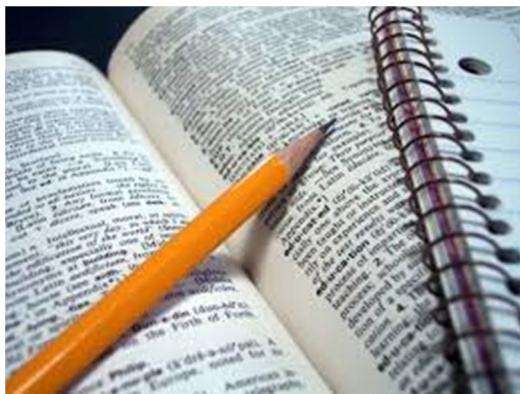


*А. К. Куліченко, Ю. В. Орел-Халік, В. В. Жаворонкова*

# **ІНОЗЕМНА МОВА ЗА ПРОФЕСІЙНИМ СПРЯМУВАННЯМ**

## **ПРАКТИКУМ**

**для студентів II курсу медичних факультетів  
спеціальностей 222 «Медицина» та 228 «Педіатрія»**



**Запоріжжя  
2020**

**Запорізький державний медичний університет  
Кафедра іноземних мов**

*А. К. Куліченко, Ю. В. Орел-Халік, В. В. Жаворонкова*

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2020**

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I-67

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Практикум рекомендовано для студентів II курсу медичних факультетів спеціальностей 222 «Медицина» та 228 «Педіатрія». Матеріал практикуму містить зразки автентичних англомовних статей загально медичної тематики для перекладу та реферування англійською мовою.

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## ПЕРЕДМОВА

Сучасний розвиток суспільства потребує подальшого вдосконалення системи професійної підготовки медичних працівників. Медична освіта покликана забезпечити формування професіонала, здатного до самоосвіти, який буде зорієнтований на особистісний та професійний саморозвиток і готовий креативно працювати в обраній сфері.

Мотиваційним підґрунтям діяльності медичного працівника є культ пізнання, що породжує його пізнавальну активність. Дослідницькі знання та вміння потрібні кожному медичному працівнику як інструмент його професійної діяльності.

У цьому контексті великого значення для здійснення наукової пізнавальної діяльності набуває опанування таким рівнем іншомовної комунікативної компетентності, який забезпечить доступ майбутнього науковця до іншомовної інформації: друкованої, текстової, електронної.

Однією з основних цілей навчання іноземній мові у вищій школі є навчити студента читати тексти зі спеціальності, щоб отримати повноцінну інформацію та вміння обробити її (анотування, реферування та конспект). Після закінчення курсу іноземної мови, студент повинен володіти професійно-орієнтованими навичками та вміннями, всіма видами наукової обробки тексту для самостійної роботи.

Практикум призначено для студентів другого курсу медичних факультетів спеціальностей 222 «Медицина» та 228 «Педіатрія», які цікавляться механізмами функціонування сучасної наукової мови й прагнуть сформулювати та вдосконалити індивідуальну програму пізнавальної діяльності через самостійну роботу з різними джерелами наукової інформації.

Матеріал практикуму містить зразки автентичних англомовних статей загально медичної тематики для перекладу та реферування англійською мовою (Джерело: Quang Nguyen. English for Medical Students 2: Workbook for Second

Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)

Головну увагу приділено організації самостійної роботи, що забезпечується запропонованими алгоритмічними приписами, які раціонально й оптимально скеровують мисленнєво-мовленнєву діяльність під час опрацювання різноманітних наукових джерел як з метою «згортання» їх змісту до рівня конспекту, анотації, реферату, так й для підготовки англійською мовою наукової доповіді, виступу в дискусії, статті тощо. За такого підходу суттєво підвищується ефективність інтелектуальної праці та окреслюються перспективи самоосвіти у подальшому професійному зростанні.

Рівень складності текстів пропонує студенту викладач. Порядок опрацювання текстів може бути послідовним або вільним залежно від планів та цілей викладача, що виходять з вимог навчальної програми: ввести, закріпити, актуалізувати або проконтролювати засвоєння лексики за окремою темою.

## РОЗДІЛ І.

### РЕФЕРУВАННЯ НАУКОВОГО ДЖЕРЕЛА

Реферування є складним процесом аналітико-синтетичного опрацювання інформації наукового джерела (або джерел), результатом якої і стає реферат (від лат. *refereo* – доповідати) – короткий виклад (перед аудиторією або у письмовій формі) наукової праці, вчення, змісту джерела (або джерел) із зазначенням характеру, методики, результатів дослідження та збереженням його мовностилістичних особливостей.

Рефератом в освітянській сфері називають і доповідь на будь-яку тему, що складається з огляду різноманітних джерел.

Реферат як самостійний і поширений жанр наукової літератури, окрім загальних закономірностей наукового стилю, має особливості, характерні саме для нього (на відміну від інших жанрів цього стилю), що обумовлено функцією реферату, його інформативним призначенням. Так, на відміну від жанру наукової статті, в рефераті немає характерної для статті наукової ґрунтовності викладу, розгорнутих доведень, міркувань, порівнянь, обговорення результатів, оцінок тощо, оскільки все це – дієвий засіб переконання читача, а призначення реферату – передати інформацію, повідомити.

Сутність реферату – це короткий виклад (за умови достатності інформативної повноти) основного змісту джерела (джерел), повідомлення нової проблемної інформації, що міститься в ньому, або доповідь за певною темою, підготовлена в результаті самостійного опрацювання кількох джерел.

На відміну від анотації, яка відповідає на запитання, про що йдеться в науковому джерелі, і подає загальне об'єктивне уявлення про це джерело, його стислої характеристики (найчастіше через перелік основних проблем), реферат відповідає на запитання, що саме нове й суттєве є в першоджерелі, і викладає основний його зміст, нову проблемну інформацію. Отже, в рефераті обов'язково увагу сфокусовано на новій інформації, яка є в першоджерелі.



Студентам усіх напрямів вищої освіти навички реферування допомагають опрацьовувати на якісному рівні та в зазначених обсягах науково-навчальну, науково-популярну, суто наукову літературу за спеціальністю. Реферативне читання наукових джерел за фахом є обов'язковим під час підготовки до складання кандидатського екзамену з іноземної мови, а також при написанні, наприклад, курсових, дипломних, конкурсних та інших науково-дослідних робіт у навчальному закладі. Воно передбачає сформованість певного комплексу взаємопов'язаних умінь і навичок, зокрема з оглядового, пошукового й суцільного видів читання; смислового аналізу тексту та його фрагментів з метою вилучення основної інформації; «згортання» («пакування») інформації до рівня плану, тез, конспекту, анотації та обов'язково з мовного оформлення матеріалу за чинними нормами. Тому навчання реферуванню наукових джерел починається з усвідомлення відповідного алгоритмічного припису в цілому і кожного з його «кроків», яке підкріплюється тривалим тренінгом через виконання спеціальних вправ та посилюється ознайомленням зі зразковими текстами наукових рефератів.

Реферати класифікують за різними параметрами. З урахуванням ступеня повноти викладу змісту першоджерела реферати поділяються на кілька видів:

- 1) інформативні (реферати-конспекти), які містять в узагальненому вигляді всі основні положення наукового джерела, ілюстративний матеріал, важливу аргументацію, відомості про методику дослідження, використані технології, сфери застосування;
- 2) індикативні (реферати-резюме), які містять лише ті основні положення, що якнайтісніше пов'язані з темою реферованого джерела.

За кількістю реферованих джерел реферати поділяють на монографічні, що складені за одним науковим джерелом, та оглядові, підготовлені за кількома науковими джерелами однієї тематики.

За читацьким призначенням реферати поділяють на загальні, що містять виклад змісту джерела в цілому та у зв'язку з цим розраховані на широке коло

читачів, спеціалізовані, в яких виклад змісту орієнтований на фахівців відповідної галузі знань.

За укладачами реферати поділяють на:

- автореферати, які готуються самим автором;
- реферати, складені спеціалістами тієї галузі знань, до якої відноситься рефероване наукове джерело;
- реферати, що підготовлені професійними рефератами, у тому числі перекладачами-референтами.

У рефератах будь-якого виду не допускають як суб'єктивні погляди референта на висвітлюванні питання, так і оцінку реферованого наукового джерела. У разі професійної потреби, таку оцінку доречно подавати як примітку.

Під час підготовки курсових, дипломних, конкурсних, дисертаційних та інших науково-дослідних робіт найбільшу допомогу надають інформативні реферати. Щоб навчитись адекватно викладати зміст основних положень наукового джерела (джерел), необхідно бути озброєним не лише глибоким знанням з певної галузі, але й уміти якісно та у визначений час реферувати джерела за алгоритмічним приписом і у повній відповідності до вимог об'єктивності, інформативної повноти, логічності, єдності за стилем, чинних мовних норм та достатності за обсягом (наприклад: тисяча друкованих знаків - оптимальна норма для рефератів наукових статей).

Композиційно текст реферату переважно складається з трьох логічно пов'язаних частин: вступної, основної (описової), заключної.

До композиції більшості рефератів (зокрема, авторефератів) за сучасними вимогами входять ключові слова-основні наукові терміни й терміносполуки, які відбивають основні наукові поняття реферованого джерела та логіку викладу матеріалу.

*Література: основна [5].*

## РОЗДІЛ II.

### АЛГОРИТМІЧНИЙ ПРИПИС ДО РЕФЕРУВАННЯ НАУКОВОГО ДЖЕРЕЛА

1. Визначте мету реферування обраного наукового джерела (реферат-конспект чи реферат-резюме).
2. З'ясуйте функції та обсяги підготовлюваного реферату відповідно до його мети і жанру наукового першоджерела.
3. Здійсніть бібліографічний опис наукового джерела (наукових джерел).
4. Опрацюйте наукове джерело і відберіть інформацію для реферату, застосовуючи такі види читання, як оглядове, пошукове та суцільне.
5. Визначте композицію реферату.

**Пам'ятайте**

*Реферат-резюме має таку модель:*

- ✓ *заголовна частина (точний бібліографічний опис джерела);*
- ✓ *безпосередньо реферативна частина (основна інформація);*
- ✓ *довідковий апарат (кількість ілюстрацій, таблиць, схем, бібліографія тощо).*

6. Запишіть логізований план реферату як перелік основних тем і проблем першоджерела (для основної частини реферату).

7. Здійсніть розподіл опрацьованої й відібраної для основної частини реферату інформації, усвідомивши:

- а) мету і зміст реферованого наукового джерела;
- б) методи дослідження;
- в) конкретні результати (теоретичні, експериментальні, описові, насамперед нові і перевірені факти, тенденції тощо);
- г) висновки і позицію автора в розв'язанні проблем, прийняті ним або спростовані гіпотези;

д) сфери застосування, шляхи практичного впровадження результатів роботи.

### Примітка

*Якщо у науковому джерелі відсутня якась частина наведених у п.7 даних (методи, висновки, сфери застосування), то в тексті реферату вони не наводяться для збереження послідовності викладу.*

*До основної частини реферату-резюме добирається основна (ключова) інформація наукового джерела, при цьому малоінформативні смислові частини вилучаються, подібна і близька інформація об'єднується та узагальнюється.*

8. Оформіть письмовий реферат:

- **здійсніть “згортання”** змісту та мовну компресію відібраної для реферату інформації;

- **скомпонуйте відібрану інформацію** та, використовуючи різні лексичні засоби організації зв'язного тексту і пам'ятаючи мету реферування, підготуйте письмовий реферат.

9. Здійсніть **самоконтроль** написаного реферату на смисловому, структурно-логічному і мовному рівнях та переконайтесь, чи досягли ви поставленої мети реферування.

### Пам'ятайте

*При реферуванні, як і при конспектуванні, відбувається узагальнення та вилучення необхідної інформації, переформулювання її, а також аргументування. Зміст та обсяги реферату залежать від його виду: реферат-резюме – це короткий, узагальнений реферат.*

10. Здійсніть (у разі потреби) редагування тексту реферату.

*Література: основна [4, с. 185-186].*

### РОЗДІЛ ІІІ.

#### МОВНІ СТАНДАРТИ-КЛІШЕ ДЛЯ НАУКОВОГО РЕФЕРУВАННЯ

1	I (don't) think (so)	Я так (не) вважаю/ вважаю
2	It seems to me	Мені здається
3	In (to) my opinion	На мою думку
4	From my point of view	З моєї точки зору
5	I am (not) sure	Я (не) впевнений
6	I'm afraid I don't know (remember)	Нажаль, я не знаю (не пам'ятаю)
7	I'm afraid I can't answer your question	Боюсь, я не можу відповісти на ваше запитання
8	I (don't) think I know (remember)	Не думаю, що я знаю (пам'ятаю)
9	I am absolutely (quite) sure	Я абсолютно (достатньо) впевнений
10	I don't know (remember) exactly	Не знаю (пам'ятаю) точно
11	It's a pity = unfortunately	На жаль
12	If I am not mistaken	Якщо я не помиляюсь
13	May be I am wrong (not right, mistaken)	Можливо я не правий(а) (помиляюсь)
14	It's difficult for me to say exactly (to judge)	Мені важко сказати напевно (судити)
15	As far as I know remember understand can see can judge understood from this story	Наскільки я знаю пам'ятаю розумію бачу можу судити зрозумів з цієї розповіді
16	As a rule	Як правило
17	As for me = as regards myself	Щодо мене
18	As for = as regards my opinion my point of view my idea about	Згідно моєї думки моєї точки зору мого уявлення про...
19	According to this text	Відповідно до тексту
20	According to my mother, my teacher ...	Як каже моя мати, мій вчитель...
21	As you (we) all know remember understand can see	Як ви (ми) всі знаємо пам'ятаємо розуміємо можемо бачити
22	To my way of thinking	Як я думаю
23	It's natural	Природньо

24	I know the answer to your question. I can easily answer it.	Я знаю відповідь на ваше питання. Я можу легко відповісти на нього.
25	It's not difficult (=a problem) for me to answer it.	Мені не важко (це не проблема для мене) відповісти на нього
26	Just a moment (=minute)! Let me think! (for a while) Let me concentrate! Let me remember! Let me collect my thoughts!	Одну хвилинку! Дайте подумати (трошки) Дайте мені зосередитись! Дайте мені згадати! Дайте мені зібратися з думками!
27	I didn't know before reading this text	Я не знав доки не прочитав цей текст
28	It was (very, really, so, especially) interesting (surprising) for me to know (read)	Мені було (дуже, насправді, так, особливо) цікаво (дивно) дізнатися (прочитати)
29	It was a great surprise for me to know (read)	Для мене було великим здивуванням дізнатися (прочитати)
30	I have always thought that	Я завжди вважав, що
31	Oh, I'm sorry! It was my mistake!	Вибачте! Це була моя помилка!
32	I missed to say that...(very important information, fact, thing)	Я забув сказати (дуже важливу інформацію, факт, річ)
33	I wonder, who doesn't know (like, remember)...	Ось цікаво, хто не знає (не любить, не пам'ятає)
34	Candidate for a degree	Здобувач вченого ступеня
35	To consider	Вважати
36	To suppose	Думати, вважати
37	To work at the problem	Працювати над проблемою
38	To become interested in	Бути зацікавленим в
39	To continue one's studies	Продовжити навчання
40	To pay particular attention to	Віддавати особливу перевагу
41	To be concerned with	Бути зацікавленим
42	To take up smth	Обмірковувати щось
43	Laboratory findings	Лабораторні відкриття
44	To solve a difficult task	Вирішувати складне завдання
45	The main problem of my research is.... – to reveal – to put into practice – to apply in practice	Головна проблема мого дослідження... – відкрити – ввести у практику – застосувати у практиці
46	My work concerns (deals with)	Моя робота відноситься (має справу)
47	According to the theme of my thesis	Згідно з темою моєї дисертації
48	To be in the focus of my	Бути в центрі мого дослідження

	research	досліді
49	To reach a conclusion	Прийти до висновку
50	To draw a conclusion	Зробити висновок
51	To be engaged in research work	Бути задіяним у дослідній роботі
52	To be post-graduate	Бути аспірантом
53	To attend graduate school (courses)	Відвідувати курси для вступу в аспірантуру
54	Clinical internship	Клінічна інтернатура
55	The theme of my thesis	Тема моєї дисертації
56	My scientific supervisor is ...	Мій науковий керівник
57	Under the supervision of	Під курівництвом
58	Associate professor	Доцент
59	Assistant	Асистент
60	I'd like to point out right at the beginning that...	Спочатку хотілося б відмітити
61	Just at the beginning I would go as far as to say that...	Спочатку, хотілося відзначити
62	It should be pointed out right as the beginning that...	Спочатку, необхідно відзначити
63	We very clearly remember that...	Ми дуже добре пам'ятаємо, що
64	Today we'll be taking a closer look at...	Сьогодні ми більш детальніше розглянемо
65	Let's talk briefly about...	Давайте поговоримо стисло
66	But right now our attention turns to...	А зараз звернемо увагу
67	Now, let's look at the situation in...	Давайте розглянемо цю ситуацію ( з іншого боку)
68	And now let's turn to...	А зараз перейдемо до...
69	I think what we can hope to do now is...	Я вважаю, що зараз ми можемо сподіватися на...
70	What is likely to happen is...	Скоріше за все станеться наступне
71	Let's move to another question.	Давайте перейдемо до наступного питання
72	Now it is going to be my pleasure to explain to you...	Я з задоволенням( з радістю) поясню вам
73	I don't profess to be an expert on the subject of...	Я не претендую на роль експерта у цьому питанні ( у питанні стосовно до)

74	No one, I think, is challenging the view that...	Думаю, ні в кого не виникає сумнівів, що
75	I am tempted to think that...	Я схильний до думки що
76	I don't honestly think that...	Я, щиро кажучи, не вважаю, що
77	And now I'd prefer to talk about... rather than...	Зараз я би хотів поговорити про,...а не про...
78	It strikes me that...	Мене вражає, що
79	I know from personal experience...	Я з свого досвіду знаю, що
80	I hold the view that...	Я дотримуюсь думки, що
81	Well, my personal feeling is...	Моя власна думка
82	It's my firm believe that...	Я впевнений, що
83	As far as I am concerned...	Щодо мене, то
84	It's been my observation that...	За моїми спостереженнями
85	I am not so pessimistic as to suggest...	Я не настільки песимістичний, щоб припустити
86	I've got an impression that...	В мене враження, що
87	On the other hand...	З іншого боку
88	There is another side to this...	Є і інший бік
89	There are 2 ways of looking at this...	На це можна подивитися з обох сторін
90	There are different views of...	Існують різні думки щодо
91	It would be a mistake to think that...	Було б помилкою думати що
92	It is not a final word on the matter	Це не останнє слово у цій справі
93	It doesn't necessarily mean that...	Це не обов'язково означає, що
94	Well, there's been a debate about this.	З цього приводу ведуться суперечки.
95	I take a different view at...	У мене інша думка з цього приводу...
96	Opponents argue that...	Опоненти стверджують, що.....
97	Many people oppose the viewpoint that...	Більшість людей не підтримують точку зору, що....
98	There's been mixed reaction to...	Була неоднозначна реакція на.....
99	Yes, you're quite right to say that...	Ви мали рацію, коли сказали.....
100	You are certainly correct to say that...	Ви абсолютно праві, говорячи...



101	You've been very right to say that...	Ви абсолютно правильно стверджуєте, що...
102	No questions about it.	Ніяких питань з цього приводу.
103	Well, exactly. That's precisely what I was going to say.	Цілком вірно! Це саме те, що я хотів сказати.
104	I have almost no doubt that...	У мене майже немає сумнівів, що...
105	I am 100% certain that...	Я впевнений на 100%, що....
106	I have little doubt that...	Я майже не сумніваюсь, що....
107	I can disagree.	Я можу не погодитися.
108	I express strong objection to the idea that...	Я цілком не погоджуюсь з думкою, що....
109	I don't think it's fair to say that...	Не думаю, що справедливо стверджувати...
110	That's where you are wrong about it.	Саме в цьому ви не праві....
111	This does not seem to be so.	Здається, що це не так.
112	There is continuing disagreement over...	Постійно виникають суперечки з цього приводу....
113	There has been much disagreement over...	Існує багато суперечностей с цього приводу....
114	It is rather questionable if...	Досить сумнівно, якщо.....
115	It looks very unlikely that...	Малоймовірно, що...
116	It's an impossible question to answer.	На це питання неможливо відповісти...
117	I have considerable doubt as far as N. is concerned.	У мене великі сумніви відносно N.
118	I doubt it very much, because...	Я в цьому дуже сумніваюсь, так як...
119	I am rather vague about it.	Я в цьому не надто впевнений.
120	Nobody would want to deny the fact that...	Ніхто не стане заперечувати, що...
121	And the thing that comes particularly strongly is...	І особливо привертає увагу така річ, що...
122	I'd like to remind you that...	Хотілось би нагадати, що....
123	We have to bear in mind that...	Необхідно пам'ятати, що....
124	One has to bear in mind...	Кожен повинен пам'ятати, що..
125	What we have to look forward to is...	На що нам лишається сподіватися так це...
126	It's from this angle that one must seriously consider this problem.	До цього питання потрібно серйозно підійти з іншого боку.
127	It must be admitted that...	Необхідно усвідомити, що...
128	It immediately brings to mind...	Це відразу нагадує.....
129	But one mustn't lose sight of the	Неможливо випускати з поля зору

	fact that...	той факт, що...
130	The other thing that we should keep in mind is...	Наступна річ, про яку необхідно пам'ятати
131	To go right to the heart of the problem I'd like to say that...	Переходячи до суті проблеми, я хотів би сказати, що...
132	Yes, the strange thing about it is that...	Так, дивним в цьому є те, що...
133	What I was greatly struck by is...	Що мене вразило, так це...
134	Let me give you a brief example...	Дозвольте навести короткий приклад...
135	Let me give you an example of what I mean...	Дозвольте навести приклад того, що я мав на увазі...
136	Let me illustrate the point with the example...	Дозвольте продемонструвати цей момент на прикладі...
137	What we have seen now is a kind of a perfect example of...	Те, що ми зараз побачили, – це чудовий приклад того, що...
138	Let me see if I can illustrate that for you.	Дозвольте поміркувати, чи зможу я це пояснити.
139	There is a great deal of discussion about...	Багато обговорень йдеться з приводу...
140	It's a problem that will only increase in time.	Це проблема, яка з часом тільки збільшиться (погіршиться).
141	Nobody doubts that...	Ніхто не сумнівається, що...
142	This means just what it says.	Це означає саме те, що було сказано
143	What's more difficult to explain is...	Що ще важче пояснити, так це...
144	There's a widely held view that...	Існує розповсюджена думка, що...
145	There's been a lot of scientific evidence that...	Існує багато наукових доказів того, що...
146	There's enough evidence that...	Існує достатньо доказів, що...
147	To draw to a close I'd like to say that...	Наостанок я хотів би сказати...
148	To have the final say in the matter...	Наостанок скажу що...
149	To crown it all I'd like to say that...	У завершенні всього хотів би сказати...
150	Let's have a final look at...	Давайте розглянемо востаннє...
151	It only remains for me to say...	Мені залишається додати лише те що...
152	I would like to sum up the chief points of what has just been said.	Хочу підсумувати головні моменти сказаного.
153	All things considered, the	Беручи все до уваги, ми можемо

	obvious conclusion to be drawn is that...	зробити очевидний висновок, що...
154	All in all, it is evident...	В цілому очевидно що...
155	To sum it up I'd like to say...	Підсумовуючи, хочу сказати...
156	To draw to the conclusion I'd like to say that...	На завершення хотів би додати що...
157	Summarizing, we may say that...	Підсумовуючи ми можемо сказати що...
158	That's where I'd like to end.	На цьому хочу завершити.
159	(Maybe not) everybody knows	(Можливо не) всі знають
160	It's a fact that	Без сумніву
161	It's a well-known fact that	Добре відомий факт, що
162	I support (share) your idea (opinion, point of view)	Я підтримую (розділяю) вашу ідею (думку)
163	At the beginning of my story	На початку моєї розповіді
164	At the end of my story	У кінці моєї розповіді
165	I want to continue his (her) story about and tell you about	Я хочу продовжити його (її) розповідь про... і розповісти вам про..
166	I'd like to add some important facts (information) a couple of details	Я б хотів додати декілька важливих фактів (небагато інформації) Декілька деталей
167	It's common knowledge	Загальновідомо
168	It goes without saying	Зрозуміло
169	It's clear to everybody	Всім зрозуміло
170	I think you will agree with me	Я думаю, що ви погодитесь зі мною,
171	I agree-I don't agree-I disagree	Я згоден /не згоден
172	As I have already said -mentioned -marked	Як я вже казав -згадував -помічав
173	Personally I ...	Особисто я
174	Any(every) pupil can easily answer this question	Кожен учень може легко відповісти на запитання
175	Any more or less educated person	Будь-яка більш-менш освічена людина
176	I'll try to do my best	Я постараюся зробити все від мене залежне
177	It would be in place here to say -to mention -to mark	Було б доречно сказати -згадати -відмітити
178	I can hardly imagine person who ...	Мені важко уявити людину, яка ...
179	I(don't)have a very good idea about...	Я (не) маю гарного уявлення про...

180	I'm afraid I have a very general idea about	Боюся, у мене дуже загальне уявлення про
181	I had a very general (rough) idea about ...before reading this text	Я мав дуже загальне (поверхнєве) уявлення про..., перш ніж прочитав цей текст
182	I don't want to boast, but	Не хочу нахвалятися, але
183	Without false modesty I can say	Без удаваної скромності я можу сказати
184	I can't boast that I know I have a perfect idea about	Я не можу похвалитися тим, що я добре знаюся на
185	I'm(not) good at this question	
186	I'm far from this problem	Я далекий від цієї проблеми
187	To my shame I have never heard about...	На мій сором я ніколи не чув про
188	It's beyond doubt that	Без сумніву
189	Without any (a shadow of) doubt	Без жодного сумніву
190	And now some (=a few) words about...	А зараз кілька слів про

*Література: основна [5].*

## РОЗДІЛ IV.

### ТЕКСТИ ДЛЯ СТУДЕНТІВ МЕДИЧНИХ ФАКУЛЬТЕТІВ

#### ТЕКСТ 1. WHAT ARE VITAMINS?

**Ex. 1. Read the following text:**

Vitamins are nutrients required in very small amounts for essential metabolic reactions in the body. Vitamins are biomolecules that act both as catalysts and substrates in chemical reactions. When acting as a catalyst, vitamins are bound to enzymes and are called cofactors, for example, vitamin K forms part of the proteases involved in blood clotting.

Vitamins also act as coenzymes to carry chemical groups between enzymes, for example folic acid carries various forms of carbon groups (methyl, formyl or methylene) in the cell.

Until the 1900s, vitamins were obtained solely through food intake. Many food sources contain different ratios of vitamins. Therefore, if the only source of vitamins is food, changes in diet will alter the types and amounts of vitamins ingested. However, as many vitamins can be stored by the body, short-term deficiencies do not usually cause disease.

Vitamins have been produced as commodity chemicals and made widely-available as inexpensive pills for several decades, allowing supplementation of the dietary intake.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2<sup>nd</sup> edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What are vitamins in nutrition?
2. Which vitamin is important for blood clotting
3. How do vitamins act as cofactors?
4. Can you get all the vitamins you need from food?

5. What factors can damage or reduce vitamins in food?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 2. HISTORY OF VITAMIN RESEARCH**

**Ex. 1. Read the following text:**

The value of eating certain foods to maintain health was recognized long before vitamins were identified. The ancient Egyptians knew that feeding a patient liver would help cure night blindness, now known to be caused by a vitamin A deficiency. In 1747, the Scottish surgeon James Lind discovered that citrus foods helped prevent scurvy, a particularly deadly disease in which collagen is not properly formed, and is characterized by poor wound healing, bleeding of the gums, and severe pain. In 1753, Lind published his *Treatise on the Scurvy*, which recommended using lemons and limes to avoid scurvy, which was adopted by the British Royal Navy. This led to the nickname Limey for sailors of that organization. Lind's discovery, however, was not widely accepted by individuals in the Royal Navy's Arctic expeditions in the 19th century, where it was widely believed that scurvy could be prevented by practicing good hygiene, regular exercise, and by maintaining the morale of the crew while on board, rather than by a diet of fresh food. As a result, Arctic expeditions continued to be plagued by scurvy and other deficiency diseases. In the early 20th century, when Robert Falcon Scott made his two expeditions to the Antarctic the prevailing medical theory was that scurvy was caused by «tainted» canned food.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2<sup>nd</sup> edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What is the main cause of night blindness?
2. Who discovered that citrus foods helped prevent scurvy?
3. What are the symptoms of scurvy?
4. Do lemons and limes prevent scurvy?
5. What did sailors use to prevent scurvy?
6. Why did sailors used to suffer from scurvy in the early 20th century?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

### **TEXT 3. VITAMIN DEFICIENCIES**

**Ex. 1. Read the following text:**

Deficiencies of vitamins are classified as either primary or secondary. A primary deficiency occurs when you do not get enough of the vitamin in the food you eat. A secondary deficiency may be due to an underlying disorder that prevents or limits the absorption or use of the vitamin, due to a «lifestyle factor», such as smoking, excessive alcohol consumption, or the use of medications that interfere with the absorption or the body's use of the vitamin. Individuals who eat a varied diet are unlikely to develop a severe primary vitamin deficiency. In contrast, restrictive diets have the potential to cause prolonged vitamin deficits, which may result in often painful and potentially deadly diseases.

Because humans do not store most vitamins in their bodies, a human must consume them regularly to avoid deficiency. Human corporeal stores for different vitamins vary widely; vitamins A, D, and B12 are stored in significant amounts in the human body, mainly in the liver, and an adult human may be deficient in vitamin A and B12 for long periods of time before developing a deficiency condition. Vitamin B3 is not stored in the human body in significant amounts, so stores may only last a couple of weeks.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What classifications of vitamins do you know?
2. What is primary and secondary deficiency?
3. What happens if you have vitamin deficiency?
4. Are vitamins A, D, and B12 stored in significant amounts in the human body?
5. Who is at most risk of a deficiency of vitamin b12?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

#### **TEXT 4. CLASSIFICATION OF VITAMINS**

**Ex. 1. Read the following text:**

Vitamins are classified as water soluble, meaning that they dissolve easily in water, or fat soluble, and are absorbed through the intestinal tract with the help of lipids. Each vitamin is typically used in multiple reactions and therefore, most have multiple functions.

In humans there are thirteen vitamins, divided into two groups; four fat-soluble vitamins (A, D, E and K), and nine water-soluble vitamins (eight B vitamins and vitamin C).

Vitamins are essential for the normal growth and development of a multicellular organism. Using the genetic blueprint inherited from its parents, a fetus begins to develop, at the moment of conception, from the nutrients it absorbs. The developing fetus requires certain vitamins and minerals to be present at certain times. These nutrients facilitate the chemical reactions that produce, among other things, skin, bone, and muscle. If there is serious deficiency in one or more of these



nutrients, a child may develop a deficiency disease. Even minor deficiencies have the potential to cause permanent damage.

For the most part, vitamins are obtained through food sources. However, a few vitamins are obtained by other means: for example, microorganisms in the intestine – commonly known as «gut flora» – produce vitamin K and biotin, while one form of vitamin D is synthesized in the skin with the help of natural ultraviolet in sunlight. Humans can produce some vitamins from precursors they consume. Examples include vitamin A, which can be produced from beta carotene; and niacin, from the amino acid tryptophan.

Once growth and development are completed, vitamins remain essential nutrients for the healthy maintenance of the cells, tissues, and organs that make up a multicellular organism; they also enable a multicellular life form to efficiently use chemical energy provided by food eaten, and to help process the proteins, carbohydrates, and fats required for respiration.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. How are vitamins classified?
2. How many vitamins are in the human body?
3. Why are vitamins essential for the normal growth and development of a multicellular organism?
4. What is the source of vitamins?
5. Why vitamins are necessary in our diet?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## TEXT 5. RISK FACTORS FOR VITAMIN D DEFICIENCY

### Ex. 1. Read the following text:

**Exclusively breast fed infants:** Infants who are exclusively breast fed and do not receive vitamin D supplementation are at high risk of vitamin D deficiency, particularly if they have dark skin and/or receive little sun exposure. Human milk generally provides 25 IU of vitamin D per liter, which is not enough for an infant if it is the sole source of vitamin D. Older infants and toddlers exclusively fed with milk substitutes and weaning foods that are not vitamin D fortified are also at risk of vitamin D deficiency. The American Academy of Pediatrics recommends that all infants that are not consuming at least 500 ml (16 ounces) of vitamin D fortified formula or milk be given a vitamin D supplement of 200 IU/day.

**Dark skin:** People with dark skin synthesize less vitamin D on exposure to sunlight than those with light skin. The risk of vitamin D deficiency is particularly high in dark-skinned people who live far from the equator. In the U.S., 42% of African American women between 15 and 49 years of age were vitamin D deficient compared to 4% of white women.

**Aging:** The elderly have reduced capacity to synthesize vitamin D in the skin when exposed to UVB radiation, and are more likely to stay indoors or use sunscreen. Institutionalized adults are at extremely high risk of vitamin D deficiency without supplementation.

Covering all exposed skin or using sunscreen whenever outside: osteomalacia has been documented in women who cover all of their skin whenever they are outside for religious or cultural reasons. The application of sunscreen with an SPF factor of 8 reduces production of vitamin D by 95%.

**Fat malabsorption syndromes:** Cystic fibrosis and cholestatic liver disease impair the absorption of dietary vitamin D.

**Inflammatory bowel disease:** People with inflammatory bowel disease like Crohn's disease appear to be at increased risk of vitamin D deficiency, especially those who have had small bowel resections.

(From: Quang Nguyen. *English for Medical Students 2: Workbook for Second Year Medical Students + Audio* / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. Why do breast fed babies need vitamin D?
2. How much vitamin D should all infants take a day according to the recommendations of American Academy of Pediatrics?
3. Why needs more vitamin D? Why?
4. Who are at extremely high risk of vitamin D deficiency?
5. Does the application of sunscreen with an SPF factor of 8 reduce production of vitamin D by 95%?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## TEXT 6. VITAMIN C

**Ex. 1. Read the following text:**

Vitamin C is a water-soluble vitamin used to treat and prevent a wide variety of conditions. Often, people use it to prevent or treat the common cold. However, there are other claimed uses of vitamin C as well, such as for reducing the risk of heart disease. Some of these uses are more valid than others.

The vitamin has several different effects in the human body, such as:

- *Antioxidant*. Many of the effects of vitamin C can be attributed to its antioxidant effects. As an antioxidant, it helps prevent the formation of free radicals, damaging molecules or atoms that can start a chain reaction of cellular damage. Free radicals play a role in various age-related conditions, such as cancer and heart disease.

- *Immune function.* There are numerous different proposed mechanisms by which vitamin C may improve immune function. At this time, it is not entirely clear how the vitamin stimulates the immune system.

- *Iron absorption.* Vitamin C aids in the absorption of iron from the digestive tract into the body.

- *Various metabolic pathways and synthesis processes.* It is important for many different crucial processes in the body, including forming cartilage and proteins and building or breaking down numerous other compounds or tissues in the body.

Vitamin C may be effective for several different uses. However, there is much controversy about some uses, such as for the common cold.

Most people do not experience side effects with vitamin C (at normal doses). However, some people may experience side effects (especially with high doses), including, but not limit to nausea, vomiting, heartburn or indigestion, insomnia, kidney stones. Normal doses are probably safe for most people, but high doses can cause problems. Some people may be more likely to experience problems due to vitamin C.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What diseases does vitamin C prevent?
2. What are the different effects of vitamins in the human body?
3. How does vitamin C act as an antioxidant?
4. Does vitamin C help the body absorb iron?
5. What are the most common side effects of vitamin C?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

**TEXT 7. ALLERGY**

**Ex. 1. Read the following text:**

An allergy can refer to several kinds of immune reactions including Type I hypersensitivity in which the person's body is hypersensitized and develops immunoglobulin E (IgE), a certain class of antibodies to typical proteins. When a person is hypersensitized, these substances are known as allergens. The word allergy derives from the Greek words *allos* meaning «other» and *ergon* meaning «work». Type I hypersensitivity is characterized by excessive activation of mast cells and basophils by immunoglobulin E, resulting in a systemic inflammatory response that can result in symptoms as benign as a runny nose, to life-threatening anaphylactic shock and death.

Allergy is a very common disorder and more than 50 million Americans suffer from allergic diseases. Allergies are the sixth leading cause of chronic disease in the United States, costing the health care system \$18 billion annually.

The term and concept of «allergy» was coined by a Viennese pediatrician named Clemens von Pirquet in 1906. He observed that the symptoms of some of his patients might have been a response to outside allergens such as dust, pollen, or certain foods. For a long time all hypersensitivities were thought to stem from the improper action of inflammatory immunoglobulin class IgE, however it soon became clear that several different mechanisms utilizing different effector molecules were responsible for the myriad of disorders previously classified as «allergies». A new four-class (now five) classification scheme was designed by H. Gell and A. Coombs. Allergy has since been kept as the name for Type I Hypersensitivity, characterized by classical IgE mediation of effects.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What is a Type I hypersensitivity reaction?
2. What is the meaning of allergy?
3. What is Clemens von Pirquet famous for?
4. What allergens can trigger allergies?
5. Who designed a new four-class classification scheme?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 8. SIGNS AND SYMPTOMS OF ALLERGY**

**Ex. 1. Read the following text:**

Allergy is characterized by a local or systemic inflammatory response to allergens. Local symptoms are:

Nose: swelling of the nasal mucosa (allergic rhinitis);

Eyes: redness and itching of the conjunctiva (allergic conjunctivitis);

Airways: bronchoconstriction, wheezing and dyspnoea, sometimes attacks of asthma;

Ears: feeling of fullness, possibly pain, and impaired hearing due to the lack of eustachian tube drainage;

Skin: various rashes, such as eczema, hives (urticaria) and contact dermatitis;

Head: while not as common, headaches are seen in some with environmental or chemical allergies.

Systemic allergic response is also called anaphylaxis. Depending on the rate of severity, it can cause cutaneous reactions, bronchoconstriction, edema, hypotension, coma and even death.

Hay fever is one example of an exceedingly common minor allergy - large percentages of the population suffer from hay fever symptoms in response to airborne

pollen. Asthmatics are often allergic to dust mites. Apart from ambient allergens, allergic reactions can be caused by medications.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What are the local symptoms of allergy?
2. Can anaphylaxis cause damage?
3. What are some examples of allergies?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 9. DIAGNOSIS OF ALLERGY**

**Ex. 1. Read the following text:**

There are several methods for the diagnosis and assessment of allergies.

The typical and most simple method of diagnosis and monitoring of Type I Hypersensitivity is by skin testing, also known as prick testing due to the series of pricks made into the patient's skin. Small amounts of suspected allergens and/or their extracts (pollen, grass, mite proteins, peanut extract, etc.) are introduced to sites on the skin marked with pen or dye (the ink/dye should be carefully selected, lest it cause an allergic response itself). The allergens are either injected intradermally or into small scratchings made into the patient's skin, often with a lancet. Common areas for testing include the inside forearm and back. If the patient is allergic to the substance, then a visible inflammatory reaction will usually occur within 30 minutes. This response will range from slight reddening of the skin to full-blown hives in extremely sensitive patients.

After performing the skin test and receiving results, the doctor may apply a steroid cream to the test area to reduce discomfort (such as itching and inflammation).

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**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. How skin test is done?
2. What allergens are tested in a skin allergy test?
3. What are the common areas for testing ?
4. How long does it take for a visible inflammatory reaction to occur if the patient is allergic to the substance?
5. What response will sensitive patients have?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 10. PROBLEMS WITH SKIN TEST**

**Ex. 1. Read the following text:**

While the skin test is probably the most preferred means of testing because of its simplicity and economics, it is not without complications. Some people may display a delayed-type hypersensitivity (DTH) reaction which can occur as far as 6 hours after application of the allergen and last up to 24 hours. This can also cause serious long-lasting tissue damage to the affected area. These types of serious reactions are quite rare.

Additionally, the application of previously unencountered allergens can actually sensitize certain individuals to the allergen, causing the inception of a new allergy in susceptible individuals.



Skins tests also are not always able to pinpoint a patient's specific allergies if the patient has an allergy but does not react to the skin test allergen.

**Total IgE (immunoglobulin E) count:** Another method used to qualify type I hypersensitivity is measuring the amount of serum IgE contained within the patient's serum. This can be determined through the use of radiometric and color metric immunoassays. Even the levels the amount of IgE specific to certain allergens can be measured by using of the radioallergosorbent test (RAST).

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**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What is a delayed hypersensitivity reaction?
2. What method is used to qualify type I hypersensitivity?
3. What is a RAST test for?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 11. RELATIONSHIP WITH PARASITES**

**Ex. 1. Read the following text:**

Some recent research has also begun to show that some kinds of common parasites, such as intestinal worms (e.g. hookworms), secrete immunosuppressant chemicals into the gut wall and hence the bloodstream which prevent the body from attacking the parasite. This gives rise to a new slant on the "hygiene hypothesis" — that co-evolution of man and parasites has in the past led to an immune system that only functions correctly in the presence of the parasites. Without them, the immune system becomes unbalanced and oversensitive. Gut worms and similar parasites are present in untreated drinking water in undeveloped countries, and in developed countries until the routine chlorination and purification of drinking water supplies.

This also coincides with the time period in which a significant rise in allergies has been observed. So far, there is only sporadic evidence to support this hypothesis — one scientist who suffered from seasonal allergic rhinitis (hay fever) infected himself with gut worms and was immediately «cured» of his allergy with no other ill effects. Full clinical trials have yet to be performed however. It may be that the term «parasite» could turn out to be inappropriate, and in fact a hitherto unsuspected symbiosis is at work.

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**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. Can you get gut worms and similar parasites from drinking water?
2. Does immune system function correctly in the presence of the parasites?
3. Can gut worms treat allergy with no other ill effects?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## TEXT 12. ALLERGENS

**Ex. 1. Read the following text:**

Medical scientists are becoming more and more interested in allergies. An allergy is a condition caused by an excessive reaction in some people to a substance or substances which would not normally cause a disease. In fact, some researchers do not classify allergies as diseases, although they can be just as troublesome. Severe reactions can even result in death.

Substances that cause allergies are called allergens. The most common natural allergens are dust and pollen. Some plants and flowers give out pollen to the atmosphere during spring and early summer. Many people develop symptoms

like those of the common cold such as watery eyes and nose, sneezing and a slight rise in temperature. This is commonly called the hay fever. Allergic reactions can also be caused by food. Milk and eggs are known to be allergenic for some people. However, almost anything eaten, drunk, inhaled or touched can cause a reaction.

Drugs, even the common ones like aspirin, can result in distressing symptoms. Some are dangerous. When penicillin was first manufactured on a large scale, it proved to be effective against many pathogens. But it had a tendency to cause reactions so strong that patients sometimes died. The sulpha drugs were also quite dangerous, although they did not kill as many people as penicillin did. We now have better antibiotics, but they must be taken with great care.

There is no sure remedy for allergies. Sometimes the body cures itself. Treatment might consist of giving drugs either to reduce the symptoms or to suppress the reaction. Drugs of the second type are called antihistamines. They are not always effective, and they tend to make the patient sleepy. Some doctors think it is better to identify and avoid the allergen, but this is not always possible.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What causes allergic reaction?
2. Is an allergy a medical condition?
3. What are allergens? Give examples.
4. What are food allergens?
5. What are the symptoms of allergy to dust and pollen?
6. How can you reduce the symptoms of allergy?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## TEXT 13. TOBACCO SMOKING

### Ex. 1. Read the following text:

Tobacco smoke contains many harmful chemicals including nicotine which is a poisonous, addictive drug. It also damages the heart, blood vessels and nerves. Smokers become addicted to nicotine and so find it hard to give up smoking. Tar causes lung cancer and other types of cancers. This has been proved by comparing the numbers of smokers and non-smokers who develop cancer. Carbon monoxide is a poisonous gas. It reduces the amount of oxygen that can be carried in the blood by irreversibly combining with the hemoglobin in red blood cells. In pregnant women, this can deprive the developing foetus of oxygen resulting in a low birth mass or a premature birth.

Tiny particles in the smoke get trapped in the lining of the trachea and bronchial tubes and extra mucus is produced. Chemicals in the smoke paralyze the tiny cilia which normally clear the mucus out of the air passages. The only way to clear this is by coughing. Because the lungs cannot be kept clean, smokers often develop bronchitis and chest infections. Repeated coughing causes the delicate walls of the alveoli to be damaged, which reduces the surface area for gas exchange. This is one of the reasons why smokers are often short of breath. The lungs can develop large holes which blow up like balloons. This condition is called emphysema.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

### Ex. 2. Translate the text into Ukrainian.

### Ex. 3. Answer the following questions:

1. What chemicals are in tobacco smoke?
2. What are health risks of smoking?
3. How can a fetus be affected by smoking?
4. What happens if the cilia is paralyzed?
5. What is emphysema and how is it caused?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 14. CHRONIC DISEASES**

**Ex. 1. Read the following text:**

Chronic, non-communicable diseases (NCDs), mental health disorders, and injuries and violence are major problems, accounting for over 40 per cent of the disease burden in high mortality developing countries, and over 75 per cent in lower mortality developing countries. NCDs, such as cardiovascular disease, diabetes, chronic respiratory disease and major cancers, are often considered to be «diseases of affluence». However, the majority of their disease burden occurs in developing countries, and at rates, particularly in urban areas, that are often higher than in developed countries. As the populations of developing countries age, and with rapid urbanisation and globalisation driving increases in the risk factors for chronic NCDs, their burden is increasing rapidly.

Of the estimated 400 million persons affected by mental disorders, most live in developing countries which command only a fraction of global mental health resources. Mental disorders account for 5-10 per cent of the burden of disease in these countries. Vulnerable populations, such as the poor and those affected by disasters, are at greater risk. Mental disorders can be effectively and affordably treated at the local level. However, most of those in need do not receive any treatment. Injuries, including those caused by violence, are also a major public health concern, leading to over five million deaths worldwide each year. They include motor vehicle crashes, homicide, suicide, falls, poisoning, drowning, fires and burns. On the whole, injuries do not occur at random: they are largely predictable and, therefore, preventable.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What are some examples of non-communicable diseases?
2. What are the risk factors of non-communicable diseases?
3. Who are more vulnerable to non-communicable diseases?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 15. COMMON NON-COMMUNICABLE DISEASES**

**Ex. 1. Read the following text:**

**Cancers:** Cancer is amongst the three leading causes of death in the UK. The most common killers are lung, breast, colorectal and prostate cancer which together account for about 62,000 deaths each year.

**Lung cancer:** About one fifth of all cancer cases and one quarter of cancer deaths in men are due to lung cancer. This represents about 23,000 cases and 18,000 deaths in men each year (12,000 and 10,000 respectively in women). In both men and women only about six patients in every hundred will still be alive five years after diagnosis. More than £130 million is spent by the NHS on lung cancer care each year.

**Breast cancer:** Nearly one third of cancer cases and one fifth of cancer deaths in women result from breast cancer. This represents about 30,000 cases and 11,000 deaths each year. About two thirds of women with breast cancer survive for at least five years after diagnosis. More than £150 million is allotted by the NHS to breast cancer care each year.

**Prostate cancer:** In men approximately one cancer case out of seven are associated with prostate cancer. This represents about 15,000 cases and 8,000 deaths each year. About two fifths of men with prostate cancer can expect to live for at least five years after diagnosis. Nearly £100 million is spent by the NHS every year to cope with prostate cancer each year.

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**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What are the most common kinds of cancer?
2. What is a survival rate for all people with lung cancer?
3. How many years can women live after breast cancer diagnosis?
4. How many men are diagnosed with prostate cancer annually?
5. How long can men live after prostate cancer diagnosis?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 16. CORONARY HEART DISEASE AND STROKES**

**Ex. 1. Read the following text:**

Coronary heart disease and stroke, along with other diseases of the circulatory system, account for over 200,000 of the half a million deaths which occur in this country each year. While death rates are improving substantially for the best off in society, the worst off have not benefited to anything like the same extent, thus widening the health gap.

Several of the major risk factors which increase the chances of people developing coronary heart disease or having a stroke are now well established. The key lifestyle risk factors, shared by coronary heart disease and stroke, are smoking, poor nutrition, obesity, physical inactivity and high blood pressure. Excess alcohol intake is an important additional risk factor for stroke. Many of these risk factors are unevenly spread across society, with poorer people often exposed to the highest risks.

In England the Department of Health has set a target to reduce the death rate from cancer in people under 75 years by at least a fifth by 2010 - saving up to

100,000 lives in total. It supports all efforts to reduce the toll cancer take on our society. There are many supported actions including improved screening programs, the promotion of healthy diets and occupational health protection. However, the biggest gains will be made through further controls and campaigns to reduce smoking. The target includes: major changes in diet, particularly among the worst off, with increased consumption of such foods as fruit, vegetables, and oily fish; large reductions in tobacco smoking particularly among young people, women and people in disadvantaged communities; people keeping much more physically active - by walking or cycling, for example - on a regular basis; people controlling their body weight so as to keep to the right level for their physique; avoiding drinking alcohol to excess.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What are the main risk factors for coronary heart disease and stroke?
2. What is the target of the Department of Health in England?
3. What should be done to reduce the death rate from cancer in people under 75 years by at least a fifth by 2010?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 17. NON-COMMUNICABLE DISEASES ARE NOT DISEASE OF AFFLUENCE**

**Ex. 1. Read the following text:**

Non-industrialized regions often have lower life expectancies, even for non-communicable causes of death. Although these diseases, including heart disease and stroke, are the largest proportional killers of people in the industrialized world, they



often kill a large population in non-industrialized world, and at a younger age. For example in 1990, of the 6.3 million people that died of heart disease, 57% were in the non-industrialized regions; among the 4.4 million people that died of stroke, 68% were in non-industrialized countries. When one looks at the probability of dying between the ages of 15 and 60, the industrialized and non-industrialized worlds have similar rates for non-communicable diseases.

For people between the ages of 60 and 70, some non-industrialized regions have a higher rate of death from non-communicable diseases than the industrialized regions. This shows that unequal access to treatment and other factors causes premature mortality rates in non-industrialized countries.

This refutes the myth that non-communicable diseases, such as stroke and heart disease, mainly impact the affluent. Instead, it highlights that communicable diseases kill children in non-industrialized countries most often, and these deaths have a significant impact on overall world mortality rates. Controlling these diseases, through immunization and other means, can be one large step toward achieving health equality.

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**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What diseases cause the most deaths?
2. How many people died of heart disease in 1990?
3. What causes premature mortality rates in non-industrialized countries?
4. What regions have a higher rate of death from non-communicable diseases?
5. Where are life expectancy rates lower?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## TEXT 18. CANCER

### Ex. 1. Read the following text:

It would be much easier to detect and treat cancer if it were a single disease, as many people think. There are actually some 200 different diseases that can be called cancers. They all have different causes; originate in various tissues; develop for various reasons and in different ways; and demand very different types of treatment.

Cancers can be categorized into three major groups: those arising in epithelial (covering) tissue are called carcinomas; those originating in connective tissue, such as bones and muscle, are sarcomas; and the third group called leukemias and lymphomas are cancerous diseases of blood tissue and lymphatic system respectively. The last group is very different from the previous two in that it does not produce solid tumors.

Carcinomas are the most common type of cancer that people suffer from. They develop on the surface of an organ such as the skin, the lining of the uterus, mouth, nose, throat, air tubes in the lungs, inside a duct in the breast or any other site. Most of these cancers can be treated successfully as long as the cancerous (malignant) cells remain as a separate mass — without invading the nearby tissues.

Sarcomas include tumors of the kidney, pancreas, liver and brain, and bone tissue like the spine, pelvis, ribs and femur. Cancers of muscle, tendons and ligaments are very rare. The bone cancers, named separately as myelomas, usually cause the bone to break easily or collapse under pressure. Again, as in many forms of cancer, early detection can lead to treatment by excision or destruction (using radiation) of the affected part or area of an organ.

The third category is that of cancers of blood tissue and the lymphatic system known as leukemias and lymphomas. Leukemias (usually referred to in the plural) are different forms of cancer affecting various white blood cells. Children under 12 outnumber adults of all ages in developing leukemias. Lymphosarcomas and lymphomas are cancers of lymph nodes and reticular cells respectively. Cancer of the thyroid glands is the most common example in this group.

Whatever the type, cancer remains one of the fatal diseases of modern times. It is the second biggest killer in the developed world and may soon become the number one killer. After detection, only one out of five survives — only for a period of five years.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. How are different types of cancers categorized?
2. What is the most common cancer type?
3. What type of cancer is a sarcoma?
4. What cancers affect the lymphatic system?
5. What is the survival rate after cancer detection ?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 19. DIABETES MELLITUS**

**Ex. 1. Read the following text:**

Diabetes mellitus is a metabolic disorder characterized by hyperglycemia (high glucose blood sugar), among other signs. The World Health Organization recognizes three main forms of diabetes: *type 1*, *type 2* and *gestational diabetes* (or *type 3*, occurring during pregnancy). Although these share signs and symptoms, they have different causes and population distributions. They are not a single disease or condition. Type 1 is generally due to autoimmune destruction of the insulin-producing cells — pancreatic beta cells — while type 2 is characterized by tissue wide insulin resistance and varies widely. Gestational diabetes is due to a poorly understood interaction between fetal needs and maternal metabolic controls. Type 2 sometimes progresses to loss of beta cell function as well.

Since the first use of insulin (1921) Types 1 and 2 have been incurable, but treatable chronic conditions; gestational diabetes typically resolves with delivery. Aside from acute glucose levels abnormalities, the main risks to health are the characteristic long-term complications. These include cardiovascular disease, chronic renal failure (the main cause of dialysis in developed world adults), retinal damage (which can lead to blindness and is the most significant cause of adult blindness in the non-elderly in the developed world), nerve damage, microvascular damage, the leading cause of non-traumatic amputation in developed world adults.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. Is diabetes considered a metabolic disease?
2. What are three main forms of diabetes?
3. Which type of diabetes is incurable?
4. What health problems can diabetes lead to?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## TEXT 20. DIABETES MELLITUS – TERMINOLOGY

**Ex. 1. Read the following text:**

The term *diabetes* was coined by Aretaeus of Cappadocia. It is derived from the Greek word *diabainein* that literally means "passing through," a reference to one of diabetes' major symptoms - excessive urine production. In 1675 Thomas Willis added *mellitus* from the Latin word meaning a sweet taste. This had been noticed long before in ancient times by the Greeks, Chinese, Egyptians, and Indians. In 1776 Matthew Dobson confirmed the sweet taste was because of an excess of a kind of sugar in the urine and blood of people with diabetes.

The ancient Indians tested for diabetes by observing whether ants were attracted to a person's urine, and called the ailment "sweet urine disease". The Korean, Chinese and Japanese words for diabetes all mean "sweet urine disease". Medieval European doctors tested for it by tasting the urine themselves.

While the term, *diabetes*, usually refers to diabetes mellitus, there are several other, rarer, conditions also named diabetes. The most common of these is diabetes insipidus, in which the urine is not sweet; it can be caused by either kidney or pituitary gland damage.

The term "type 1 diabetes" has universally replaced several former terms, including childhood onset diabetes, juvenile diabetes and insulin dependent diabetes. "Type 2 diabetes" has also replaced several older terms, including adult-onset diabetes, obesity related diabetes, and non-insulin dependent diabetes. Beyond these numbers, there is no standard, so a type 2 who has become insulin dependent has sometimes been called type 3, while the same term is also used for gestational diabetes in some cases.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. Who discovered diabetes mellitus?
2. What is the meaning of mellitus?
3. Why did the ancient Indians call diabetes "sweet urine disease"?
4. What is the most common cause of diabetes insipidus?
5. Can Type 2 diabetes become insulin dependent?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## TEXT 21. DIABETES - PREVENTION

### Ex. 1. Read the following text:

As little is known on the exact mechanism by which type 1 diabetes develops, there are no preventive measures available for that form of diabetes. Some studies have attributed a protective effect of breastfeeding on the development of type 1 diabetes.

Type 2 diabetes can be prevented in many cases by making changes in diet and increasing physical activity. Some studies have shown delayed progression to diabetes through the use of metformin or valsartan. Breastfeeding might also be correlated with the prevention of type 2 of the disease in mothers.

As of late 2006, although there are many claims of nutritional cures, there is no reliable proof of their effectiveness. In addition, despite claims by some that vaccinations may cause diabetes, there are no studies proving any such connection.

Individuals with elevated levels of persistent organic pollutants in their body are 38 times more likely to have diabetes than individuals with low levels of these pollutants, according to a Korean study. Among study participants, obesity was associated with diabetes only in people who was tested high for these pollutants. These pollutants are accumulated in animal fats, so minimizing consumption of animal fats may reduce the risk of diabetes.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

### Ex. 2. Translate the text into Ukrainian.

### Ex. 3. Answer the following questions:

1. Does breastfeeding help prevent Type 1 diabetes?
2. How can Type 2 diabetes be prevented by?
3. Who is more likely to have diabetes?
4. How can we reduce the risk of diabetes?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 22. TYPES OF DIABETES**

**Ex. 1. Read the following text:**

Diabetes mellitus is a disorder that is marked by elevated blood glucose (commonly referred to as blood sugar). A large portion of the food that we eat is converted by the body into glucose. The blood delivers glucose throughout the body, but the hormone insulin is needed in order for it to be transported into most cells. Insulin comes from the pancreas. If the pancreas does not make sufficient insulin or cells are resistant to its activity of promoting glucose uptake, the blood glucose level becomes elevated.

Type I diabetes represents approximately 5-10% of diabetic patients. It usually has a rapid onset and most frequently manifest in children and adolescents. Because the body cannot use dietary glucose, the level in the blood is elevated and excess glucose is lost in the urine, causing weakness, thirst and hunger. The treatment for type I diabetes is insulin replacement.

Type II diabetes is found in some 120 million adults, who are able to produce insulin but the liver and body cells are resistant to its actions. Some type II diabetics can be effectively treated with diet alone, but many require oral medications. Historically, this has been thought of as maturity onset diabetes because it tends to occur after age 50, but there has been a dramatic increase in the number of adolescents with the disease. This is thought to be due to increased obesity and decreased physical activity in this age group.

The major complication of diabetes is damage to the heart and blood vessels, which can cause heart attacks, strokes, and poor circulation. The effects on blood vessels also increase the risk of developing high blood pressure (hypertension).

Diabetics have an increased risk of eye disease. Damage to the retina associated with diabetes is the leading cause of blindness in adults under age 65 in the US.

When blood glucose is high, nerve cells swell and scar. The disease associated with damage to the nerves outside of the brain and spinal cord is referred to as peripheral neuropathy. The most common type of neuropathy in diabetics involves impairment of sensory nerves. Impaired nerve signals to the brain about sensations such as the detection of heat or pain may lead to burns or undetected cuts that can become infected. If untreated, infected foot and leg ulcers can spread to the bone and may require amputation. Burning, pain or tingling sensations in the hands, legs and feet are also common.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What kind of disease is diabetes mellitus?
2. Does your body turn a large portion of the food into glucose?
3. Where does insulin come from?
4. Why does the blood glucose level become elevated?
5. What are the 3 most common symptoms of diabetes?
6. What are the major complications of diabetes

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

### **TEXT 23. TYPE 2 DIABETES**

**Ex. 1. Read the following text:**

Type 2 diabetes is the most common of the two forms of diabetes, affecting 90% or greater of the people with diabetes. In type 2 diabetes the pancreas produces



insulin but the cells of the body become resistant or the amount of insulin produced is not enough. Glucose builds up in the blood stream (hyperglycemia) and the cells of the body are unable to function properly.

Type 2 diabetes can affect anyone at any age but is more common in overweight populations, people with a family history of type 2 diabetes, the elderly, and people with metabolic syndrome (problems with hypertension and cholesterol issues).

Some life-threatening problems that can occur with uncontrolled blood glucose levels. Retinopathy is caused by damage to the small blood vessels of the retina. These blood vessels begin to leak fluid into the retina, which leads to blurred vision. Kidney damage is caused by destruction of the small vessels in the nephrons allowing protein to flow into the urine. As this neuropathy continues, the function of the kidney declines and leads to kidney failure and end-stage kidney disease. Circulatory problems and nerve damage are caused by a hardening of the arteries. This causes loss of sensation, risk of ulcers, infection and can lead to amputation.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. Which type of diabetes is the most common?
2. In what type of diabetes does the pancreas produce insulin but the cells of the body become resistant?
3. Who does type 2 diabetes affect the most?
4. What are life-threatening problems of uncontrolled diabetes?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## TEXT 24. DIABETES - WHAT IS IT?

### Ex. 1. Read the following text:

To have energy you need sugar, so there's a little bit of sugar in your blood at all times. Your body uses a chemical called "insulin" to let this sugar into your cells. Insulin is produced in the pancreas, which is an organ that sits behind your stomach.

Most cells in your body have insulin receptors on their outer surface. Insulin fits into these receptors like a key opening a lock. When this connection is made, it signals special transporter proteins to move up to the cell membrane, where they allow more sugar molecules to enter the cell. This sugar fuels your body's cells, giving them the energy they need to work properly and repair themselves.

Normally, your body is able to maintain proper levels of sugar in your blood and inside your cells. But in people with diabetes, the body's cells stay locked and sugar can't get in to provide energy. This causes too much sugar to build up in the blood. Over time, high levels of sugar in the blood can lead to serious health problems in the eyes, feet and hands, kidneys, and heart.

There are two main types of diabetes - type 1 and type 2.

Type 1 diabetes usually begins in young children and teenagers. People with this type of diabetes have a pancreas that doesn't produce enough insulin - or stops producing it altogether. This means they need to have insulin shots on a regular basis to help keep their blood sugar at the right level.

Type 2 diabetes happens in people whose pancreas DOES make insulin. But in a person with this type of diabetes, the insulin receptors on the cells' surface become less sensitive. Since the receptors don't respond to the insulin anymore, sugar stays locked out of the cells and remains in the blood. Type 2 diabetes is usually seen in older people. Also, things like being overweight and smoking can make a person more likely to get type 2 diabetes. This is especially true for those who are African American or Hispanic.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What does the pancreas produce?
2. What is the role of the insulin receptor?
3. What causes too much sugar to build up in the blood?
4. What are two main types of diabetes?
5. Which type of diabetes involves a total lack of insulin production?
6. What are the risk factors of type 2 diabetes?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 25. WHAT IS MENTAL RETARDATION?**

**Ex. 1. Read the following text:**

To understand mental retardation, it helps to know what intelligence is. Intelligence is a way of describing someone's ability to think, learn, and solve problems. Mental retardation means that someone has lower than average intelligence.

The person may have difficulty learning and might need longer to learn social skills, such as how to be friends or how to communicate with others. People with mental retardation also might be less able to care for themselves or unable to live on their own as adults.

During school, a kid with mental retardation will probably need help. Some kids have aides that stay with them during the school day. Special education and other services are available to help with learning and behavior.

They can also receive help in learning "life skills" to take care of themselves as they get older, such as how to ride a public bus to get to work. More and more people with mental retardation are able to have jobs and to live independently.

Mental retardation is not a disease itself. It occurs when something injures the brain or a problem prevents the brain from developing normally. These problems can happen while the baby is growing inside his or her mother, during the baby's birth, or after the baby is born.

Some medicines can cause serious problems if a woman takes them when she is going to have a baby. A woman also can put her baby at risk of mental retardation if she drinks alcohol or takes certain drugs during her pregnancy.

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**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What is intelligence in simple words?
2. What is mental retardation?
3. What are characteristics of a person with mental retardation?
4. What are the most common causes of mental retardation?
5. What is a special education support for a kid with mental retardation?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 26. CAUSES OF MENTAL RETARDATION**

**Ex. 1. Read the following text:**

**Genetic conditions:** Sometimes disability is caused by abnormal genes inherited from parents, errors when genes combine, or other reasons. Examples of genetic conditions include Down syndrome, Fragile X syndrome, and phenylketonuria (PKU).

**Problems during pregnancy:** Mental disability can result when the fetus does not develop inside the mother properly. For example, there may be a problem with

the way the fetus's cells divide as it grows. A woman who drinks alcohol (fetal alcohol syndrome) or gets an infection like rubella during pregnancy may also have a baby with mental disability.

**Problems at birth:** If a baby has problems during labor and birth, such as not getting enough oxygen, he or she may have developmental disability due to brain damage. The use of forceps during birth can lead to mental retardation in an otherwise normal child. They can fracture the skull and cause brain damage.

**Health problems:** Diseases like whooping cough, measles, or meningitis can cause mental disability. It can also be caused by extreme malnutrition, not getting enough medical care, or by being exposed to poisons like lead or mercury.

**Iodine deficiency,** affecting approximately 2 billion people worldwide, is the leading preventable cause of mental disability in areas of the developing world where iodine deficiency is endemic. Iodine deficiency also causes goiter, an enlargement of the thyroid gland. Among the nations affected by iodine deficiency, China and Vietnam have begun taking action.

**Institutionalisation** at a young age can cause mental retardation in normal children. So can sensory deprivation in the form of severe environmental restrictions (such as being locked in a basement), prolonged isolation, or severe atypical parent-child interactions.

**Psycho-social disadvantage:** Contributing factors are lacks of reading material, use of language not common in that community, poor diet, poor health practices, and poor housing.

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**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. Can mental health disability be genetic?
2. What are the examples of genetic conditions?
3. Does alcohol interfere with normal fetal development?

4. What causes mental retardation in a fetus?
5. What health problems can cause mental retardation?
6. What happens if the body does not get enough iodine?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 27. DEMENTIA**

**Ex. 1. Read the following text:**

Dementia is a medical term for mental deterioration (worsening), especially in thought and memory processes. Such worsening of mental condition can be caused by infection, injury, toxins from alcoholism and tumors, and cerebral arteriosclerosis (clogging of small arteries in the brain).

The presenile dementias (Alzheimer's disease) represent a group of degenerative diseases of the brain in which the mental deterioration becomes obvious in the middle age (around 45). Commonly, the first symptom is the patient becomes unusually unreasonable in his actions and judgments. He can no longer fully understand a situation at hand; and therefore, reacts inappropriately. Memory gradually fades and recent events are no longer remembered. However, events that occurred early in life can easily be recalled. The patient may move around aimlessly and get lost in his own house. There is a progressive deterioration of personal care and cleanliness. Eventually, the patient loses his command over language and is unable to express himself clearly. This process, unfortunately, continues weakening the patient's muscular system to the extent that he is finally confined to bed, completely helpless and dependent on others until he dies.

The mental deterioration in aged patients (above 60) is known as senile dementia. Whether it is caused by the degenerative processes of the brain or cerebral arteriosclerosis is not clear yet. However, it does appear that senile dementia is probably secondary to a degenerative process similar to that of Alzheimer's disease but occurring late in life.

Whether or not dementia can be halted depends very much on its cause. If, for example, the dementia is the result of some brain infection or exposure to toxins from alcohol or any other drug, killing the infectious agent or removing the toxins may be very useful in arresting it. There is no specific cure for any of the degenerative diseases of the brain.

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**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What is dementia a general term for?
2. How does dementia start?
3. What are the warning signs of dementia?
4. Is any specific cure for degenerative diseases of the brain?
5. What are the most common causes of dementia in older adults?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 28. LEAD POISONING**

**Ex. 1. Read the following text:**

Lead poisoning in children is a major health concern. Both low and high doses of paint can have serious effects. Children exposed to high doses of lead often suffer permanent nerve damage, mental retardation, blindness, and even death. Low doses of lead can lead to mild mental retardation, short attention spans, distractibility, poor academic performance, and behavioural problems.

This is not a new concern. As early as 1904, lead poisoning in children was linked to lead-based paint. Microscopic lead particles from paint are absorbed into the bloodstream when children ingest flakes of chipped paint, plaster, or paint dust from

sanding. Lead can also enter the body through household dust, nail biting, thumb sucking, or chewing on toys and other objects painted with lead-based paint. Although American paint companies today must comply with strict regulations regarding the amount of lead used in their paint, this source of lead poisoning is still the most common and most dangerous. Children living in older, dilapidated houses are particularly at risk.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. How much lead paint exposure is dangerous?
2. What are the effects of high doses of lead?
3. How does lead enter the bloodstream?
4. Can poor housing conditions affect health?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 29. BODY SCAN**

**EX. 1. READ THE FOLLOWING TEXT:**

Sometimes it takes many years for diseases to be found. Now there is a way to look for them before someone is feeling sick. Some illnesses can be found and treated very early by having a body scan.

Body scans allow doctors to look into a person's body. They can see bones, tissue, and blood vessels. By looking into a person's body like this doctors can sometimes see how healthy a person is.



People that have a family history of illness might want to have a body scan. Others that are young and healthy would probably not need one. Some people have body scans because it makes them feel more secure.

Many doctors do not think everyone should have body scans. Body scans are expensive. They are often not necessary. Sometimes body scans can be wrong. When this happens it can cause a lot of unnecessary worry.

Body scans can be very useful to doctors and patients. They can help find diseases at early stages. If diseases are found early they can be treated more easily. It would be a good idea to talk to a doctor before spending money on one.

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**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What do body scans show?
2. Are body scans always accurate?
3. What are body scans used for?

### **TEXT 30. HEART DISEASE**

**Ex. 1. Read the following text:**

Heart disease is an umbrella term for a number of different diseases which affect the heart. The most common heart diseases are:

Coronary heart disease, a disease of the heart itself caused by the accumulation of atheromatous plaques within the walls of the arteries that supply the myocardium.

Ischaemic heart disease, another disease of the heart itself, characterized by reduced blood supply to the organ.

Cardiovascular disease, a sub-umbrella term for a number of diseases that affect the heart itself and/or the blood vessel system, especially the veins and arteries leading to and from the heart. Research on disease dimorphism suggests that women

who suffer with cardiovascular disease usually suffer from forms that affect the blood vessels while men usually suffer from forms that affect the heart muscle itself. Well-known causes of cardiovascular disease include diabetes mellitus, hypertension and hypercholesterolemia.

- Pulmonary heart disease, a failure of the right side of the heart.
- Hereditary heart disease, heart disease caused by unavoidable genetic factors.
- Hypertensive heart disease, heart disease caused by high blood pressure, especially localised high blood pressure.
- Inflammatory heart disease, heart disease that involves inflammation of the heart muscle and/or the tissue surrounding it.
- Valvular heart disease, heart disease that affects the valves of the heart.

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**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What are the most common heart diseases?
2. How is coronary heart disease caused?
3. What disease is characterized by reduced blood supply to the heart?
4. How does heart disease affect the cardiovascular system?
5. What are the main causes of cardiovascular disease?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 31. CORONARY HEART DISEASE AND ATHEROSCLEROTIC HEART DISEASE**

**Ex. 1. Read the following text:**

Coronary heart disease (CHD), also called coronary artery disease (CAD) and atherosclerotic heart disease, is the end result of the accumulation of atheromatous plaques within the walls of the arteries that supply the myocardium (the muscle of the heart). While the symptoms and signs of coronary heart disease are noted in the advanced state of disease, most individuals with coronary heart disease show no evidence of disease for decades as the disease progresses before the first onset of symptoms, often a "sudden" heart attack, finally arise. After decades of progression, some of these atheromatous plaques may rupture and (along with the activation of the blood clotting system) start limiting blood flow to the heart muscle. The disease is the most common cause of sudden death, and is also the most common reason for death of men and women over 65 years of age.

Atherosclerotic heart disease can be thought of as a wide spectrum of disease of the heart. At one end of the spectrum is the asymptomatic individual with atheromatous streaks within the walls of the coronary arteries (the arteries of the heart). These streaks represent the early stage of atherosclerotic heart disease and do not obstruct the flow of blood. A coronary angiogram performed during this stage of disease may not show any evidence of coronary artery disease, because the lumen of the coronary artery has not decreased in calibre.

Over a period of many years, these streaks increase in thickness. While the atheromatous plaques initially expand into the walls of the arteries, eventually they will expand into the lumen of the vessel, affecting the flow of blood through the arteries. While it was originally believed that the growth of atheromatous plaques was a slow, gradual process, some recent evidence suggests that the gradual buildup of plaque may be complemented by small plaque ruptures which cause the sudden increase in the plaque burden due to accumulation of thrombus material.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. Is coronary heart disease and atherosclerosis the same?
2. What is the main cause of coronary heart disease?
3. What is the first sign of coronary artery disease?
4. What happens if atheromatous plaques rupture?
5. What is the most common cause of sudden death?
6. What are the stages of atherosclerosis?
7. Does an angiogram show coronary artery disease?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

### TEXT 32. ANGINA

**Ex. 1. Read the following text:**

The pain associated with very advanced CHD is known as angina, and usually presents as a sensation of pressure in the chest, arm pain, jaw pain, and other forms of discomfort. The word *discomfort* is preferred over the word *pain* for describing the sensation of angina, because it varies considerably among individuals in character and intensity and most people do not perceive angina as painful, unless it is severe. There is evidence that angina and CHD present differently in women and men.

Angina that occurs regularly with activity, upon awakening, or at other predictable times is termed stable angina and is associated with high grade narrowings of the heart arteries. The symptoms of angina are often treated with nitrate preparations such as nitroglycerin, which come in short-acting and long-acting forms, and may be administered transdermally, sublingually or orally. Many other more effective treatments, especially of the underlying atheromatous disease, have been developed.

Angina that changes in intensity, character or frequency is termed unstable. Unstable angina may precede myocardial infarction, and requires urgent medical attention. It is treated with morphine, oxygen, intravenous nitroglycerin, and aspirin. Interventional procedures such as angioplasty may be done.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What is angina?
2. How does angina occur?
3. What are the main drugs for treating angina?
4. What are common sites for angina pain?
5. What are the types of angina?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

### **TEXT 33. HEART DISEASE AND LIFE STYLE**

**Ex. 1. Read the following text:**

As heart disease continues to be the number-one killer in the United States, researchers have become increasingly interested in identifying the potential risk factors that trigger heart attacks. High-fat diets and "life in the fast lane" have long been known to contribute to the high incidence of heart failure. But according to new studies, the list of risk factors may be significantly longer and quite surprising.

Heart failure, for example, appears to have seasonal and temporal patterns. A higher percentage of heart attacks occur in cold weather, and more people experience heart failure on Monday than on any other day of the week. In addition, people are more susceptible to heart attacks in the first few hours after waking. Cardiologists first observed this morning phenomenon in the mid-1980, and have since discovered a number of possible causes. An early-morning rise in blood pressure, heart rate, and concentration of heart stimulating hormones, plus a reduction of blood flow to the heart, may all contribute to the higher incidence of heart attacks between the hours of 8:00 a.m. and 10:00 a.m.

In other studies, both birthdays and bachelorhood have been implicated as risk factors. Statistics reveal that heart attack rates increase significantly for both females and males in the few days immediately preceding and following their birthdays. And unmarried men are more at risk for heart attacks than their married counterparts. Though stress is thought to be linked in some way to all of the aforementioned risk factors, intense research continues in the hope of further comprehending why and how heart failure is triggered.

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**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. Does high fat diet lead to heart failure?
2. What are risk factors of heart failure?
3. Do heart attacks happen more on Monday?
4. Why do most heart attacks happen in the morning?
5. Who is more prone to heart failure?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## TEXT 34. ARTHRITIS

**Ex. 1. Read the following text:**

Arthritis is a general term that refers to over a hundred different types of joint inflammation. This joint inflammation causes swelling, pain and stiffness. The typical signs of arthritis are swelling of the joint that is warm to the touch, pain, tenderness, stiffness, redness and loss of function. Arthritis is not always limited to the joints of the body and can affect soft tissues and internal organs.

In the joint, inflammation causes damage to the cartilage and synovial lining. When the cartilage is worn down, the bones may rub together. Damage to the synovial lining cause synovial fluid to leak and produce fluid in the joint lining. This adds to the swelling. If the joint lining continues to grow, it can permanently damage the bone. All of this causes pain, swelling and distress for the patient.

The most common types of arthritis are:

**Osteoarthritis.** This is the most prevalent. In osteoarthritis, the cartilage covering the bone slowly wears away with age and the bones rub together.

**Rheumatoid arthritis (RA.)** In rheumatoid arthritis the body's immune system begins to attack the joints of the body causing the joint lining to swell.

**Gout.** Gout is a condition where the body cannot effectively remove uric acid and the uric acid crystallizes in the joints like needles, causing swelling and severe pain.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What is arthritis?
2. What really causes arthritis?
3. What are the typical signs of arthritis?
4. Can arthritis affect the whole body?
5. What are the most common types of arthritis?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## TEXT 35. CORONARY HEART DISEASE

### Ex. 1. Read the following text:

Coronary heart disease is when the arteries that carry blood to the heart become blocked with cells, cholesterol, and fatty deposits, called plaque. The purpose of the blood inside these vessels is to bring oxygen and nutrients to the heart muscle. If an artery becomes narrowed or blocked, oxygen and nutrients cannot be delivered to areas of the heart tissue. This can cause temporary changes to these areas. If heart tissue goes too long without oxygen or nutrients, heart tissue can die. This is called a heart attack.

There are many tests available to look for coronary heart disease. The choice of which and how many tests to perform depends on your history of heart problems and current symptoms.

If coronary heart disease is diagnosed there are many ways to treat it.

These can include lifestyle changes such as daily exercise, changes in diet, and quitting smoking. Or you may need medication. However, medication can only help treat the symptoms of blocked coronary arteries, it cannot fix them.

In more severe cases of heart disease, surgery is needed to make a new path for blood, going around a narrowed or blocked vessel. This surgery is called coronary artery bypass graft.

During coronary artery bypass graft surgery a blood vessel is taken from somewhere else in the body and is used to bypass a damaged or blocked vessel in the heart. This improves the blood supply to the heart and in turn, improves the delivery of oxygen and nutrients to the heart muscle.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

### Ex. 2. Translate the text into Ukrainian.

### Ex. 3. Answer the following questions:

1. What is coronary heart disease?



2. How does coronary heart disease develop?
3. What is a heart attack?
4. How can you improve coronary heart disease?
5. Can medication fix blocked arteries?
6. How is a coronary artery bypass done?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

### **TEXT 36. INFECTIOUS DISEASE AND CONTAGIOUS DISEASE**

**Ex. 1. Read the following text:**

An infectious disease is a clinically evident disease of humans or animals that damages or injures the host so as to impair host function, and results from the presence and activity of one or more pathogenic microbial agents, including viruses, bacteria, fungi, protozoa, multicellular parasites, and aberrant proteins known as prions. Transmission of an infectious disease may occur through several pathways; including through contact with infected individuals, by water, food, airborne inhalation, or through vector-borne spread.

A **contagious disease** (also called a communicable disease) is an infectious disease that is capable of being transmitted from one person or species to another. Contagious diseases are often spread through direct contact with an individual, contact with the bodily fluids of infected individuals, or with objects that the infected individual has contaminated.

The term infectivity describes the ability of an organism to enter, survive and multiply in the host, while the infectiousness of a disease indicates the comparative ease with which the disease is transmitted to other hosts. An infection however, is not synonymous with an infectious disease; as an infection may not cause clinical symptoms or impair host function.

(From: Quang Nguyen. *English for Medical Students 2: Workbook for Second Year Medical Students + Audio* / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What causes an infectious disease?
2. What are main pathways of infectious disease transmission?
3. What is a contagious disease?
4. How can contagious diseases be spread through?
5. What is the difference between infection and infectious disease?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

### **TEXT 37. BACTERIAL PATHOGENS**

**Ex. 1. Read the following text:**

Among the almost infinite varieties of microorganisms, relatively few cause disease in healthy individuals. Infectious disease results from the interplay between those few pathogens and the defenses of the hosts they infect. The appearance and severity of disease resulting from any pathogen depends upon the ability of that pathogen to damage the host as well as the ability of the host to resist the pathogen. Infectious microorganisms, or microbes, are therefore classified as either *primary pathogens* or as *opportunistic pathogens* according to the status of host defenses.

Primary pathogens cause disease as a result of their presence or activity within the normal, healthy host, and their intrinsic virulence (the severity of the disease they cause) is, in part, a necessary consequence of their need to reproduce and spread. Many of the most common primary pathogens of humans only infect humans, however many serious diseases are caused by organisms acquired from the environment or which infect non-human hosts.

Organisms which cause an infectious disease in a host with depressed resistance are classified as *opportunistic pathogens*. Opportunistic disease may be caused by microbes that are ordinarily in contact with the host, such as bacteria or fungi in the gastrointestinal or the upper respiratory tract, and they may also result from microbes acquired from other hosts or from the environment as a result of traumatic introduction (as in surgical wound infections). An opportunistic disease requires impairment of host defenses, which may occur as a result of genetic defects, exposure to antimicrobial drugs or immunosuppressive chemicals (as might occur following poisoning or cancer chemotherapy), exposure to ionizing radiation, or as a result of an infectious disease with immunosuppressive activity (such as with measles, malaria or HIV disease). Primary pathogens may also cause more severe disease in a host with depressed resistance than would normally occur in an immunosufficient host.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. How are infections caused?
2. How does a pathogen cause disease?
3. What are opportunistic pathogens?
4. What is the difference between a pathogen and an opportunistic pathogen?
5. May primary pathogens cause severe disease?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## TEXT 38. AGENTS AND VECTORS

### Ex. 1. Read the following text:

Infectious disease requires an *agent* and a *mode of transmission* (or *vector*). A good example is malaria, which is caused by Plasmodial parasites, chiefly *Plasmodium falciparum* but does not affect humans unless the vector, the Anopheles mosquito, is around to introduce the parasite into the human bloodstream.

The vector does not have to be biological. Many infectious diseases are transmitted by droplets which enter the airway (e.g. common cold and tuberculosis).

Infection with most pathogens does not result in death of the host and the offending organism is ultimately cleared after the symptoms of the disease have waned. This process requires immune mechanisms to kill or inactivate the inoculum of the pathogen. Specific acquired immunity against infectious diseases may be mediated by antibodies and/or T lymphocytes. Immunity mediated by these two factors may be manifested by:

- a direct effect upon a pathogen, such as antibody-initiated complement-dependent bacteriolysis, phagocytosis and killing, as occurs for some bacteria,
- neutralization of viruses so that these organisms cannot enter cells,
- or by T lymphocytes which will kill a cell parasitized by a microorganism.

The immune response to a microorganism often causes symptoms such as a high fever and inflammation, and has the potential to be more devastating than direct damage caused by a microbe.

Resistance to infection (immunity) may be acquired following a disease, by asymptomatic carriage of the pathogen, by harboring an organism with a similar structure (crossreacting), or by vaccination. Knowledge of the protective antigens and specific acquired host immune factors is more complete for primary pathogens than for opportunistic pathogens.

Immune resistance to an infectious disease requires a critical level of either antigen-specific antibodies and/or T cells when the host encounters the pathogen. Some individuals develop natural serum antibodies to the surface polysaccharides of

some agents although they have had little or no contact with the agent, these natural antibodies confer specific protection to adults and are passively transmitted to newborns.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What are examples of vectors of disease?
2. How are many infectious diseases transmitted?
3. What are the two types of specific acquired immunity?
4. What is the immune response to infection?
5. What is immunity and how is it acquired?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

### **TEXT 39. THE CLASSIFICATION OF INFECTIOUS DISEASE**

**Ex. 1. Read the following text:**

One way of proving that a given disease is "infectious", is to satisfy Koch's postulates (Robert Koch), which demand that the infectious agent is identified in patients and not in controls, and that patients who contract the agent also develop the disease. These postulates were tried and tested in the discovery of Mycobacteria as the cause for tuberculosis. Often, it is not possible to meet some of the criteria, even in diseases that are quite clearly infectious. For example, *Treponema pallidum*, the causative spirochete of syphilis, cannot be cultured in vitro - however the organism can be cultured in rabbit testes.

Epidemiology is another important tool used to study disease in a population. For infectious diseases it helps to determine if a disease outbreak is sporadic

(occasional occurrence), endemic (regular cases often occurring in a region), epidemic (an unusually high number of cases in a region), or pandemic (a global epidemic).

(From: Quang Nguyen. *English for Medical Students 2: Workbook for Second Year Medical Students + Audio* / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What do Koch's postulates state?
2. Can *Treponema pallidum* be cultured in vitro?
3. What are the benefits of epidemiology?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## TEXT 40. TREATING INFECTIOUS DISEASES

**Ex. 1. Read the following text:**

When a culture has proven to be positive, the sensitivity (or, conversely, the antibiotic resistance) of an agent can be determined by exposing it to test doses of antibiotic. This way, the microbiologist determines how sensitive the target bacterium is to a certain antibiotic. This is usually reported as being: Sensitive, Intermediate or Resistant. The *antibiogram* can then be used to determine optimal therapy for the patient. This can reduce the use of broad-spectrum antibiotics and lead to a decrease in antibiotic resistance.

Doctors who specialise in the medical treatment of infectious disease are called *infectiologists* or *infectious disease specialists*. Generally, infections are initially diagnosed by primary care physicians or internal medicine specialists. For example, an "uncomplicated" pneumonia will generally be treated by the internist or the pulmonologist (lung physician).

The services of the infectious disease team are called for when:

- The disease has not been definitively diagnosed after an initial workup;
- The patient is immunocompromised (for example, in AIDS or after chemotherapy);
- The infectious agent is of an uncommon nature (e.g. tropical diseases);
- The disease has not responded to first line antibiotics;
- The disease might be dangerous to other patients, and the patient might have to be isolated.

The work of the infectiologist therefore entails working with patients and doctors on one hand and laboratory scientists and immunologists on the other hand.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What is the role of microbiologist?
2. What is the importance of an Antibigram?
3. What kind of doctor specializes in infectious diseases?
4. When are the services of the infectious disease team called for?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 41. CHOLERA**

**Ex. 1. Read the following text:**

Cholera has been observed for centuries among human populations and has been responsible for many **epidemics**, resulting in millions of deaths. It is an infectious disease, caused by the bacterium *Vibrio cholerae*, first isolated by Robert Koch in 1884.

The organism enters the body through the digestive tract during the ingestion of contaminated food and water. A common source in many countries is eating raw or poorly cooked seafood taken from contaminated water. The disease is especially prevalent after a natural disaster or other destruction that results in a lack of fresh water. When sewer systems fail so that waste travels into the rivers or streams and piped water is not available so that people must take their drinking and cooking water from the rivers or streams, the disease will frequently strike. Since many populations establish along waterways, the disease can be spread along waterways from one community to the next community downstream.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. Who first discovered cholera?
2. What disease is caused by vibrio bacteria?
3. How does *Vibrio cholerae* enter the body?
4. Why does cholera spread rapidly in natural disaster zones?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 42. WOUND HANDLING**

**Ex. 1. Read the following text:**

Even minor cuts can become infected if they are left untreated. Any break in the skin can let bacteria enter the body. An increasing number of bacterial skin infections are resistant to antibiotic medicines. These infections can spread throughout the body. But taking good care of any injury that breaks the skin can help prevent an infection.



Medical experts say the first step in treating a wound is to use clean water. Lake or ocean water should not be used. To clean the area around the wound, experts suggest using a clean cloth and soap. They say there is no need to use products like hydrogen peroxide or iodine.

It is important to remove all dirt and other material from the wound. After the wound is clean, use a small amount of antibiotic ointment or cream. Studies have shown that these medicated products can aid in healing. They also help to keep the surface of the wound from becoming dry. Finally, cover the cut with a clean bandage while it heals. Change the bandage daily and keep the wound clean.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What happens if a cut is left untreated?
2. What is the first step in treating a wound?
3. What should be applied on wounds?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

### **TEXT 43. ANTIBIOTIC RESISTANCE**

**Ex. 1. Read the following text:**

Antibiotic resistance is the ability of a microorganism to withstand the effects of an antibiotic. It is a specific type of drug resistance. Antibiotic resistance can develop naturally via natural selection through random mutation. Antibiotic resistance can also be introduced artificially into a microorganism through transformation protocols. This can be a useful way of implanting artificial genes into the microorganism.

Antibiotic resistance is a consequence of evolution via natural selection or programmed evolution. The antibiotic action is an environmental pressure; those bacteria which have a mutation allowing them to survive will live on to reproduce. They will then pass this trait to their offspring, which will be a fully resistant generation.

Several studies have demonstrated that patterns of antibiotic usage greatly affect the number of resistant organisms which develop. Overuse of broad-spectrum antibiotics, such as second- and third-generation cephalosporins, greatly hastens the development of methicillin resistance, even in organisms that have never been exposed to the selective pressure of methicillin *per se* (thus the resistance was already present). Other factors contributing towards resistance include incorrect diagnosis, unnecessary prescriptions, improper use of antibiotics by patients, and the use of antibiotics as livestock food additives for growth promotion.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What does antibiotic resistance mean?
2. What causes antibiotic resistance?
3. What are some major contributing factors to antibiotic resistance?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

#### **TEXT 44. DEVELOPMENT OF NEWER ANTIBIOTICS**

**Ex. 1. Read the following text:**

The resistance problem demands that a renewed effort be made to seek antibacterial agents effective against pathogenic bacteria resistant to current

antibiotics. One of the possible strategies towards this objective is the rational localization of bioactive phytochemicals. Plants have an almost limitless ability to synthesize aromatic substances, most of which are phenols or their oxygen-substituted derivatives such as tannins. Most are secondary metabolites, of which at least 12,000 have been isolated, a number estimated to be less than 10% of the total. In many cases, these substances serve as plant defense mechanisms against predation by microorganisms, insects, and herbivores. Many of the herbs and spices used by humans to season food yield useful medicinal compounds including those having antibacterial activity.

Traditional healers have long used plants to prevent or cure infectious conditions. Many of these plants have been investigated scientifically for antimicrobial activity and a large number of plant products have been shown to inhibit growth of pathogenic bacteria. A number of these agents appear to have structures and modes of action that are distinct from those of the antibiotics in current use, suggesting that cross-resistance with agents already in use may be minimal.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. How can we stop the resistance problem?
2. What substances do plants produce for defense against insects and herbivores?
3. Do plants have antibacterial properties?
4. What are the advantages of plants?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## TEXT 45. ALTERNATIVES TO ANTIBIOTICS

### Ex. 1. Read the following text:

Washing hands properly reduces the chance of getting infected or spreading infection. Thoroughly washing or avoiding of raw foods such as fruits, vegetables, raw eggs, and undercooked meat can also reduce the chance of an infection.

Vaccines do not suffer the problem of resistance because a vaccine enhances the body's natural defenses, while an antibiotic operates separately from the body's normal defenses. Nevertheless, new strains may evolve that escape immunity induced by vaccines.

While theoretically promising, anti-staphylococcal vaccines have shown limited efficacy, because of immunological variation between *Staphylococcus* species, and the limited duration of effectiveness of the antibodies produced. Development and testing of more effective vaccines is under way.

Phage therapy is a more recent alternative that can cope with the problem of resistance.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

### Ex. 2. Translate the text into Ukrainian.

### Ex. 3. Answer the following questions:

1. Why is it important to wash hands and raw foods?
2. How do antibiotics and vaccines contribute to health?
3. Is phage therapy effective to cope with the problem of resistance?

### Ex. 4. Write out key sentences of the text.

### Ex. 5. Make up a plan of the text.

### Ex. 6. Render the text in the written form.

## TEXT 46. TANNINS AND CANCER

### Ex. 1. Read the following text:

Botanists and biomedical scientists have been collecting evidence for decades that tannins, compounds of plant origin that are found in tea and red wine, can cause cancer of the esophagus, which is almost always fatal. In 1962, they began to investigate a fivefold increase in the rate of cancer of the esophagus among the Bantu of Africa from 1943 to 1953.

Soon after, they began to search for causes of the disease among the inhabitants of Curacao and other Caribbean islands. Interviews with victims and surviving relatives led them to suspect that something in the diet was causing the cancer. Three of the dietary plants that they had collected produced tumours in 100 percent of their experimental animals. The suspect plants were all native teas with medicinal application. Though the plants were not related botanically, the one thing they had in common was condensed tannin.

Tannins, like caffeine and nicotine, serve plants as defenses against insects and other predators. Tannins were found in the sorghum that serves both the Bantu and the people of Curacao as a dietary staple. The botanists theorized that a drought had been indirectly responsible for the cancer epidemic among the Bantu, because it forced them to rely more on tannin-rich sorghum, which is extremely drought resistant, after their other staple crops died out.

While studies have shown that tannins produce liver cancer in lab animals, human studies involving tannins so far have been only field observations, under controlled conditions. Some scientists believe other factors, such as smoking and drinking ethanol (beverage alcohol) also contribute to esophageal cancer in humans.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. Do tannins cause esophageal cancer?
2. Which plants are high in tannins?
3. Were tannins responsible for the cancer epidemic among the Bantu?

4. What are major contributing factors to esophageal cancer in humans?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

### **TEXT 47. MEASLES**

**Ex. 1. Read the following text:**

Measles is an extremely contagious, febrile disease of high morbidity characterized by rash and catarrhal inflammation of the eyes and respiratory tract. It is principally a benign disease of childhood, but may afflict with equal frequency persons of any age not previously attacked by the virus.

It is a disease of cosmopolitan distribution, endemic in all but isolated populations. It may occur at any time of the year, but most outbreaks are in late winter and early spring, with a peak at the end of April.

Throughout most of the world measles is a disease of children; most adults possess acquired immunity. Beyond the age of ten more than 90% of the population have specific antibody. Morbidity and mortality rates do not appear to be influenced by sex or race. Case fatality rates are highest in children less than five years of age, and are also relatively high in the aged. Congenital infection has occurred.

There is no evidence that the virus may vary in virulence in nature. The oft-cited and notorious virulence of the disease in primitive, isolated or crowded populations may be explained by

- 1 more prevalent infection of feeble and aged adults,
- 2 poor environmental conditions,
- 3 inadequate medical care, and
- 4 secondary bacterial infections.

Because measles rarely induces fatal disease, it is evident that fatalities attributable to measles may vary in incidence according to the prevalence of bacterial pathogens and the resistance of the population to their presence.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. Who is at risk for measles?
2. What are the symptoms of measles ?
3. How serious is measles?
4. When is Measles Season?
5. What are the main causes of notorious virulence of the disease?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

#### **TEXT 48. HIV INFECTION**

**Ex. 1. Read the following text:**

Acquired immune deficiency syndrome or acquired immunodeficiency syndrome (AIDS or Aids) is a collection of symptoms and resulting from the specific damage to the immune infections system caused by the human immunodeficiency virus (HIV). The late stage of the condition leaves individuals prone to opportunistic infections and tumors. Although treatments for AIDS and HIV exist to slow the virus's progression, there is no known cure. HIV is transmitted through direct contact of a mucous membrane or the bloodstream with a bodily fluid containing HIV, such as blood, semen, vaginal fluid, and breast milk. This transmission can come in the form of anal, vaginal or oral sex, blood transfusion, contaminated hypodermic needles, exchange between mother and baby during pregnancy, childbirth, or breastfeeding, or other exposure to one of the above bodily fluids.

Most researchers believe that HIV originated in sub-Saharan Africa during the twentieth century; it is now a pandemic, with an estimated 38.6 million people now living with the disease worldwide. As of January 2006, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) estimate that AIDS has killed more than 25 million people since it was first recognized on June 5, 1981, making it one of the most destructive epidemics in recorded history.

In 2005 alone, AIDS claimed an estimated 2.4–3.3 million lives, of which more than 570,000 were children. A third of these deaths are occurring in sub-Saharan Africa, retarding economic growth and destroying human capital. Antiretroviral treatment reduces both the mortality and the morbidity of HIV infection, but routine access to antiretroviral medication is not available in all countries.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. What causes acquired immunodeficiency syndrome?
2. Can AIDS and HIV be treated?
3. How is HIV transmitted?
4. What are the ways of HIV transmission?
5. Where did HIV come from?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## **TEXT 49. PREVENTION AND TREATMENT FOR OPPORTUNISTIC INFECTIONS**

**Ex. 1. Read the following text:**



Opportunistic infections occur when HIV has weakened the body's defense against disease. Common examples are tuberculosis, pneumonia and candidiasis. Providing prevention and treatment for these infections not only helps the sufferer, but also prevents the further spread of disease.

Even in the best-resourced areas, treatment for opportunistic infections remains essential, especially for those who have yet to start, or have only recently started, antiretroviral therapy. For young children and people with weak immune systems, drugs such as cotrimoxazole may be recommended to prevent opportunistic infections.

### **Managing nutritional effects**

As the immune system weakens, people living with HIV become more vulnerable to weight loss and malnutrition. There are likely to be three overlapping causes:

- Reductions in food intake, perhaps due to painful sores in the mouth, fatigue, psychological factors or loss of income.
- Nutrient malabsorption due to HIV itself, gut infections or diarrhoea.
- Metabolic alterations caused by HIV or other infections, leading to increased energy expenditure.

As already mentioned, weight loss and malnutrition can worsen disease progression. In addition, people are less likely to benefit from antiretroviral treatment if they are malnourished. It is therefore important that people who receive the help maintain a healthy diet.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

1. Why do opportunistic infections occur?
2. What are opportunistic infections?
3. Can opportunistic infection be cured?

4. Can HIV cause malnutrition?
5. What are three overlapping causes of weight loss and malnutrition in HIV?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

### **TEXT 50. ASTHMA**

**Ex. 1. Read the following text:**

Asthma is a disease of the lungs that causes wheezing, coughing, chest tightness and difficulty breathing. It can be very scary for the patient. Luckily, asthma and its effects are reversible with medication.

Asthma attacks are the periods when symptoms suddenly become worse. Some common triggers for these attacks are exercise, infections, dust, tobacco smoke, allergens, cold air and nervousness. Limiting exposure to these triggers may help improve quality of life. When an asthma attack occurs, take your medication according to your asthma action plan, and wait 10 to 15 minutes if symptoms worsen or don't improve immediate medical attention may be necessary. Some danger signs are severe wheezing or coughing, trouble walking, and blue lips or fingernails. If any of these danger signs occur go to the emergency room or call 911.

Asthma is a lifelong disease. The effects of asthma attacks on the lungs can cause serious problems later in life. Proper management of asthma is very important.

*(From: Quang Nguyen. English for Medical Students 2: Workbook for Second Year Medical Students + Audio / Nguyen Quang. – 2nd edition. – HUE, 2009. – 112 p.)*

**Ex. 2. Translate the text into Ukrainian.**

**Ex. 3. Answer the following questions:**

What are the symptoms of asthma?

What are triggers for asthma?

How do you relieve an asthma attack?

What are the danger signs of asthma?

Does asthma go away with age?

**Ex. 4. Write out key sentences of the text.**

**Ex. 5. Make up a plan of the text.**

**Ex. 6. Render the text in the written form.**

## СЛОВНИК

А а	
abdomen	черевна порожнина, живіт
abnormal	аномальний, патологічний
abruption	відторгнення, відшаровування, переривання
abuse	неправильне вживання, зловживання
acceptability	переносність
accident	нещасний випадок, травма
accommodation	акомодація, пристосованість
accumulation	накопичення, акумуляція, скупчення
acetonuria	оцетонурія, кетонурія
ache	біль
acidosis	ацидоз
actinogram	рентгенівський знімок
activation	активація, збудження, стимуляція
acus	голка, хірургічна голка
acute	гострий, різкий, невідкладний, терміновий
addict	наркоман, алкоголік
addictology	наркологія
adhesion	адгезія, склеювання, спайка
adipose	жир, жировий, жирний
admission	прийом, госпіталізація
adrenal	надниркова залоза
affection	захворювання, ураження, ушкодження
aggravation	погіршення, загострення
aidman	санітар
ailment	недуга

airborne	який переноситься повітрям, повітряно- крапельний
alleviate	полегшувати, пом'якшувати (біль)
anamnesis	анамнез
angina	ангіна; стенокардія, грудна жаба
antibody	антитіло
antiserum	іmunна сироватка
appendage	відросток, додаток
arma(menta)rium	медичне забезпечення, набір інструментів та лікарських засобів
arrest	зупинка, затримка, пригнічення
arthrous	суглобний
attack	припадок, напад
<b>B b</b>	
bacillus(-i)	бацила, паличкоподібна бактерія
backache	біль у спині
backbone	карк, хребет
backset	рецидив
bandage	бинт, пов'язка
barrow	ноші
batch	зразок (для аналізу)
beat	удар, поштовх, биття, систола (серця)
benign	доброякісний
bile	жовч
bioavailability	біологічна доступність
bladder	сечовий міхур
bleeding	кровотеча
blister	пухир, витяжний пластир
blood	кров
blurring	затемнення, розпливчастість

bone	кістка
bowel	кишка
brain	мозок
brash	печія
bruise	гематома, синець, забій
bum	опік
<b>С с</b>	
camera	камера, порожнина (серця)
canal	прохід, канал, протока
cap	ковпачок, кришка, медична шапочка
carcinoma	рак, карцинома
cardialgia	кардіологія, біль у серці
cardioactive	стимулюючий діяльність серця
cardiovascular	серцево-судинний
care	турбота, піклування, догляд
cavity	порожнина, западина
chamber	камера, відсік
checkup	огляд, обстеження, перевірка
chest	грудна клітка
chill	застуда, озноб
cholagogic	жовчогінний
cholecystis	жовчний міхур
chromosome	хромосома
circulation	циркуляція, кровообіг
clot	згусток, згортатися, коагулювати
compatibility	сумісність
complication	ускладнення
concomitant	супутній

congenital	уроджений
congestion	застій, гіперемія
constipation	запор
constriction	звуження, скорочення
contagium	збудник інфекції, інфект
contaminate	забруднювати, інфікувати, заражати
convalescence	одужання
cortex	кора головного мозку
cough	кашель
cranial	черепний, краніальний
<b>D d</b>	
damage	ушкодження, ураження, порушення
defecation	очищення, спорожнення кишечнику
deficiency	недостатність, недолік, вада
dependence	залежність
depletion	зниження, виснаження
deposit	відкладення
depress	заглушати, пригнічувати, ослаблювати
diarrhea	пронос
digestion	травлення
dilatation	розширення, дилатація
disease	хвороба
dislocation	вивих, зміщення
disorder	порушення, розлад
disturbance	розлад, патологічне відхилення
dizziness	запаморочення
drain	дренаж

drowsiness	сонливість
duct	прохід, канал, хід, протока
dyspnea	задишка
<b>Е е</b>	
edema	набряк
elevation	підвищення
elimination	очищення, виділення, елімінація
emergency	невідкладна допомога
ending	кінець
enema	клізма
enhancement	посилення, активація, збільшення
enlargement	розширення, гіпертрофія, розростання
enteric	тонкокишковий, черевний
envelope	оболонка
epithelium(-ia)	епітелій
eradication	знищення, ліквідація
ergogenic	фактор, який підвищує працездатність
erode	проривати, роз'їдати, руйнувати
erratic	блукаючий, мігруючий
eruption	висип, висипання, спалах
erythrocyte	еритроцит
escherichia coli	кишкова паличка
esophagus	стравохід
evidence	дані, ознака, вияв, симптом
exacerbation	загострення
excitability	збудливість, подразливість
excitation	збудження, подразнення



excretion	виділення, екскреція
expiration	видих
explorer	зонд
external	зовнішній
extremity	край, кінець, кінцівка
<b>F f</b>	
failure	недостатність, розлад, пошкодження
faint	непритомність
fatigue	стомлення, втома
feces	випорожнення, фекалії
fetus	плід
fever	жар, лихоманка
fissure	тріщина, щілина
fit	приступ, напад
fitness	витривалість, добрий стан здоров'я
forceps	щипці, затискач, пінцет
forehead	чоло
fracture	перелом
<b>G g</b>	
gallbladder	жовчний міхур
gargle	полоскати горло
gastric	шлунковий
gauze	марля
giddiness	запаморочення
gland	залоза
glomerule	клубочок
goiter	зоб
gout	подагра

gristle	хрящ
gum	ясна (множ.)
<b>H h</b>	
headache	головний біль
heal	виліковувати, зціляти
heartbeat	серцеве скорочення
heartburn	печія
hemorrhage	кровотеча, крововилив
heredity	спадковість
hernia	грижа
hiccup	ікавка, гикати
hip	стегно
histologic(al)	гістологічний, тканинний
history	історія захворювання
hives	кропивниця, сип
hole	отвір, заглиблення
hollow	порожнина, порожнеча
homeopathy	гомеопатія
host	організм-носій, реципієнт
hurt	пошкодження, рана
hyperadiposis	ожиріння
hyperopia	далекозорість
hypersensitivity	підвищена чутливість, алергія
hypertension	гіпертонія
hypertrophy	гіпертрофія
hypoderm	підшкірна клітковина, гіподерма
hypoglossal	під'язиковий
hypoglycemia	гіпоглікемія

hypohemia	анемія, недокрів'я
hypophysis	гіпофіз
hyposthenia	астенія, слабкість
hypotension	гіпотензія
hypothalamus	гіпоталамус
hypoxia	гіпоксія, кисневе голодування
<b>I i</b>	
icterus	жовтуха
ictus	удар пульсу
idiopathy	хвороба незрозумілого походження
ileum	підвздошна кишка
ileus	непрохідність шлунку
illness	хвороба, страждання
imbecile	слабоумний
immature	недорозвинутий
immobile	нерухомий, фіксований
immunity	імунітет
immunization	імунізація, вакцинація
immunocompetence	імунна активність
impact	удар, імпульс, вплив
impair	погіршувати(ся)
inborn	уроджений
incision	розріз, розтин
inclusion	включення
incompatibility	несумісність
incomplete	неповний, недостатній
incontinence	нетримання
indigestion	диспепсія, нетравлення шлунку

indolent	безболісний, нечутливий
induration	індурація, затвердіння
infarction	інфаркт
infect	заражати, інфікувати
infirmary	лазарет, ізолятор
inflammation	запалення
influenza	грип
ingest	ковтати, проковтувати
inhale	робити подих, робити інгаляцію
inherent	притаманний, уроджений
inhibit	затримувати, гальмувати, інгібувати
initiate	спонукати, стимулювати
inject	ін'єктувати, вприскувати, уводити парентерально
injury	ушкодження, рана, травма
innervate	збуджувати, подразнювати, іннервувати
inoculability	можливість передавання інфекції
inoculation	посів, щеплення
inpatient	стаціонарний хворий
insomnia	безсоння
inspiration	вдихання, вдих
insufficiency	недостатність
insusceptible	нечутливий, несприйнятливий
intact	здоровий, неушкоджений
intake	уведення, вживання
internal	внутрішній

intestinal	кишковий
intramuscular	внутрішньом'язовий
intravenous	внутрішньовенний
irrigation	іригація, зрошення, промивання
irritation	подразнення, збуджуваність
itch	свербіж, короста
<b>J j</b>	
jaundice	жовтянка
jaw	щелепа
joint	суглоб, з'єднання
junk	шина для фіксації перелому
<b>K k</b>	
keroid	роговий, рогоподібний
kidney	нирка
kit	комплект, набір
knead	масажувати, розтирати
knee	коліно
<b>L l</b>	
labile	лабільний, нестійкий
lamella(-ae)	тонка пластинка, лусочка
larynx	гортань
latency	прихований стан
lavage	лаваж, промивання порожнини
leprosy	лепра, проказа
lesion	ушкодження, ураження
leukemia	лейкоз
ligament	зв'язка
ligature	перев'язка

liver	печінка
lobe	доля
locus (-I)	місце, осередок, ділянка
longevity	тривалість життя, довголіття
loxotic	викривлений, косий
lumbar	поперековий
lumen	отвір, порожнина
lung	легеня
lupus	вовчак
luxation	вивих
lymphocyte	лімфоцит
<b>M m</b>	
malaise	недуга, дискомфорт
male	чоловічий
malformation	вада розвитку
malignancy	злаякісність
malinger	симулювати (хворобу)
malnutrition	недостатність харчування
marrow	кістковий мозок
measles	кір
meatus	отвір, прохід, канал
medulla	кістковий мозок
metastasis	метастаз
microbiotic	мікробного походження
microslide	предметне скло
morbidity	захворюваність, поширеність хвороби
mortality	летальність, смертність
motional	руховий

mucosa	слизова оболонка
multifocal	багатоосередковий
mumps	епідемічний паротит, свинка
muscle	м'яз
mutate	мутувати
myalgia	міальгія (біль у м'язах)
myitis	міозит
myocardium	міокард, серцевий м'яз
myocyte	міоцит, м'язова клітина
myopia	короткозорість, міопія
myringa	барабанна перетинка
<b>N n</b>	
naris (nares)	ніздря
nasal	носовий
natality	народжуваність
nausea	нудота
navel	пупок
needle	голка; колоти, проколювати
neonate	новонароджений
nerve	нерв
nestis	порожня кишка
neurangiosis	вегетативно-судинна дистонія
neuron	нейрон, нервова клітина
nidus (-i)	осередок
node	вузол, стовщення
noncompliance	недотримання режиму приймання лікарського засобу
noncontagious	незаразний

numbness	оніміння, залякання
nursing	догляд за хворим
nutrition	харчування
<b>О о</b>	
obesity	ожиріння
obstruction	непрохідність, блокада, обструкція
obtund	притупляти, пом'якшувати
obtuse	тупий, негострий
occiput	потилиця
occult	прихований, невідомого походження
ocular	очний
odaxetic	який викликає свербіж
olfaction	нюх
omphalic	пупковий
oncoma	пухлина, новоутворення
opportunistic	умовно-патогенний
orexia	апетит
orifice	отвір, прохід
originator	збудник (хвороби)
orthosis	виправлення деформації
oscitation	позіхання, позіхати
osculum (-a)	пора
ossification	закостеніння
osteitis	остит
osteoarticular	кістково-суглобний
otic	вушний
outbreak	спалах (захворювання)
outcome	наслідок, результат



outpatient	амбулаторний хворий
ovary	яєчник
overdosage	передозування
oxidosis	ацидоз
<b>P p</b>	
pain	біль
painful	болючий
paleness	блідість
palliation	тимчасове полегшення
pancreas	підшлункова залоза
pang	раптовий гострий біль
panting	задишка
papilla (-ae)	сосок, горбок
parafunction	порушення функції (органу)
paranephros	надниркова залоза
passage	прохід, канал, протік
pathogen	патогенний мікроорганізм, збудник захворювання
pelvic	тазовий
peptic	шлунковий
peritoneal	черевний
permeability	проникність
pharynx	глотка
physician	лікар, терапевт
pituitary	гіпофіз
plaque	бляшка, тромбоцит
pledget	тампон
plexus (-es)	сплетіння
pneumonia	запалення легень

polyclinic	поліклініка, амбулаторія
polynestic	багатоосередковий
pool	пул, депо крові
posterior	задній
postoperative	післяопераційний
practitioner	лікар-практик
precaution	обережність
preclinical	доклінічний
prediction	прогнозування
predisposition	схильність
pregnancy	вагітність
prescribe	прописувати
pressure	тиск
prevalence	поширеність, рівень поширення
prevention	запобігання, профілактика
proliferate	проліферувати, розростатися
prodrome	провісник хвороби, продром
profound	глибокий
prognosticate	прогнозувати
prolapse	випадіння, пролапс
proleptic	передчасний
propagate	поширюватися, репродукувати
propedeutics	пропедевтика
prophylaxis	профілактика
protobe	бактеріофаг, бактеріальний вірус
prosect	розтинати, анатомувати
pruritus	свербіж
psoric	коростяний

psycheclampsia	гострий психічний розлад
puberty	статеве дозрівання
puffiness	набрякання
puncture	пункція, прокол
pupil	зіниця
purulent	гнійний
pus	гній
pyrosis	печія
<b>Q q</b>	
quackery	медичне шарлатанство
quantization	розподіл на крихітні дози
queer	який нездужає
quiscent	безсимптомний
quiver	дрижання
<b>R r</b>	
rabies	сказ
radio-opacity	рентген контрастність
radiotherapy	променева терапія
radiotomy	томографія
radius	променева кістка
rale	хрипи
rash	висип
record	запис, реєстрація
recovery	одужання
rectum	пряма кишка
recurrence	рецидив
refection	відновлення нормального стану
referral	направлення до лікаря-спеціаліста

regimen	режим
relapse	рецидив
release	полегшувати; виписка (зі стаціонару)
relief	послаблення
remediable	виліковний
renal	нирковий
resistance	стійкість, опірність
respiration	дихання
response	реакція
retard	уповільнювати, гальмувати
retina	сітківка
rib	ребро
rickets	рахіт
rigor	остуда, тремтіння
rupture	розрив, перфорація
<b>S s</b>	
sac	мішок, торба, капсула, пухлини
saccharification	утворення цукру
sacrum	крижі (множ.)
saliferous	солетворний
saliva	слина
salivation	слиновиділення, салівація
salutary	здоровий, цілющий
sanguineous	кров'яний
sanitarian	санітарний лікар
sanitate	оздоровлювати, санірувати
sanitize	піддавати санобробці
scale	луска

scar	шрам
sclerosis	склероз
scrape	зіскоб
scratch	дряпина
scurvy	цинга
sear	припікати
seasickness	морська хвороба
secrete	виділяти, секретувати
seizure	напад, припадок
self-care	самодопомога
self-medication	самолікування
senile	старечий
sensible	чутливий
sensitization	сенсифікація
sepsis	сепсис, зараження крові
sequela (-ae)	залишкове явище, ускладнення
serosa	серозна оболонка
serum (-a)	сироватка
severe	тяжкий, серйозний
shank	гомілка
shiver	дрижати, тремтіти
shortcoming	недолік, вада
shoulder	плече
sickliness	хворобливий стан, хворобливість
sickness	хвороба, нудота
sign	симптом, ознака хвороби
sinew	сухожилля
single	одноразовий

sinus	синус, пазуха, порожнина
site	місце, ділянка
skin	шкіра
skull	череп
sleepiness	сонливість
sleeplessness	безсоння
slide	предметне скло
slouch	сутулість, сутулитися
smallpox	віспа
smart	пекучій біль
smear	мазок, брати мазок
smooth	заспокоювати гладкий
sneeze	чхати
soft	м'який
solventia	відхаркувальні засоби
somniferous	снотворне
sonitus	шум у вухах
soothing	заспокоюючий, який полегшує
sore	виразка, рана, відкрите пошкодження шкіри
sound	звук, шум; вислуховувати, звук, вистукувати (хворого); міцний здоровий
spasmodic	спазматичний, судорожний
speciespecific	видоспецифічний
sphincter	сфінктер, жом
spinal	хребетний, спинномозковий
spine	хребет
spit	слина, мокротиння, плювати
splayfoot	плоскостопість

spleen	селезінка
splint	шина
spondyl	хребець
sprain	розтягнення
sputum	мокротиння
stammer	заїкання
state	стан
steady	постійний, стабільний
stenocardia	стенокардія, грудна жаба
sternum	грудина
stimulation	стимуляція, подразнення
stimulus (-1)	стимул, подразник
stomach	шлунок
stream	потік, струмінь
stretcher	ноші
stroke	удар, раптовий напад
struma	наріст, здуття
subacute	підгострий
subclinical	преклінічний, безсимптомний
subcortical	підкорковий
subcutaneous	підшкірний
sudation	потовиділення
suffocation	асфіксія, ядуха
superficial	поверхневий, неглибокий
surdity	глухота
surgeon	хірург
surgery	хірургія
surveillance	нагляд, спостереження, контроль

survival	виживання
susceptibility	чутливість, сприйливість, схильність
suture	шов
swallow	ковтати
swelling	опуклість, пухлина
symptom	симптом
syncope	непритомність
syringe	шприц
systole	систола (серця)
<b>T t</b>	
tachycardia	тахікардія
team	бригада, група
temporal	скроневий; тимчасовий
tendon	сухожилля
terminal	кінцівка, кінцевий
tetanus	правець
thalamus	таламус
therapeutics	терапія, клінічна медицина
thermoplegia	тепловий удар
thorax	грудна клітина
throat	горло
throe	больовий напад
thrombocyte	тромбоцит
thrombophlebitis	тромбофлебіт
thrombus	тромб
thyroid	щитоподібна залоза
time-course of drug	період дії лікарського засобу



tocus	пологи
toe	палець стопи
tolerance	стерпність, толерантність
tomography	томографія
tongue	язик
toothache	зубний біль
toxicity	токсичність
trait	ознака, особливість
trasfusion	переливання крові
traumatize	травмувати, поранити
treat	лікувати
treatment	лікування
tremor	дрижання, тремор
trial	випробування, зразок
trunk	тулуб, стовбур
tubule	трубочка, канадець
tumor	пухлина
twitch	судома, конвульсія
<b>U u</b>	
ulcer	виразка
ulceration	утворення виразки
umbilicus	пупок
underdose	недостатнє дозування
unfavorable	несприятливий
unhealthy	шкідливий, нездоровий
unilateral	однобічний
unreliable	ненадійний, невірогідний
unsterile	нестерильний

unsusceptible	який не сприймає
unwell	нездоровий
upset	недуга, розлад
uptake	поглинання, засвоєння
ureter	сечовід
urethra	уретра
urgent	терміновий, невідкладний
urine	сеча
urticaria	кропивниця
uterus	матка
<b>V v</b>	
vaccination	вакцинація
vagus	блукаючий нерв
vasoconstriction	звуження кров'яних судин
vasodilation	розширення кров'яних судин
vasoneurosis	вегетативно-судинна дистонія
ventricle	шлуночок (серця)
vertebral	хребетний
vertigo	запаморочення
vesicle	бульбашка
viable	життєздатний
vomiting	блювота
<b>Ww</b>	
ward	лікарняна палата
wart	бородавка
weakness	слабкість
wheal	пухир
withdrawal	синдром скасування, абстиненція

work-up	обстеження (хворого)
wound	рана
<b>X x</b>	
xenogenic	екзогенний, чужорідний
xerophthalmia	ксероз, віковий склероз
<b>Y y</b>	
yawn	позіхання, позіхати
<b>Z z</b>	
zoetic	який стосується життя, біологічний
zone	пояс, зона, область
zoonosis	зооноз
zoster	оперезуючий лишай
zygoma	влична кістка
zygote	зигота
zymotic	ферментативний, інфекційний

*Література: основна [5].*

## ПЕРЕЛІК ВИКОРИСТАНОЇ ТА РЕКОМЕНДОВАНОЇ ЛІТЕРАТУРИ

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