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CONTENTS

Business, Economics & Management 8

Afanasyev V.O., Fomin M.V.
ISLAND DZHARYLGACH AS AN OBJECT OF DEVELOPMENT OF ECOLOGICAL TOURISM IN UKRAINE 9

Sofiko Dzhvarsheishvili,
FOREIGN DIRECT INVESTMENTS IN GEORGIA 10

Helman Valentina Mikolayivna,
THE ENTERPRISE LIFE CYCLE AND EMPLOYEE LIFE CYCLE: USE MODELS IN STAFFING PRACTICE TO MANAGEMENT EFFICIENCY 11

Oleksii Bezchasnyi, Olha Yarmolitska
SPECIAL ASPECTS THE COMMUNICATION PROCESS IN THE ACCOUNTING SYSTEM OF THE ENTERPRISE IN TERMS OF DEVELOPMENT 12

Yaroslav Ivanovich Chaikovskyi,
PAYMENT CARDS AS AN INNOVATIVE WAY OF PAYING FOR TRANSPORT SERVICES 13

Gasimova Afet Ayat kyzy, Mamedova Solmaz Elnur kyzy,
EXPLORING THE NUTRITIONAL HABITS OF FOREIGN TOURISTS FROM FRANCE 14

Klaus Lagler,
INCREASING INVESTMENT ATTRACTIVENESS OF REGIONS ON THE BASIS OF CLUSTERS DEVELOPMENT 17

Фомин М.В., Хоруженко С.Ю.,
ПЕРСПЕКТИВЫ РАЗВИТИЯ ЭКОЛОГИЧЕСКОГО ТУРИЗМА В ЧУГУЕВСКОМ РАЙОНЕ ХАРЬКОВСКОЙ ОБЛАСТИ 18

Щербак Сергій Михайлович,
КОНЦЕПЦІЯ «ДЕРЖАВИ ДОБРОБУТУ» В ЕКОНОМІЧНІЙ ТЕОРІЇ І ПРАКТИЦІ 19

Khomiuk Nataliia,
DEVELOPMENT OF RURAL TERRITORIES IN CONDITIONS OF DECENTRALIZATION 21

Заворотній Святослав Ігорович,
ЕКОНОМІКО-БЕЗПЕЧНИЙ РОЗВИТОК У СУЧАСНОМУ СВІТІ: ІНДИКАТОРИ І ЧИННИКИ МАКРОЕКОНОМІЧНОЇ ДИНАМІКИ 22

Ніколенко Сергій Степанович,
ТЕОРЕТИЧНІ ЗАСАДИ «НЕСПРОМОЖНОЇ ЕКОНОМІКИ» 24

РУБЕЛЬ Олег Евгеньевич, ЖИХАРЕВА Алина Анатольевна,
АСПЕКТЫ ВНЕДРЕНИЯ И РАЗВИТИЯ ИНСТРУМЕНТА РЕЗУЛЬТАТИВНОГО ФИНАНСИРОВАНИЯ НАУЧНЫХ ИССЛЕДОВАНИЙ 25

Chemical & Material Science 27

Kaldybayeva Altynay Samatkyzy,
EFFECTIVE OBTAINING OF THE ZINC PHOSPHATE FOR USE AS AN ANTICORROSIVE COATING IN OIL AND GAS INDUSTRY 28

Engineering & Computer Science 29

Zakir Magerramov, Vugar Abdullayev, Aynur Magerramova, T.A.Mammadova, 30

BIG DATA: PROBLEMS, ANALYSIS METHODS, ALGORITHMS

Mirov Behruz Kudratovich
PROBLEMS OF CAR TRANSFER TO GAS FUEL UNDER THE CONDITIONS OF TAJIKISTAN 31

Baratashvili Merab Pavlovich, Gintibidze Nino Gavrilovna,
THE POSSIBILITY OF ARRANGING GREEN COVER FOR THE REDUCTION OF POLLUTION CAUSED BY THE COLLAPSE OF THE ROAD SLOPE AND TRANSPORTATION 32

Shamilova Bahar Gurban,
THE ROLE OF INTERACTIVE WHITEBOARDS IN THE EDUCATION PROCESS 33

Matsui Anatolii Nikolaevich, Abashina Anastasiia Andreevna,
FEATURES OF MODERN INDUSTRIAL ROBOTS 33

Oleksii Tohoiev,
WIRELESS SECURITY ISSUES 34

Health & Medical Science 36

I.M. Nigmatova, R.N.Nigmatov, F.K.Inogomova,
PREVALENCE OF DENTAL SYSTEM ANOMALIES AND SPEECH DISORDERS IN CHILDREN BITE OF TASHKENT CITY 37

Zaderey Anastasia Aleksandrovna, Larisa Vasylivna Melnychuk,
THE INCIDENCE OF MEASLES IN THE WESTERN REGION OF UKRAINE: THE IMPORTANCE OF VACCINATION 39

Antsupova Vita Viacheslavivna, Ostapchuk Valentina Grigorivna,
Maruschak Aliona Vasylivna,
CURRENT OPPORTUNITIES OF MEDICO-GENETIC CONSULTATION OF PATIENTS WITH DYSPLASIA OF THE CONNECTIVE TISSUE 40

Zoryna Boiarska,
BIOLOGICAL AGE AND RATE OF AGING OF WOMEN IN THE DONETSK REGION (UKRAINE) 41

Lazyrenko V.V., Gradil O.G., Liashchenko O.A., Ovcharenko O.B.,
Kalinovskaya O.I.
OCCUPATION AS THE PREDICTING FACTOR OF A PREMATURE OVARIAN FAILURE 42

Symonyan Vazgen, Serhiienko Oleksandr, Blyndaruk Svetlana, Lagoda Viktoriia,
Fedchenko Myroslava
HOMOCYSTEINE AS A PROGNOSIS MARKER FOR ASYMPTOMATIC STROKES 43

Irina Kabachna, Elina Suprun, Volodymyr Kabachnyy,
EXPERIMENTAL STUDY OF ANALEPTIC AND ANTIGIPOXIC ACTIVITIES OF HETEROSIDES - (DERIVATIVES FOR SULFUR AND NITROGEN CONTAINING HETEROCYCLES) 44

Druc Alina, Spinu Constantin, Capmari Dumitru, Spinu Igor, Donos Ala,
EPIDEMIOLOGICAL PARTICULARITIES OF ACUTE RESPIRATORY INFECTIONS DURING THE 2017/2018 SEASON IN THE REPUBLIC OF MOLDOVA 45

Podorozhna Maiia, Gladukh Ievgenii, Stepanenko Sergiy,
DEVELOPMENT OF HOP CONES LIPOPHYLIC EXTRACT-BASED GEL 47

F.T.Temurov, A.A.Baimbetov, 48

THE CHOICE OF THE TREATMENT METHOD OF PATIENTS WITH THE MAXILLARY SINUS PERFORATION

Sinaiko Irina, Kryshtal Veronika,
VOICE DISORDERS AND THEIR EFFECT ON QUALITY OF LIFE IN VOCAL SPEECH PROFESSIONS PERSONS WITH CHRONIC PHARYNGITIS 49

Аязбеков Ардак Керимханович,
АНАЛИЗ ПРИЧИН ЯВИВШИМИСЯ ПОКАЗАНИЕМ ДЛЯ ГОСПИТАЛИЗАЦИИ БЕРЕМЕННЫХ НА III УРОВЕНЬ ПЕРИНАТАЛЬНОЙ ПОМОЩИ 51

Ziyaeva Shahida Tulaevna, Mirzaahmedova Kamola Tohirovna, Karimova Gulchexra Almardanovna
HEPATOPROTECTIVE PROPERTIES OF PHYTIN AND IMMUNOMODULIN COMPOUNDS 52

Қазбергенова Р.А., Файзолла Г.Қ.
ДАМУЫНДА АУЫТҚУШЫЛЫҒЫ БАР БАЛАЛАРҒА ТҮЗЕТУ ЖҰМЫСТАРЫН ЖҮРГІЗУ 54

Kondratiuk Nataliia Vyacheslavivna, Kondratiuk Roman Viktorovych
THE ROLE OF MANUAL AND DIET THERAPY IN COMPLEX TREATMENT OF STRESS, DEPRESSION AND THEIR EFFECTS 56

Мазуренко О.П., Лоскутов О.А., Надзякевич П., Згржебловская Л.В., Дмитриев Д.В.
ОЦІНКА СТАНУ СИСТЕМИ ЗГОРТАННЯ КРОВІ ТА ПЕРСОНАЛІЗАЦІЯ ЇЇ ЛІКУВАННЯ У ПАЦІЄНТІВ В РАННЬОМУ ПІСЛЯОПЕРАЦІЙНОМУ ПЕРІОДІ ПІСЛЯ ІМПЛАНТАЦІЇ LVAD 58

Khasanov Khabibullo, Alikhodjayeva Gulnara, Okhunjonov Ulmas
CLINICAL PRESENTATION AND BRAINSTEM AUDITORY EVOKED POTENTIAL AND MRI FINDINGS IN CHIARI MALFORMATION I AS DIRECT INDICATION FOR SURGICAL TREATMENT 59

Mamatkulov I.B., Babadzhanov A.S.,
EFFICIENCY OF THE OPTIMIZATION PROCESS IN THE SERVICE CHILDREN'S ANESTHESIOLOGY AND REANIMATOLOGY 60

Воитова Гавхар Алишеровна,
СРАВНИТЕЛЬНЫЙ АНАЛИЗ КЛИНИЧЕСКОГО ТЕЧЕНИЯ ТОШНОТЫ И РВОТЫ ИНДУЦИРОВАННОЙ БЕРЕМЕННОСТИ 61

O.V. Buchneva, Y.V. Shafer, Y.V. Pisklova, A. S. Krylova
CLINICAL VARIATIONS OF ABDOMINAL AORTIC ANEURYSM 62

Humanities, Literature & Arts 64

GUNEL MAMMADOVA,
ABOUT LEXICAL-SEMANTIC GROUPS OF SUBSTANTIVIZED ADJECTIVES IN THE HISTORY OF LANGUAGE 65

Yevhen Churikov,
HISTORICAL ASPECTS OF FRENCH HORN TRANSFORMATION 67

Shirinov Sarvar Ali,
SOME FEATURES OF THE "LOG" COMPONENT WORDS 68

Mitina Olena, Kudelina Olga,
ALTERNATIVENESS AND SYNONYMY INTERACTION IN ENGLISH 69

Oleh Ohirko, 70

ZUSAMMENARBEIT VON KIRCHE UND STAAT IN UMSETZUNG CHRISTLICHE ETHIK IN UKRAINE BILDUNGSPERSONAL

Guliyeva Samira Hasan,
SAMED MANSUR'S FELETONS IN THE "SHEYPUR" JOURNAL 71

Syvokin Hanna, Kartel Tetiana,
FUNCTIONAL PECULIARITIES IN SCIENTIFIC TEXT 72

Chystiakova Daria,
STRING QUARTET: FROM CONCEPT TO PHENOMENON 73

Life Sciences & Earth Sciences 75

Abdurazakova N.M., Faizullaeva T.P.,
FOOD SAFETY IN THE REPUBLIC OF UZBEKISTAN 76

Anar Natig Ogly Agayev,
MAKING THE TRANSITION TO RATIONAL CONSUMPTION AND PRODUCTION PATTERNS 77

Safarova I.M., Narimanova V.S., Aliyeva S.I.,
ABOUT THE PESTS OF JUGLANS REGIA IN SOME REGIONS OF THE SOUTH-EAST REGION OF THE GREATER CAUCASUS 78

Bejanidze Irina, Kharebava Tina, Davitadze Nazi, Kekutia Lana,
JUICE PRODUCTION WASTE- EXCELLENT RAW MATERIALS FOR OBTAINING A HIGH-QUALITY PLANT SORBENT FOR METALS EXTRACTION 79

Andgela A. Bylgaeva,
STUDY OF MOLD FUNGI IN VEGETABLE FEEDS OF YAKUTIA 81

Bejanidze Irina, Kharebava Tina, Davitadze Nazi, Kekutia Lana,
THE REAGENT-FREE, ECO-PURE TECHNOLOGY FOR PURIFICATION OF NATURAL WATERS FROM HEAVY METALS 82

Ustinova Iryna Igorivna,
ECO-PHYSICAL BASIS OF SUSTAINABLE DEVELOPMENT POLICY 83

Z.P. Hasanova,
THE IMPACT OF SOIL PH ON THE PROCESS OF THEIR SELF-CLEANING WHEN CONTAMINATED WITH CRUDE OIL 84

Rybalova Olga, Matsak Anton,
NATURAL METHODS OF SURFACE RUNOFF TREATMENT 85

Physics & Mathematics 87

Oksana Banna,
DISTANCE BETWEEN THE WIENER PROCESS AND INTEGRALS WITH RESPECT TO FRACTIONAL BROWNIAN MOTION 88

Social Sciences 90

Nadezhda Ponamareva,
TEACHERS' ATTITUDE TOWARDS INCLUSIVE EDUCATION PRACTICES 91

Kokhan Diana Nikolayevna, 92

THE SIGNIFICANCE OF THE MEANS OF UKRAINIAN FOLK PEDAGOGIC IN EDUCATING TEENAGERS OF NOBLE ATTITUDE TOWARDS WOMEN

Bachinska Liudmila,
ARCHITECTURAL-SPATIAL FORMATING AS A REFLECTION OF SOCIAL AND POLITICAL NEEDS 93

Balukh Nikolai Nikolaevich,
HEALTH PRESERVING COMPETENCE OF THE FUTURE TEACHER OF ELEMENTARY SCHOOL AS A COMPONENT OF HIS PROFESSIONAL COMPETENCE 94

Valentina Mykolaivna Baranovska, Olena Petrivna Binytska, Alla Anatoliivna Hryhorieva,
USE OF PROJECT TECHNOLOGY OF LEARNING IN THE PREPARATION OF THE FUTURE TEACHER 96

Galyna Vikentiivna Buchkivska,
ETHNOCULTURAL FORMATION OF THE FUTURE PRIMARY SCHOOL TEACHER BY MEANS OF FOLK DECORATIVE-APPLIED ARTS 97

Kaharova Iroda Sidikovna,
COMMENTS ON EXPRESSIVENESS, INTENSITY AND EMOTIONALITY 98

Valentyna Vikentiivna Greskova,
FORMATION OF NATIONAL CONSCIOUSNESS OF PRE-SCHOOL CHILDREN BY MEANS OF DECORATIVE-APPLIED ARTS 101

Zarnadze Irma,
ASSESSMENT AS A STUDENT DEVELOPMENT 102

Talina Khlebnikova, Marina Tantsiura,
THE DEVELOPMENT MANAGEMENT OF PROFESSIONAL COMPETENCE OF TEACHER 103

Kolenko Anfisa Volodymyrivna,
IMPROVEMENT OF PHONEMIC HEARING IN THE SYSTEM OF EXTERNAL TECHNIQUE OF ACTOR’S SPEECH 104

Nina Kurmysheva,
MANAGEMENT OF SCHOOL HUB: TOWARDS TRANSFORMATION OF UKRAINIAN EDUCATION 105

Saakadze Nana,
STUDY-TEACHING IN SEMANTIC-LECTUREOLOGY IN GEORGIAN LANGUAGE 107

Olena Moskalenko,
INNOVATIONS OF MANDATORY NATIONAL HEALTH INSURANCE IN UKRAINE 108

Mukhitdinova Firuza Abdurashidovna,
PROBLEMS OF LEGAL CULTURE IN THE WORKS OF ABU NASRA FARABI AND ITS DEVELOPMENT IN MODERN UZBEKISTAN 109

Olha Vasylivna Bachynska,
PROBLEMS OF TEMPLES IN MODERN KYIV 112

Kunduzkhon Gaipova,
THE ACTIVITIES OF STANDING COMMITTEES IN IMPROVING THE COOPERATION OF THE SENATE AND LOCAL COUNCILS 113

Stepanova Nataliia, 115

STORYTELLING AS AN INSTRUMENT OF TEACHING CRITICAL THINKING TO PRESCHOOL AGE CHILDREN

Шевченко Світлана Миколаївна,
ДО 90-РІЧЧЯ ВІД ДНЯ НАРОДЖЕННЯ ПЕРШОГО ПРЕЗИДЕНТА АКАДЕМІЇ ПЕДАГОГІЧНИХ НАУК НЕЗАЛЕЖНОЇ УКРАЇНИ, ДОКТОРА ПЕДАГОГІЧНИХ НАУК, ПРОФЕСОРА МИКОЛИ ДМИТРОВИЧА ЯРМАЧЕНКА 116

Bauyrzhanov Bakytzhan Bauyrzhanuly,
PEDAGOGICAL MODEL OF FORMATION OF READINESS OF EXPERTS FOR WORK IN THE SYSTEM OF INCLUSIVE EDUCATION 117

K. Kaziev, V.Volynkin
THEORETICAL ASPECTS OF THE CONCEPT OF REFLECTION 118

Grudok-Kostiushko Maryna,
METHODS OF RECOVERY AND DEVELOPMENT OF CHILDREN'S SPEECH USING EMWAVE, MIND WAVE MOBILE AND TOMATIS METHODS. 119

Сорока Яна Адольфівна,
ФОРМУВАННЯ ПРОФЕСІЙНОЇ КОМПЕТЕНТНОСТІ У ЗДОБУВАЧІВ ВИЩОЇ ОСВІТИ МЕТАЛУРГІЙНОГО ПРОФІЛЮ 120

Pavelkiv Kateryna Mykolaivna
COMPETENCE APPROACH TO FOREIGN LANGUAGE TRAINING OF FUTURE SPECIALISTS OF SOCIAL SPHERE 121

Askarova Shakhnoza Kamolidinovna,
PECULARITIES OF REPETITIONS IN ENGLISH AND UZBEK 123

4. Develop recommendations in the choice of treatment tactics for patients with maxillary sinus perforation on an outpatient basis;

Methods and Materials:

From 2013 to 2017, 15 patients came to the Temur-F clinic with a clinical diagnosis: “Perforation of the maxillary sinus”. Perforation due to the removal of the roots of 16, 26 teeth.

Patient N., 17 years old, came to the Temur-F clinic with complaints about discharge from the nasal cavity during eating, headaches, discomfort in the oral cavity, pain in the area of the extracted tooth.

When examining the hole of the extracted tooth with the existing perforation of the maxillary sinus bottom, there is no blood clot in it. When probing the tooth hole, there is no bone bottom.

To reliably and visually diagnose perforation of the bottom of the maxillary sinus, you must use the following method: holding the patient's nose with your fingers, we suggest carefully breathing out, while the air rushes through the natural opening of the maxillary sinus, and if there is a perforation, air passes through it into the oral cavity. This is marked by a characteristic sound, while air comes out of the place of the extracted tooth along with blood (frothy blood).

The radiograph of the maxillary sinus in the frontal and lateral projections, as well as intraoral and computed tomography, has a diagnostic value.

Treatment:

Treatment of acute perforation of the bottom of the maxillary sinus includes:

• Removal of the impression of the tooth hole with perforation of the bottom of the maxillary sinus;
• Casting of a model of a extracted tooth root using a cast;
• Production of a radix stump of a remote root from quick-hardening plastic Protocril and Redont, during the manufacture of a stump of a extracted tooth root, anatomic-topographic configurations of the root are taken into account in order to hermetically fill the well space;
• Installation of the manufactured stump in the hole of the extracted tooth with a perforated sinus;
• Closing the hole with a flap;

Results:

The use of the stump to close the perforation hole of the maxillary sinus from the quick-hardening plastics Protocril and Redont helps to reduce the bone defect and creates optimal conditions for the healing of the bone wound and the wound of soft tissues. Moreover, the materials used have good biocompatibility. At the review CT scan, the results showed that during the 1st, 2nd and 6 week after treatment, the plastic stump was encapsulated, the bone defect did not develop, the alveolar ridge was preserved. The cavity of the maxillary sinus remained airtight, and local perforations at the sinus floor epithelialized.

Wound healing occurs fairly quickly, less traumatic. This method of treatment is widely available and practical, on an outpatient basis.

VOICE DISORDERS AND THEIR EFFECT ON QUALITY OF LIFE IN VOCAL SPEECH PROFESSIONS PERSONS WITH CHRONIC PHARYNGITIS

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40% of the total number of patients accessing an ENT doctor is pharyngeal pathology. Chronic pharyngitis is one of the most common pharyngeal diseases.The causes of chronic pharyngitis are: the effect of pollutants on the mucous membrane, metabolic disorders, diseases of the internal organs, the respiratory system, age. The inflammatory process in the mucous membrane of the pharynx disrupts the normal functioning of the receptor elements n.

trigeminus, n. glossopharyngeus and n. vagus, as a result of which changes occur both in the timbre and in the normal mode of vibration of the vocal folds in relation to its frequency. Therefore, patients complain of periodic hoarseness of the voice, pain and sore throat, a feeling of "lump" in the throat, sleep disturbance, irritability, stress during phonation, which affects the quality of life of patients and its social aspects.

Materials: 22 patients with various forms of chronic pharyngitis and impaired vocal function (20 women and 2 men) were examined. The age of patients ranged from 19 to 54 years, the average age was 33,86 ± 10,16 years. Catarrhal pharyngitis was diagnosed in 12 persons (54,54%), hypertrophic in 7 (31,81%), atrophic in 3 (13,63%).

Results: After specialized phoniatric examination, we found that all patients had voice disorders of varying severity.

The maximum time of phonation was reduced, in men from 15 to 16 sec (15,5 ± 0,7 sec), in women from 8 to 12 sec (10 ± 1,45 sec).

Perceptual voice assessment (GRBAS scale) showed that the G-degree voice strength index is of the I degree in 4 (18,18%) patients, the II degree in 18 (81,82%). The roughness indicator R: 0 - in 4 (18,18%), I degree - in 17 (77,27%), III degree - in 1 (4,55%). Aspiration index B: I - in 18 (81,82%), II - 4 (18,18%). The indicator of weakness, asthenic A: I - 17 (77,27%), II - 5 (22,83%). The rate of compression is S: I –4 (18,18%), II –15 (68,18%), III - 3 (13,64%).

According to the results of the VHI (Voice Handicap Index) questionnaire, the number of patients with a mild degree is 3 (13,64%), with an average - 18 (81,82%); severe - 1 (4,54%); functional (F-functional) indicator was 12,95 ± 3,04 points; Physical (P - physical) 21,73 ± 4,11 points; emotional (E - emotional) 3,72 ± 0,73 points. The average total number was 38,4 ± 7,59 points, which corresponds to a moderate degree disorders.

Summary: In patients with chronic pharyngitis the most pronounced changes in the assessment of voice disorders on the GRBAS scale were in terms of voice strength G and compression S. According to the VHI questionnaire, the most pronounced physical (P) index, the total number of points corresponds to a moderate degree of severity, which indicates a significant impact of voice impairment on the quality of life of persons with vocal speech professions with chronic pharyngitis.