





БУХОРО ДАВЛАТ ТИББИЁТ  
ИНСТИТУТИ



ISSN 0000-0000

DOI Journal 10.26739/0000-0000

# ANNALS OF CLINICAL DISCIPLINE

1 ЖИЛД, 2 СОН

АННАЛЫ КЛИНИЧЕСКИХ ДИСЦИПЛИН

ТОМ 1, НОМЕР 2

КЛИНИК ФАНЛАР ЙИЛНОМАСИ

VOLUME 1, ISSUE 2



ТОШКЕНТ-2024

# ANNALS OF CLINICAL DISCIPLINE

АННАЛЫ КЛИНИЧЕСКИХ ДИСЦИПЛИН | КЛИНИК ФАНЛАР ЙИЛНОМАСИ

№2 (2024) DOI <http://dx.doi.org/10.26739/0000-0000-2024-2>

BOSH MUHARRIR: | ГЛАВНЫЙ РЕДАКТОР: | CHIEF EDITOR:

**Ш.Ж. ТЕШАЕВ**

BOSH MUHARRIR O'RINBOSARI: | ЗАМЕСТИТЕЛЬ  
ГЛАВНОГО РЕДАКТОРА: | DEPUTY CHIEF EDITOR:

**РЕДАКЦИОННАЯ КОЛЛЕГИЯ:**

М.Ж. Саноева  
У.К. Абдуллаева  
Д.А. Хасанова  
М.Н. Исматова  
С.С. Давлатов  
А.Р. Облоқулов  
Ш.Т. Ўроқов  
Н.У. Нарзуллаев  
Ш.Б. Ахророва  
В.Р. Акрамов  
У.С. Мамедов  
И.К. Садуллоева  
Г.Ж. Жарилкасинова  
А.А. Саидов  
Н.Н. Каримова  
Д.А. Набиева

**РЕДАКЦИОННЫЙ СОВЕТ:**

Н.А. Нуралиев (Бухара)  
А.Г. Гадаев (Ташкент)  
Г.Н. Собирова (Ташкент)  
М.М. Каримов (Ташкент)  
У.К. Қаямов (Ташкент)  
Л.Б. Новикова (Россия Федерацияси)  
О.И. Летяева (Россия Федерацияси)  
И.В. Реверчук (Россия Федерацияси)  
Edip Gonullu (Турция)  
Eva Lietto (Италия)

© Page Maker | Верстка | Саҳифаловчи: Хуршид Мирзахмедов

## О журнале

Журнал зарегистрирован в Агентство информации и массовых коммуникаций при Администрации Президента Республики Узбекистан  
№ С-239963 от 14 марта 2024 года

Адрес редакции: Республика Узбекистан, 200114,  
г. Бухара, ул. Гиждуван, 23  
Телефон: +998(65)2230050  
Сайт: <https://tadqiqot.uz/index.php/spjacd>  
e-mail: [abumkur14@gmail.com](mailto:abumkur14@gmail.com)


<b>1. Abdullaev R.B., Bakhtiyarova A.M., Mansurbekov D.M.</b>	
Effectiveness of comprehensive treatment of peptic ulcer .....	6
<b>2. Abdullaev R.B., Bakhtiyarova A.M., Mansurbekov D.M.</b>	
Therapeutic diet for ulcer disease in the Khorezm region.....	10
<b>3. Akhrorova L.B.</b>	
Study of the main serum cytokines in patients with liver echinococcosis.....	15
<b>4. Boltayev E.B.</b>	
Травматологик оперatsiyalar vaqtida o`tkaziladigan regional anesteziyada deksmedetomidinning roli.....	19
<b>5. Ergashov B.B.</b>	
Onkologik bemorlarda yurak-qon tomir kasalliklari.....	24
<b>6. Ergashov B.B.</b>	
Chemotherapy and cardiac arrhythmias.....	29
<b>7. Eshniyazova G.Sh.</b>	
Yarali kolit bilan og`rigan bemorlarga mikronutrient yetishmovchiligi.....	37
<b>8. Gorbunov A.P., Pashov A.I., Reverchuk I.V., Gulyaeva A.A.</b>	
Psychopathological and stress conditions in women at threatened premature birth.....	41
<b>9. Hikmatov J.S.</b>	
Bronxoektazni davolashda differensiyalashgan immunokorreksiyalashning ahamiyati.....	47
<b>10. Mekhriddinov M.K.</b>	
Strangulation of the sigmoid colon was the cause of acute intestinal obstruction. Clinical case....	52
<b>11. Mirzoyeva M.R., Sadulloyeva R.S.</b>	
The spread of coronavirus infection around the world.....	56
<b>12. Mukhamedova M.S., Isaev I.S.</b>	
Improving the organization of prevention of non-communicable diseases.....	60
<b>13. Narzulloeva D.S.</b>	
Assessment of the sodium-uretic peptide system and the structural and functional status of the myocardium in patients with chronic heart failure.....	64
<b>14. Rajabov D.O'.</b>	
Diabetik tovon sindromini kompleks jarrohlik davolash usullarini takomillashtirish.....	69
<b>15. Rakhimov A.Y.</b>	
Microflora analysis of osteomyelitis and osteoarthritis in patients with complicated form of diabetic foot syndrome.....	80
<b>16. Raupov F.S.</b>	
Bolalarda o`tkir bakterial destruktiv pnevmoniyaning kechish xususiyatlari.....	84
<b>17. Safarova G.A.</b>	
Clinical and laboratory aspects of patients with post-covid nephropathy.....	90
<b>18. Saidova L.B.</b>	
Analysis of childhood infections, particular hepatitis.....	95
<b>19. To'rayeva M.Sh., Gaziyeu K.U., Raximov A.Y.</b>	
Gigantomastiyani T-kesma mamoplastika texnikasi yordamida kichraytirish.....	101
<b>20. Umurova N.M.</b>	
Epidemiological aspects of the incidence of pollinosis in the Bukhara region.....	106
<b>21. Газиев К.У.</b>	
Операциядан кейинги қорин чурраларида герниопластиканинг турли усуллариининг самарадорлигини қиёсий тавсифлаш.....	113
<b>22. Жумаева М.Ф.</b>	
Связь между тяжестью цирроза печени и анемией.....	118
<b>23. Жумаева М.Ф.</b>	
Редкие причины анемии наблюдаемые при заболеваниях печени.....	125

<b>24. Жумаева М.Ф.</b>	
Есть ли влияние анемии на развитие гепаторенального синдрома?.....	133
<b>25. Исмагова М.Н.</b>	
Корреляция между клинико-лабораторными показателями и структурными изменениями почек при различных типах хронического гломерулонефрита с нефротическим синдромом.....	137
<b>26. Мехридинов М.К., Носиров Ю.У.</b>	
Бактериальная деструкция легкого, как осложнение COVID-19-пневмонии.....	141
<b>27. Мирзоева М.Р., Ашурова Н.А.</b>	
COVID-19 касаллигининг ҳомиладорларда учраш даражаси ва кечиш хусусияти.....	145
<b>28. Мустафаева М.Р.</b>	
Контраст-индуцированная нефропатия у больных стабильной ишемической болезнью сердца и однолетний прогноз // Анналы клинических дисциплин.....	150
<b>29. Мухамеджанова М.Х.</b>	
Прогностическое значение феррокинетических показателей у больных гепатитом с ассоциацией с хронической сердечной недостаточностью.....	158
<b>30. Наврузова Л.Х.</b>	
Комплексный подход при лечении некариозных поражений твердых тканей зубов.....	163
<b>31. Ниёзов Ф.Ё.</b>	
Лечение эхинококковых кист печени у детей - путём лапароскопии и его возможности...	169
<b>32. Нуриддинов С.С.</b>	
Некоторые клинические характеристики больных детей с колостазом.....	175
<b>33. Орипова Ф.Ш.</b>	
Тухумдон эндометриомасини даволашнинг замонавий усулини ишлаб чиқиш.....	181
<b>34. Орипова Ф.Ш.</b>	
Исследование половых гормонов у женщин с эндометриомой яичника.....	185
<b>35. Остапенко Е.Н., Новикова Н.П., Хондожко В.Н.</b>	
К вопросу диагностики кардиоэмболических инфарктов мозга (случай из практики).....	191
<b>36. Раджабов А.И., Сафоев Б.Б., Ярикулов Ш.Ш.</b>	
Результаты хирургических методов лечения больных с острым калькулёзным холециститом осложнённый холедохолитиазом.....	199
<b>37. Раджабова Г.Б.</b>	
Сирка кислотаси билан ўткир захарланган беморлар организмида тизимли яллиғланиш реакцияси синдроми белгиларининг ташҳисий сезгирлиги ва маълумотлилик қиймати.....	209
<b>38. Саидова Н.Ф.</b>	
Глазная патология с преморбидном фоном у детей.....	219
<b>39. Тухтаев Д.А.</b>	
Предикторы развития кардиоренального синдрома у больных хронической болезнью почек.....	223
<b>40. Умурова Н.М.</b>	
Динамика суточного мониторирования артериального давления у больных с хронической обструктивной болезнью лёгких и артериальной гипертонией среди мужского населения.....	229
<b>41. Хикматов Ж.С., Исматов Ж.К., Солиева Ш.С.</b>	
Эффективность применения повидон-йода при обработке остаточной полости после эхинококкэктомии легких.....	237

UDC 159.9.072.43

**Gorbunov Alexander Petrovich, Pashov Alexander Ivanovich,  
Reverchuk Igor Vasilievich, Gulyaeva Alina Alexandrovna**  
Federal State Autonomous Educational Institution of Higher Education "Immanuel Kant  
Baltic Federal University", Kaliningrad, Russia

## PSYCHOPATHOLOGICAL AND STRESS CONDITIONS IN WOMEN AT THREATENED PREMATURE BIRTH

 <http://dx.doi.org/10.5281/zenodo.12788592>

### ANNOTATION

The purpose of this original research work was to identify stress factors and psychopathological conditions in women at risk of preterm birth. The study involved 168 women at risk for preterm birth. At the time of the study, all women were undergoing drug therapy to prolong pregnancy. The study identified the determinants of the negative psycho-emotional state of women at risk of premature birth. The presence of a negative psycho-emotional state and maladaptive states significantly complicates the course of pregnancy. To increase fertility rates and reduce the risk of premature birth, a comprehensive intervention of medical and psychological measures is needed to prolong pregnancy, stabilize the psycho-emotional state of the mother and prevent pregnancy complications.

**Keywords:** premature birth, depression, stress, anxiety.

---

**Горбунов Александр Петрович, Пашов Александр Иванович,  
Реверчук Игорь Васильевич, Гуляева Алина Александровна**  
Федеральное государственное автономное образовательное учреждение высшего  
образования «Балтийский федеральный университет имени Иммануила Канта»,  
Калининград, Россия

## ПСИХОПАТОЛОГИЧЕСКИЕ И СТРЕССОВЫЕ СОСТОЯНИЯ У ЖЕНЩИН ПРИ УГРОЗЕ ПРЕЖДЕВРЕМЕННЫХ РОДОВ

### АННОТАЦИЯ

Целью этой оригинальной исследовательской работы было выявление стрессовых факторов и психопатологических состояний у женщин с риском преждевременных родов. В исследовании приняли участие 168 женщин из группы риска преждевременных родов. На момент исследования все женщины проходили медикаментозную терапию для продления беременности. В результате исследования выявлены детерминанты негативного психоэмоционального состояния женщин из группы риска преждевременных родов. Наличие негативного психоэмоционального состояния и дезадаптивных состояний существенно осложняет течение беременности. Для повышения рождаемости и снижения риска преждевременных родов необходимо комплексное вмешательство медицинских и

психологических мероприятий, направленных на пролонгирование беременности, стабилизацию психоэмоционального состояния матери и предупреждение осложнений беременности.

**Ключевые слова:** преждевременные роды, депрессия, стресс, тревога.

**Gorbunov Aleksandr Petrovich, Pashov Aleksandr Ivanovich,  
Reverchuk Igor Vasilevich, Gulyaeva Alina Alexandrovna**  
"Immanuel Kant Boltiq federal universiteti" Federal davlat avtonom  
oliy ta'lim muassasasi, Kaliningrad, Rossiya

## MUDDATDAN OLDIN TUG'ILISH XAVFI BOR AYOLLARNING PSIXOPATOLOGIK VA STRESS HOLATLARI

### ANNOTATSIYA

Ushbu asl tadqiqot ishining maqsadi erta tug'ilish xavfi bo'lgan ayollarda stress omillari va psixopatologik sharoitlarni aniqlash edi. Tadqiqotda erta tug'ilish xavfi ostida bo'lgan 168 ayol ishtirok etdi. Tadqiqot vaqtida barcha ayollar homiladorlikni uzaytirish uchun dori terapiyasini o'tkazdilar. Tadqiqotda erta tug'ilish xavfi ostida bo'lgan ayollarning salbiy psixo-emotsional holatini belgilovchi omillar aniqlandi. Salbiy psixo-emotsional holat va noto'g'ri holatlarning mavjudligi homiladorlik jarayonini sezilarli darajada murakkablashtiradi. Tug'ilish darajasini oshirish va erta tug'ilish xavfini kamaytirish uchun homiladorlikni uzaytirish, onaning psixo-emotsional holatini barqarorlashtirish va homiladorlikning asoratlarini oldini olish bo'yicha tibbiy va psixologik chora-tadbirlarning kompleks aralashuvi zarur.

**Kalit so'zlar:** erta tug'ilish, depressiya, stress, tashvish.

### Introduction

The special location of the Kaliningrad region and unfavorable environmental conditions entail certain socio-economic and medical-social problems. Poor physical health of the population affects reproductive health, in particular, the reproductive health of women. Medical-biological, psychosocial and behavioral factors together play a decisive role in determining the course and outcome of pregnancy.

According to WHO, every sixth woman's pregnancy is interrupted by spontaneous miscarriage or preterm birth (PL) [8,10]. In the Kaliningrad region over the past three years there has been no tendency to improve these indicators (Table 1).

**Table 1**

### Indicators of premature births in the Kaliningrad region

Indicators	2015	2016	2017
PB at less than 36 completed weeks of pregnancy	10.39 %	10.67 %	9.35%
Pregnancy at less than 32 completed weeks of pregnancy	3.04%	2.68%	1.54%
Pregnancy at less than 28 completed weeks of pregnancy	1.07%	0.95%	0.51%
Disability percentage of premature babies	56.7%	59.4%	55.9%
Early neonatal mortality	6.44%	7.71%	7.54%

The main causes of premature birth include the following:

- infectious and inflammatory processes;
- disturbances in the functioning of the hypothalamic-pituitary axis due to stress;
- bleeding;
- overstretching of the uterus [6, 7, 9].

Previous studies have shown a relationship between the frequency of pregnancy complications and the presence of psycho-emotional disorders [2, 3, 4, 5]. Severe stress disorders and negative events, in particular the threat of miscarriage, can lead to various psychopathological disorders [1,5].

The purpose of this article is to consider and identify factors in the negative psycho-emotional state of women with threatened premature birth.

### Materials and methods

The study took place on the basis of the State Autonomous Institution KO "ROC" in Kaliningrad. The study involved 168 women at risk for threatened preterm birth. At the time of the study, all women were undergoing drug therapy to prolong pregnancy. The average age of the women examined was 28 years ( $\pm 4.5$ ). In 35.7% of women with threatened pregnancy, it was the first pregnancy, in 14.3% it was the second, and the remaining 50% of women had a history of three or more pregnancies.

Analysis of anamnestic data showed that 46.4% of women had more than one perinatally significant infection. The presence of extragenital pathology (diseases of the cardiovascular system, liver and gastrointestinal tract), chronic inflammation of the uterine appendages, and uterine fibroids significantly increase the risk of developing threatening premature birth ( $p < 0.05$ ). According to microbiological and morphological studies of placentas, 40% of threatened premature births are caused by intrauterine infection.

To determine the level of mental health, the following were used: a clinical interview, a clinical questionnaire for identifying and assessing neurotic conditions (K.K. Yakhin, D.M. Mendelevich), clinical scales and psychological methods: "Hamilton Anxiety Scale" and "Rose of Quality of Life" according to I. A. Gundarov.

Statistical data processing was carried out using the following criteria: chi-square; F – Fischer criterion.

The study was conducted in accordance with the ethical standards of the Committee on Human Experimentation; the requirements of the 1975 Declaration of Helsinki and its 1996 revision; requirements of the Resolution of the Interparliamentary Assembly of Member States of the Commonwealth of Independent States of November 18, 2005 No. 26–10 "On the Model Law "On the Protection of Human Rights and Dignity in Biomedical Research in the CIS Member States." All women gave written consent to participate in the study and to publish the results.

### Results

The clinical interview was aimed at studying the factors that provoke the negative psycho-emotional state of pregnant women with threatening birth defects. Data from a clinical interview made it possible to identify categories that most fully reflect the direction of women's experiences:

- problems of somatic and reproductive health;
- features of experiencing threatening PD;
- personal characteristics of a woman;
- experiencing an authoritarian and emotionally cold attitude on the part of significant loved ones (relationships with the husband, with the parental family).

Analysis of the level of anxiety (Me [Q1-Q3]) and quality of life indicators revealed high values of somatic (4.0 [0.5-6.0];  $p < 0.001$ ), mental (4.0 [2.5-6.0];  $p < 0.001$ ), neurovegetative (2.0 [1.0-4.0];  $p < 0.001$ ), total anxiety (12.0 [5.0-12.5];  $p < 0.001$ ). A statistically significant relationship was identified between an increase in the level of anxiety and a decrease in quality of life (Table 2).

**Table 2**

**Relationship between increased anxiety levels and decreased quality of life**

Group of pregnant women	Hamilton anxiety scale	Quality of life assessment ("Quality of Life Rose")		Total
		$\leq 46$ points	$\geq 46$ points	
n=168	$\geq 14$ points	51(80.9%)	12 (19.04%)	63 (37.5%)



	≤ 14 points	21(20%)	84 (80%)	105 (62.5%)
	Total:	72 (100%)	96 (100%)	168 (100%)
$\chi^2=26.20; p<0.001$				

The results obtained using the survey for identifying and assessing neurotic conditions (K.K. Yakhin, D.M. Mendelevich) showed that the majority of women have neurotic manifestations - scores exceeding 1.28 indicate a healthy state, while as scores less than -1.28 indicate a severe painful condition. The most pronounced indicators were on the anxiety scale (Table 3).

**Table 3**

**Analysis of mental state indicators using a questionnaire for identifying and assessing neurotic conditions**

Method scales	Average value	Standard deviation	P – level
Anxiety scale	-3.52	±2.24	0.001
Neurotic Depression Scale	-0.75	±2.12	0.001
Asthenia scale	2.03	±1.56	0.01
Hysterical Response Scale	5.87	±1.09	0.05
Obsessive-phobic disorder scale	6.35	±1.02	0.05
Autonomic Disorders Scale	-0.64	±1.78	0.01

### Discussion

The results of the analysis of the somatic health of women with threatening birth defects indicate that most of them have problems associated with reproductive (46.4%) and somatic health (35%). The most common causes of threatening birth defects are infectious diseases, in particular intrauterine infections (40%).

An analysis of the system of relations in the parental family shows that most women report negative relationships. The prevailing statements are “cold” (49.3%), “unemotional” (39%), “authoritarian” (29.9%), and “offense” (44%). Many women associate the main negative characteristics with their relationship with their mother - they perceive her as “not understanding” (35.2%), “distant” (43%), “not taking part in their life” (46%).

Relationships with their husbands are considered by the majority of women (58%) in the context of various difficulties: many note the lack of emotional support (61%), coldness (57%). Many women pointed to the instability of relationships (46%), indifference on the part of their husbands (57%), and loneliness (46%).

A significant indicator was also the factor of a woman’s attitude towards herself and her pregnancy. Many noted fear for their health and the health of their child (76%), negative emotional experiences (68%), and lack of self-confidence (35%).

All these factors individually and collectively provoke a decrease in the quality of life, which in turn leads to an increase in the level of anxiety.

As a result of the analysis of the “Clinical Questionnaire for the Identification and Assessment of Neurotic Conditions,” the following characteristics characteristic of women with threatened preterm birth were noted: increased anxiety (68%), emotional instability (65%), emotional excitability (47%), internal restlessness (65%), increased sensitivity to negative events (67%), symptoms of low mood (37%) are noted - this is evidenced by data on scales of anxiety, neurotic depression and autonomic disorders.

Weakened somatic health, the presence of infections and diseases that potentially threaten the life and health of the child entail an unstable psycho-emotional state of women, manifested in an increase in the level of anxiety and the formation of depressive components. Negative relationships in the family, both in the parental and in the relationship with the husband, are an additional source of stress, which contributes to the development of emotional instability and can provoke neurotic manifestations. The highest rates of increased anxiety were observed in women with a negative mental state, with problems in relationships with loved ones, and with infectious diseases.

### Conclusion

The characteristics and dynamics of the psycho-emotional states of women with threatening PD are associated with the following factors, which can act both in isolation and in combination:

- problems of somatic and reproductive health;
- features of experiencing threatening PD;
- personal characteristics of a woman;
- experiencing an authoritarian and emotionally cold attitude on the part of significant loved ones.

The study identified the following determinants of the negative psycho-emotional state of women with threatened preterm birth:

- reduced level of quality of life;
- increased rates of somatic, mental, neurovegetative anxiety, which may indicate a high probability of developing a neurotic state;
- the formation of an alarming variant of the psychological component of the gestational dominant is observed;
- increased emotional excitability, indicating the pregnant woman's concern for her health and for the health of her child.

The presence of a negative psycho-emotional state and maladaptive states significantly complicates the course of pregnancy. To improve fertility rates and reduce the risk of premature birth, a comprehensive intervention of medical and psychological measures aimed at prolonging pregnancy, stabilizing the psycho-emotional state of the mother and preventing pregnancy complications is necessary.

### References

1. Dmitriev M., Reverchuk, I., Glavatskikh, M., & Khejgetyan, A. (2020). Medical students' attitudes towards mental stigmatization and its associated with own and familial psychosomatic disorders. In E3S Web of Conferences (Vol. 210, p. 19020). EDP Sciences.
2. Edwards S. Miscarriage in Australia: The geographical inequity of healthcare services / S. Edwards, M. Birks // Australasian Emergency Nursing Journal. – 2016. – Mar 22. pii: S1574-6267(16)00017-3.
3. Gardanova Zh. R., Shmakov R. G., Gatsaeva L. T., Menshikova A. A. Features of the course of pregnancy, childbirth and the postpartum period in women against the background of mixed anxiety and depressive disorders in conditions of socio-economic instability // Gynecology. – 2011. – No. 4. – P. 24–28.
4. Kharitonov S.V., Semke V.Ya., Aksenov M.M. Psychophysiology of neuroses // Journal of Neurology and Psychiatry named after. CC Korsakov. – 1999. – T. 99, No. 6. – P. 59.
5. Kupriyanova I. E., Efanova T. S., Zakharov R. I. Psychotherapeutic correction and rehabilitation of mental health disorders in pregnant women with the threat of miscarriage // Neurology, neuropsychiatry, psychosomatics. – 2014. – No. 4. – P. 46–50.
6. Kupriyanova I. E., Chuikova K. I., Kovaleva T. A., Spivak S. V., Petrova E. I., Minakova Yu. V. Psychotherapeutic approaches in complex rehabilitation of pregnant women with chronic hepatitis B and C // Siberian Bulletin of Psychiatry and Narcology. – 2017. – No. 1 (94). – pp. 53–56.

7. Reck C., Zimmer K., Dubber S. et al. The influence of general anxiety and childbirth-specific anxiety on birth outcome // Arch. WomensMent. Health. – 2013. – Vol. 16, N 5. – P. 363–369.
8. Veltishchev D. Yu. Adaptation disorder as a stress syndrome: psychopathology and therapy // Doctor.Ru. – 2013. – No. 5 (83). – P. 76–81.
9. Yakhin K.K., Mendelevich D.M. Clinical questionnaire for identifying and assessing neurotic conditions. – Clinical and medical psychology: A practical guide. – M., 1998. – P. 545–552.
10. Zuev, A. V. Reverchuk IV, Gontar AA Complex therapy of psoriasis and multidisciplinary correction of maladjustment against the background of psychodermatological changes | Klinicheskaya Dermatologiya I Venerologiyathis, 2021,20(1)-54 - 58

# ANNALS OF CLINICAL DISCIPLINE

1 ЖИЛД, 2 СОН

**АННАЛЫ КЛИНИЧЕСКИХ ДИСЦИПЛИН**

ТОМ 1, НОМЕР 2

**КЛИНИК ФАНЛАР ЙИЛНОМАСИ**

VOLUME 1, ISSUE 2

Научно-практический журнал по всем  
направлениям медицины  
основан в 2024 году  
Бухарским государственным  
медицинским институтом  
Выходит один раз в 3 месяца  
Учредитель Бухарский государственный  
медицинский институт