5 patients (4.5%) – F 2, 13 patients (11.7%) – F 2-3, 1 patient (0.9%) – F 3, 13 patients (11.7%) – F 3-4, and 12 patients (10.8%) – F 4. Liver stiffness € ranged from 1.49 to 29.5 kPa. The mean E value for patients with F 0-1 was 3.69 kPa, for patients with F 1 was 4.53 kPa, for patients with F 2 was 6.77 kPa, for patients with F 2-3 was 6.95 kPa, for patients with F 3-4 was 11.61 kPa, and for patients with F 4 was 17.27 kPa. It should be noted that liver stiffness values E exceeding 20 kPa, combined with clinical signs of decompensated liver cirrhosis and a high MELD score, often indicate the need for liver transplantation. In 6 out of 111 patients, this indicator exceeded 20 kPa. The Vs value in patients varied in the range from 0.94 to 3.14 m/s. The LF Index in patients ranged from 0.48 to 3.06.

Conclusions. Analysis of fibroelastometry in patients with CHC before the start of antiviral therapy revealed a predominance of individuals with significant fibrosis (stages F2–F4 accounted for 61.3%), including 10.8% of patients with liver cirrhosis (F4). A wide variability in liver stiffness measurements was recorded (from 1.49 to 29.5 kPa), with values exceeding 20 kPa in 6 patients, indicating a risk of decompensation. Elastography demonstrates high informativeness as a non-invasive method for assessing the stage of fibrosis, which is necessary for choosing the antiviral therapy strategy.

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KEY AREAS OF INTEGRATION OF SURGICAL PRACTICES IN THE AYURVEDA CONCEPT

Ashish Tiwari, Prerna Singh

Ryazan state medical university
Scientific supervisor: Shumova A. L.

Relevance. In the era of modern high-tech surgery, traditional practices, including those established by Ayurveda, continue to be relevant. Taking into account individual characteristics, careful preparation for surgery, postoperative care and rehabilitation are considered not only as technologies, but also as science, art and philosophy. Sushruta's systematic approach to Ayurvedic surgery, including herbal anesthetics and careful postoperative care, is a fundamental foundation that is relevant today [1].

Knowledge of the history of Ayurvedic surgery is critical both for Ayurvedic surgeons who master modern procedures such as laparoscopy, and for doctors of modern medicine who integrate traditional methods such as to optimize rehabilitation.

Prioritization of surgical practice in the context of Ayurvedic practice is quite relevant for future doctors [1, 2].

Target. To describe the priority areas of integration of Ayurveda into surgical practice for the education of students from India.

Research methods. The frame contains articles published in Pubmed on the keywords «Surgical Practice» and «Ayurveda».

Results and their discussion. A total of 247 papers have been published from 1963 to the present, with the main peak of 104 papers in the last 5 years. The results of the use of Ayurveda in the treatment of various diseases, preparation for surgery are described, the main focus is on rehabilitation care. The Journal of Ayurveda and Integrative Medicine (J-Goal) regularly raises a discussion about the effectiveness and safety of integrating modern and traditional practices. It describes the fundamentals of education that have had a global impact on plastic surgery, orthopedics, and ophthalmology. The most relevant areas are individual preoperative preparation and personalized rehabilitation [3]. For example, postoperative care begins with soothing doshi: relaxing massages, lepans and agni-karma . Rasayana restores tissues: churna, vasti for regeneration and immunity. Diet: Laghu ahara, yoga and meditation minimize pain, swelling and relapses. The Kara Sutra is one of the main types of practice that involves scar-free development. Panchakarma [2,3]. Sushruta's systematic approach to Ayurvedic surgery, including herbal anesthetics and careful postoperative care, laid the fundamental foundations of the practice, which are still relevant today. Knowledge of this history is critical for modern surgeons, allowing them to understand the roots of minimally invasive techniques and a holistic approach to rehabilitation.

Conclusions. Prioritization of surgical practice in the Ayurvedic context is extremely important for future doctors. When studying modern surgery, students from India will be interested in using Ayurvedic practices, which will allow them to better understand modern medicine and effectively use their knowledge in India.

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