions** of the anthropological theory of creativity are:

Creativeness ("tvorchestvo") – this is a goal-oriented processing of information while the memory of attention is inactive.

Thinking – this is a goal-oriented processing of verbal information while the memory of attention is active.

Creativity – which is a goal-oriented processing of verbal information with active memory of attention; formation of creativity patterns.

Attention – which is a specific link within the chain of information delivery to man.

Logic – this is interrelationship of parts of human memory.

Memory of attention – stores information relating to how attention should behave in each and every individual situation.

Inner world – is a world within which a human being is thinking and creating.

The anthropological theory of creativity has a definite aim: to separate such notions as "thinking" and "creativity". We believe that there can be no thinking in creativity and there can be no creativity in thinking; "thinking" is working with the products of creativity while creativity is "working" with the products of thinking.

Ways of information processing: it is non-verbal in creativeness ("tvorchestvo") and verbal in thinking. Unlike thinking, creativeness ("tvorchestvo") creates no new information, but