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The Ukraine Conflict: Social, Psychological and Medical Perspectives

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Abstract

Paranoid individuals have restricted abilities to test their beliefs for reality. Among them are writers touting mysterious theories. Certain war instigators are paranoid in their tendency to present themselves as liberators, world saviors etc. Paranoiacs may be aggressive against delusional goals. Some mentally healthy people are susceptible to paranoid appeals, a predisposing condition being fear of strangers and projection of hatred upon them. The projection mechanism in some individuals is the aberration of shame. Being unable to tolerate shame, they project it onto others. Repressed shame may cause aggression. This review applies the above considerations to the conflict in Ukraine. Among others, the lack of knowledge about other countries, misleading propaganda, suppressed envy and shame contribute to hostility against welfare states. Some topics discussed here are associated with shame, reflected by the comparatively low life expectancy and world highest abortion rate in Russia. In this connection, drawbacks of the healthcare are discussed here. If the global power shifts to Russia, it will come along with losses of certain values. The quality of many services, products and foodstuffs will decline. Autocratic management style will spread also in the healthcare and science. If the world is becoming multicentric, armed conflicts of various magnitudes may become permanent. There would be a vicious circle of overpopulation and homicide. International tensions provide motives for birth rate elevation: the demographic growth is believed to strengthen defenses and sovereignty. Environmental damage and exhaustion of non-renewable resources are proportional to the population size. The only thinkable alternative is a global leadership centered in most developed parts of the world. Among advantages of globalization are the ecological and demographic management, prevention of conflicts and warfare. Large projects could be accomplished by the globalized humankind to improve the life quality of billions, creating many jobs, being a reasonable alternative to excessive military expenditures. Confidence-building measures, international trust and reliability are needed. Instead of machismo and militarism, propaganda should popularize the image of scrupulous and hardworking people. Ukraine must become a testing ground for the international cooperation.

Keywords: Ukraine; armed conflict; healthcare; public health; psychology.

Introduction

This review analyzes psychological, medical and demographic aspects of the conflict in Ukraine. The author tried to be impartial. The separation of Russia from the rest of Europe started in 1917 and continued thereafter [1]. If the power in Europe shifts towards Russia, it will come along with losses of values like liberties and human rights. Disregard for laws and regulations, corruption and collectivism will come instead. The quality of many services, products and foodstuffs will decline. The following distinctions must be stressed: comparatively low life expectancy, medical science not repelling falsification, inefficient medications advertised and prescribed, invasive procedures applied without indications [2-6]. Autocratic or military management style discourages criticism. Attributes of this style include the paternalistic approach to patients, bossy management, harassment of colleagues if they do not follow instructions or not collaborate e.g. in dubious publications. Under conditions of paternalism, misinformation of patients and compulsory treatments are deemed permitted [7]. Finally, the environmental protection and energy conservation is less popular in Russia than in other industrialized countries.

The following proposals seem to be reasonable: "Russia must be brought into the world and European community. And in order to reduce distance and fear, NATO should move to Moscow... What is needed is a reform of both NATO and the European Union (EU) in the creation of confederation from Vancouver to Vladivostok. Much as was originally proposed by James Baker, François Mitterrand and Mikhail Gorbachev toward the end of the Cold War" [8]. Russian rulers and a part of the population are against the coexistence in a legal field with the West. This is not entirely groundless considering formally legal but unfair practices. For example, the author received numerous invoices and payment requests from predatory publishers despite complete waivers promised per e-mail. Russians travelling abroad encountered various kinds of deception and fraud. On the other hand, some people would welcome a Russian advancement to the English Channel, demographic transformations being one of the reasons [9,10]. The dismantling of democracy and human rights is not automatically unfavorable: more order is needed in our age of overpopulation, mass migrations and ethnic shifts. However, these problems should be clearly addressed instead of using conflicts for the tightening of screws. Great projects could be accomplished by the globalized humankind, being a reasonable alternative to excessive military expenditures. Not only durable peace but also mutual trust is required for that. Unfortunately, trust can be

abused while certain individuals and organizations are unreliable. Trust is good, but checking that trust is not abused is also necessary. Ukraine should become a testing ground for the international trust and cooperation.

Russian leaders may be the first movers of a new historic period. If the world becomes multicentric as per Vladimir Putin [11], armed conflicts of various magnitudes will be permanent. In a sense, it would be a return to the Middle Ages. Indeed, the leading Russian ideologist Alexandr Dugin (discussed below) has written: "Middle Ages were the golden age of mankind" [12]. A constructive alternative is the global leadership centered in developed parts of the world, based on humanism and modern science. The demographic growth contributes to a shortage of food and energy. Many countries are experiencing water shortages while agricultural production increases through the overexploitation and pollution of water resources and deforestation. The pro-natalist policy is conspicuous in Russia these days. For example, the extremely popular TV series "Sled" (Trace) and "Slepaia" (The Blind) depict unexpected and unintended pregnancies both in and out of wedlock as something natural and unavoidable while contraception is mentioned rarely. Risks associated with oral contraceptives have been invented or exaggerated. On 14 November 2022 Vladimir Putin awarded the honorary title Mother Heroine to a woman from Chechnya, the area with one of the highest birth rates. Apparently, the high birth rate of certain ethnicities is a geopolitical strategy.

The Ukraine conflict and peace initiatives

The declared reason of the "special military operation" (SMO), started February 2022, was the anti-separatist activity by the Ukrainian armed forces in Donbas since 2014 and non-observance of the Minsk agreements. In principle, the fight against separatism within national borders is justifiable. The Ukraine in her 1991 borders was recognized by all nations including Russia. However, another argumentation is also possible. The Ukraine in today's borders was created by Bolsheviks disregarding ethnic and linguistic realities. A majority of residents in the southern and eastern parts of the country are Russian-speaking. Some people in the Donbas were disappointed that their region had not become a part of the Russian Federation (RF). Admittedly, the territorial claim must have been declared prior to the warfare. Statistics about ethnic composition especially in the eastern and southern parts of Ukraine may be misleading. During the Soviet time, many citizens registered themselves as Ukrainians for reasons of convenience but continued to share the Russian identity. Recent

referendums on occupied territories have been met with skepticism. The Soviet-trained collectivism has influenced referendums, elections and opinion polls e.g. those testifying that 70-73% of Russian citizens support SMO [13]. Almost everybody voted the ruling party in the former Soviet Union (SU) while some people hid their opinions. Residents of occupied territories voted for the unification with RF to avoid trouble as they don't believe that the situation will be reverted back. Many local inhabitants do not care much about liberties and human rights; what is important, is security and wealth. Therefore, significance of the referendums is limited. To be unbiased, such referendums must be performed not in conditions of occupation but under efficient international control e.g. within the framework of a peacekeeping mission. A workable solution would be an international agreement delimitating spheres of influence. The main thing is to avoid a new East-West conflict. Both sides would be losers in the long run as it was 100 years ago, while winners would be those who stay outside. The history of the 20th century demonstrated that European rulers, despite the most progressive scientific theories, repeatedly took shortsighted, self-destructive decisions. Some Russian-speaking areas in the East and South of Ukraine may belong to the Russian sphere of influence if people really want it. The new-tailored neutral Ukraine as per Elon Musk [14] is suboptimal as it will be threatened with punishments for supposed nationalism or liberalism condemned in Russia these days. There seems to be no reasons why Ukraine cannot become a member of NATO and EU. As mentioned above, an optimal solution would be affiliation of both RF and Ukraine with the above-named Organizations and their extension to the Pacific Ocean. Considering the analogy between Taiwan and Donetsk/Lugansk provinces, two long-lasting disagreements can be settled at once. Referendums under the international control could be held both in Taiwan and Russianspeaking provinces of Ukraine with a proposal of 3 options: unification with Ukraine/China, independence, inclusion in RF, or for Taiwan - a protectorate by the United States and/or Japan. Analogous solutions were proposed for the Crimea in 2015 [15].

Based on available information, literature and own observations, the author believes that the warfare, harm and casualties were exaggerated prior to the SMO at least. Neither destroyed buildings nor other damage was seen in the Donetsk area in March 2022. The same was observed in 2014 [15,16]. Commanders of the Ukrainian army and Donbas militias established communication by mobile phones to arrange local ceasefires and avoid casualties [17]. Among others, SMO was aimed at the personnel training, absorption of foreign aid and military technology. Some Soviet-time energy facilities in Ukraine, needing replacement by

modern equipment, have been attacked recently. The facilities will be modernized with the foreign help. Hardships and casualties have often been disregarded during the Soviet history. The war is distracting people from internal problems facilitating screw-tightening, postponing solutions in the public health and social affairs. All those participating (factually or on paper) in the current conflict will obtain the war veteran status thus acquiring privileges over fellow-citizens. This is a motive both to participate in the warfare and to exaggerate its dimensions.

There was a tendency to exaggerate military activities and harm also from other conflicts in the post-Soviet space. Abandoned dilapidated buildings were often shelled, as it was in Chechnya in the 1990s, while residents had been warned about forthcoming bombardments. Overmanned militias both in the Donbas and in Chechnya were a remedy against unemployment due to the overpopulation in the latter and coal mines closures in the former. The unemployment in Donbas was largely caused by decline in the coal production and economical disarray thanks to ill-considered and corrupt policies during privatization of state enterprises in the 1990s [18]. Apparently, this is one of the main factors contributing to instability in the region. The real or supposed dangers together with bribery at frontier crossings have been damaging for tourism, trade and, consequently, for the international understanding and trust. According to the author's observations, it was often more troublesome to cross borders within the former SU than in other regions of Asia and in Africa. Finally, double standards should be pointed out: no sanctions were imposed against Israel for comparable SMOs. Another example is Kosovo, where geopolitical decisions were taken in consideration of the Albanian majority that had developed due to the higher birthrate and immigration [19,20]. The Indo-Pakistani Conflict in 1971 with the Indian occupation of East Bengal is also partly analogous.

Social and environmental perspective

The conflict in Ukraine has impeded environmental policies in Europe and elsewhere. The war itself is damaging for the environment. The conflict between two major agricultural countries has negative impact on the global food supply. As food prices rise, some nations are likely to cope by converting forests to fields [21]. International tensions and conflicts are among reasons to boost childbearing in Russia and some other countries. Pro-natalist policies are counterproductive in view of the global overpopulation. The demographic growth contributes to the shortage of food and energy in many regions. The energy could be supplied by nuclear power plants (NPPs). Well-managed NPPs pose less of a risk than those running

on fossil fuels. Nuclear facilities practically do not emit greenhouse gases. Admittedly, uranium enrichment uses energy from fossil-fuel-fired plants [22]; but the larger is the share of nuclear energy, the more of it will be used for such purposes. Obviously, lasting peace is needed as NPPs are potential targets. By analogy with the Chernobyl accident, the war damage and shutdown of the Zaporozhie NPP (largest NPP in Europe) will enhance demands for fossil fuels in accordance with the interest of oil and gas producers. Nuclear power is the cleanest and safest means to meet the world's energy needs [23]. There are no alternatives to the atomic energy, especially for Europe, where large hydroelectric plants cannot be built. Fossil fuels will become increasingly expensive, contributing to excessive population growth in oil- and gas-producing countries and poverty elsewhere. Natural sources of energy generation like wind, solar, geothermal, hydroelectric power and combustible renewables will make a contribution, but their share in the global energy balance is too small to substitute for the nuclear power. In future, nuclear fission will be probably replaced by fusion, which is intrinsically safer. However, the worldwide use of atomic energy must be managed by a powerful international executive based in developed countries, albeit not in those threatening with nuclear weapon [24]. It would permit construction of nuclear facilities in optimally suitable places, notwithstanding national borders, considering all socio-political, geophysical conditions and reliability of local personnel. In this way, accidents like in Fukushima Daiichi, caused by the earthquake and tsunami, or Chernobyl, favored by disregard for written instructions [25,26], would be avoided. Development of nuclear energy would create jobs for qualified workforce; otherwise the know-how will be relocated to countries with less influential Green movements. Probably not all writers and Green activists exaggerating medical and ecological side effects of nuclear energy do realize that they serve the interests of fossil fuel producers. Citizens should be aware that their best intentions are exploited to disadvantage their own countries.

The birth control has been obfuscated by presumed national interests: the demographic growth was used to strengthen the sovereignty and defenses. International conflicts provide motivation for the population growth. In the past, overpopulation was counteracted by wars, pestilence and famine. Today, scientifically based humane methods can be used to regulate the population size. Under conditions of globalization, an authority based in developed countries could counteract the overpopulation and environmental damage. The role of Russia would be that of a regional superpower, which is realistic and honorable. Among advantages of globalization are the ecological management, governance of the world economy, control of

warfare and fostering of transnational democracy [27,28]. In conditions of globalization, the project of universal basic income (UBI) could be implemented [29]. It must incorporate the concept of birth control. For example, the following has been proposed: the basic UBI divided by the average birth rate in a given country during e.g. last 50 years. Legal migrants and their offspring would preserve the UBI of their native country for 25 years [30]. A globally coordinated unemployment protection would inhibit migrations and help people to develop professional skills according to new demands [31]. Of particular importance is the globalization of human rights including tools and sanctions reinforcing accountability [32]. Great projects could be accomplished by the unified humankind to improve the quality of life worldwide: irrigation systems, nuclear and other energy sources as an alternative to fossil fuels, hydroelectric power plants on large rivers to produce hydrogen as eco-friendly energy carrier. New substances used in the industry, nutrition and medicine must be tested in large animal populations to achieve statistical significance and register rare stochastic outcomes. Such projects would create many jobs, being a reasonable alternative to the warfare and excessive military expenditures.

The overpopulation and gender imbalance are increasingly important these days as potential causes of conflicts [9,10]. The growing excess of males in consequence of sex-selective abortions contributes to militarism [33]. The ecological damage, shortages of drinking water and food are generally proportional to the population density [34,35]. The agricultural production increases partly through overexploitation and pollution of water resources, groundwater depletion, deforestation and other types of environmental degradation [35,36]. In the last quarter of the 20th century, the population grew faster in less developed countries than in more developed ones; while the ratio of greenhouse gas emissions to the population growth was estimated at 2.8 in developing countries vs. 1.6 in developed parts of the world [37]. The industrialization of regions formerly regarded as developing is significant because of insufficient environment conservation measures, and above all due to the vast dimensions of the process, proportional to the population size. Solutions would require propagation of new principles: no population group on a national or international scale, neither ethnic nor confessional minorities, may obtain any advantages because of a faster growth. Those who have had many children should logically live in more constrained conditions. Social consequences of the gender imbalance must be borne by those population groups, where sexselective abortions were practiced. Acceptance of these principles could build a basis for the

international understanding. Without procreative competition, peoples would be more likely to live in peace.

Birth rate inequalities lead to a growth of certain minorities that may become majorities and cause political instability. Differences in population dynamics between ex-Soviet countries and ethnicities within RF are considerable [38,39]. The greatest ethnic shifts have been observed in the Caucasus and Central Asia. Emigration of Russians from these regions has started decades ago having accelerated after the dissolution of SU, while the immigration to RF of ethnically non-Russian people is conspicuous. The highest birthrates within RF were registered in Chechnya, Ingushetia and Tuva; the fastest population decrease - in Pskov, Tambov, Tula and Tver provinces [40]. Migration of ethnic Chechens from mountains to lowlands is going on while ethnic Russians are leaving the area [41-43]. According to surveys, most frequent reasons of emigration from the North Caucasus were crime, threats and abuse of children [44]. Almost in all Far Eastern provinces of RF, the ethnic Russian population is dwindling. Since the 1990s, immigration to the Far Eastern parts of RF has occurred from the Central Asia, China, North Korea and Vietnam, largely compensating for departures of Russians [45-47]. The population growth in the Far East has been maximal in Buryatia and Yakutia thanks to higher birth rates of the indigenous ethnic groups [48]. The immigration to Siberian regions occurred predominantly from the Central Asia [46]. The maximal contribution to the population decline in the period 1992-2019 was made by Saint Petersburg (652 thousand people lost) with surrounding oblast (414), Pskov (237), Vologda and Novgorod provinces (185 thousand each) [49]. In Dagestan, the birth rate of indigenous peoples is approximately twice as high as among Russians [44]. The birth rate in Moscow is one of the lowest in RF, while the population growth is nearly the highest thanks to the immigration accounting for 83.7% of the growth in the period 2012-2018 [50]. One of 7 infants in Moscow is born to a migrant woman coming predominantly from the Caucasus or Central Asia. The phenomenon of "guest" or "parallel" (i.e. temporary or fictive) marriages becomes more widespread [51,52]. Sexual and reproductive coercion is used for the purpose of migration, to cement relationships and marriages, to obtain a residence permit and lodging, or to spread a certain genotype often with geopolitical motives [30,53].

Psychological perspective

Psychological and psychiatric aspects of the conflict around Ukraine have not been given due attention. If political leaders have a personality disorder or neurosis while other mental

functions are intact, they can preserve abilities to remain in the position of power. This is precarious for authoritarian regimes with inefficient democratic procedures. The most serious consequences occur when paranoid ideas persist in a dictator and/or his advisers along with rationality and efficiency so that delusions are put into life [54]. Some paranoiacs are belligerent and aggressive against delusional goals [55]. Governments in democracy are more transparent; so it is less probable that power would be kept or influenced by mentally disordered individuals. Considering traditions of authoritarianism and current condemnation of liberals, the problem is of particular importance for Russia.

The physical abuse of children in families and bullying at schools are well-known problems in the former SU. Both factors were present in the biography of Vladimir Putin [56,57]. There is evidence supporting an association of childhood trauma and bullying with schizotypy and positive symptoms of schizophrenia such as delusions [58,59]. In particular, bully/victims scored higher on the neuroticism and psychoticism scales [60]. The Putin's saying "If a fight is [perceived as] inevitable, you must strike first" may be a trace of juvenile ways of defending against bullies, presumably related to an intergenerational traumatic chain [56]. The concept of Ukraine's "denazification" is not merely propaganda. According to psychoanalysts, the Putin's phantasm of Ukraine's "denazification" is a part of his entangled memories of what he heard about the World War II and projections from the Cold War to the present. Putin wants to resist the imagined attack supposedly launched against Russia by the West. In the process, he would become a new Stalin by completing the latter's unfinished task of conquering Europe [55,61]. In regard to the ongoing destruction of Ukraine's infrastructure, Putin may be in grip of the idea that the denazification can be achieved through extensive destructions; otherwise, "the Phoenix can rise from the ashes" [61]. There have been attempts to analyze Putin's mental condition [55,56]. Apparently, there is not enough information for diagnostic conclusions; the more so as his published texts seem to be edited by professional writers. It has also been speculated that Putin is influenced by ethnic non-Russians, hence his adherence to the Eurasian ideology.

The Russia's westward expansion and the Ukraine war are supported by the concept of Eurasianism propagated among others by Aleksandr Dugin, a well-known political philosopher and strategist. Two opposing expansion tendencies should be evoked in this connection: that from Eurasia to the West and that of Europeans towards the East. The history of two millennia teaches that the latter tended to be constructive in the long run, and the

former - degrading; more details are in [9,10]. Alexandr Dugin has attracted publicity after the annexation of Crimea. Since then, Dugin's works seem to be better edited. Dugin's ideas are influential in the ruling spheres; he is referred to as the "Putin's brain" [62]. Here follow several characteristic citations from Dugin's writings: "To close down America is our sacred duty" [63]. "Anti-Americanism is a Creed (statement of faith)... The prohibition of war propaganda is pharisaic. You can't get away from the war and you shouldn't try. Western civilization is deadly for our historical way" [64]. It should be stressed here that any propaganda for war is prohibited by the international Law [65]. Furthermore, Dugin has written: "We must forget about the nightmare that is called Western civilization, globalization, political correctness, liberalism and human rights. We must forget this terrible nonsense" [12]. About science: "Death is the only truly scientific fact. Everything else is hypothesis. Therefore, true science can be built only on the direct experience of death. Without it, we are dealing with charlatans" [66]. His writings seem to be indicative of paranoid and grandiose delusions, compare: "Americans cause rejection, repulsion, a desire to hide from their influence" and "If we lose, we will blow up the whole world" [67]. The father of Alexandr, Geliy Dugin (1935-1998) was general of the Soviet Armed Forces [68]. The former party and military functionaries (so-called Numenklatura) promoted their children sometimes irrespective of the latters' abilities, integrity and health status [3,69].

A paranoid belief that others intend harm may lead to aggression. Paranoia is generally characterized by hostile disposition and aggressive behavior to remove perceived threats [70]. The demarcation between non-delusional paranoia and persecutory delusions is not always clear. It is known that paranoid individuals have limited abilities to test their beliefs for reality. Their thinking is characterized by a jumping to conclusions. This is a probable reason why among paranoiacs are writers touting mysterious theories e.g.: "The will of any people is sacred. But the will of Russian people is hundred times more sacred" [71]; "The flight of battle, the elements of war must become a true Russian University" [66]; "For peace to be without war, the war is first necessary... We make the war. It is originating in our heart. We give birth to the war. Through the war we create the world, our Russkiy Mir" [72]. Certain war instigators and terrorists are paranoid in their tendency to present themselves as prophets, liberators, world saviors etc. Some paranoiacs are belligerent and aggressive against delusional goals, as it is the case with the "denazification" of Ukraine [55]. Of note, such ideas are virulent. Mentally healthy people can be susceptible to paranoid appeals, a predisposing condition being fear of strangers and projection of hatred upon them. A "good"

enemy is a reservoir for all negated aspects of the self and distractor from internal problems [73]. The lack of knowledge about other countries, misleading propaganda, suppressed shame and envy contribute to hostility against welfare states. Envious people blame those who make them feel ashamed by comparison [74]. Some today's functionaries are descendants of rural people who were burning mansions in 1917 committing murder and rape, when envy was one of the motives. Moreover, paranoid individuals tend to transform internal threats into external ones [73]. As discussed in the preceding section, an internal threat for Russia is the changing ethnic composition due to inter-ethnic inequalities in the birth rate and immigration from former Soviet republics [9,10]. The psychological projection in some paranoid individuals is an aberration of shame. In its turn, intense shame confers vulnerability for paranoia [75]. Being unable to tolerate shame, some paranoiacs project it onto others and thus disown [73]. Repressed shame may cause aggression [76]. There are reasons to be ashamed in today's Russia reflected by the comparatively low life expectancy and world highest abortion rate; details are in the next section.

Medical Aspects

Since the 1980s, numerous former party and military functionaries, their relatives and protégés, have been introduced into educational, scientific and medical institutions in RF. Being not accustomed to hard and meticulous work, some of them have been involved in misconduct of various kind [3]. They will probably become more dominant thanks to the current conflict in Ukraine. Those participating in the conflict, factually or on paper, will obtain the war veteran status and hence privileges over fellow citizens. At the same time, some relatives of higher officers evaded mandatory military service under various pretexts [30]. Among mechanisms contributing to the persistence of suboptimal and outdated methods in medicine has been the lack of professional autonomy [77], autocratic or military managerial style discouraging criticism and impartial polemics. Suboptimal practices have been used as per instructions and leading experts' publications. To name but a few: the overuse of Halsted and Patey mastectomy with excision of pectoral muscles, electrocoagulation of endocervical ectopies (pseudo-erosions) without cyto- or histological check for precancerous changes, parabulbar injections of placebos, extensive gastric resections for peptic ulcers, thoracic and abdominal surgery for bronchial asthma and diabetes mellitus, overuse of surgery in tuberculosis [2-5], bronchoscopy in conscripts with supposed pneumonia e.g. 1478 procedures in 977 patients 19,5±0,1 years old in one study [78,79]. The

personnel training could have been one of the motives to overuse invasive procedures. Note that military and medical ethics are not the same. The comparatively short life expectancy in Russia is a strategic advantage as less healthcare investments and pensions are needed. In conditions of legitimacy and high ethical standards, market economy stimulates a competition of constructive ideas, innovations and treatment quality. In conditions of disrespect for laws and ethics, the competition turns to discrediting of the free healthcare, manipulation towards paid services, and harassment of non-paying patients. Actually, Russia needs international help in the field of healthcare. Obstacles to the importation of medical products have adverse consequences: domestic products are promoted sometimes despite lower quality and possible counterfeiting. Moreover, sons of superior officers and functionaries were involved in immoral and illegal activities. High social positions held by perpetrators or their relatives prevented reporting [30,53].

Some medical topics have been reviewed previously [2-5,80,81]. Here follow selected examples. According to the author's estimates following temporary practice in several European countries, an average size of malignant tumors in surgical specimens was larger in Russia than abroad. Obviously, it reflects the efficiency of cancer diagnostics. Outside of the former SU, almost all mastectomy specimens were without muscle. The worldwide tendency towards more conservative breast cancer management remained unnoticed in the former SU for decades. The modified radical mastectomy of Patey with the removal of pectoralis minor muscle has been a standard treatment until recently; but the Halsted procedure with the removal of both pectoralis muscles was applied as well. The Halsted operation was presented as the main treatment modality for breast cancer in some textbooks edited in the 21st century [82,83]. Millions of women of different ages underwent it during the Soviet and early post-Soviet times. As the overtreatment had been realized, the chief surgeon of the Health Ministry, retired colonel Mikhail Kuzin recommended for less advanced cases the modified radical mastectomy of Patey with the excision of the pectoralis minor muscle [84]. This latter procedure is also associated with adverse effects; it was extensively used in Russia during last decades. Kholdin, Dymarskii and others recommended, patented and applied even more extended modalities of mastectomy [85-87].

The cauterization or cryodestruction of endocervical ectopies (pseudo-erosions) independently of the presence of epithelial dysplasia have been applied routinely. Ectopies were found at mass examinations and treated by coagulation. This disagrees with the

international practice. In particular, the recommended treatment of large ectropions by diathermoconization was noticed to cause complications [88]. Destructive treatments of endocervical ectopies were patented recently [89-91]. At the same time, Pap-smears have been rare and technically suboptimal, cervical cancer being detected averagely late [92,93]. Even if a Pap-smear or cervical biopsy was performed, it did not always prevent the overtreatment, the more so as the difference between the terms metaplasia and dysplasia has not been uniformly understood. Pathologists were discouraged from using the term "metaplasia" to prevent remittance of patients to oncological institutions (dispensaries) and overtreatment. Of note, single-layered columnar epithelium beyond the external cervical orifice i.e. endocervical ectopy is generally considered normal and metaplasia per se (without cell atypia) is not a precancerous lesion. Presumably, the cause of this practice was not (only) lack of knowledge: stressed women, needlessly referred to oncological institutions, were easier to manipulate towards paid treatments. Furthermore, parabulbar and subconjunctival injections of carcinine, taurine and mildronate used in age-related vascular ophthalmic conditions [94,95] were seen to be complicated by hematomas. A benefit from a short-term enrichment of these substances in orbital tissues can hardly be understood, while parabulbar injections are associated with risk. The same pertains to the parabulbar injections of polypeptides extracted from bovine retina (Retinalamin) and other allogeneic substances [96-98]. Injections of cell suspensions obtained from abortion material into coronary vessels in cardiomyopathy [99,100] have been commented previously [101]. In conditions of suboptimal procedural quality assurance, endoscopic and endovascular manipulations can lead to infectious and thrombotic complications.

The "pancreatic blood shunting into the systemic blood flow" was applied as a surgical treatment of diabetes mellitus of both 1 and 2 types [102-104]. The physiological rationale sounds unconvincingly: "Creating a more optimal interaction of subcutaneously administered insulin and pancreas-secreted glucagon" [105]. Apart from several publications from the former SU [102-109], no reports on this treatment of diabetes were found. Thrombosis and peritoneal adhesions were observed post-surgery, while acidosis was a typical occurrence [107,108]. The anti-diabetic effect of the shunting was reported to be moderate both in humans and in preceded experiments with dogs. In the experiment, the majority of dogs did not survive the induction of diabetes by streptozotocin or pancreatic resection with subsequent shunting surgery [110]. Nonetheless, the porto-systemic shunting in diabetes was presented as an important achievement [111]. Wedge biopsies from the pancreas and kidney were collected

from diabetic patients intraoperatively. The histological descriptions included glomerulitis with mesangial interposition, double-contoured glomerular basement membranes and mesangiolysis, presented as typical features and consecutive phases of diabetic glomerulosclerosis [112]. These features are in fact characteristic of membranoproliferative glomerulonephritis which, if found in a diabetic patient, should be interpreted as a superimposed condition possibly needing therapy. The kidney biopsy is generally indicated for diabetics only if a renal condition other than diabetic nephropathy is suspected. Of note, renal and pancreatic biopsies are associated with risks. The same can be said about renal and splenic venography, celiac arteriography and other invasive procedures performed within the framework of the diabetes surgery by the same scientists [105].

Some surgical treatments of gastroduodenal ulcers in the former SU have been different from the international practice [113]. According to the author's observations, resection of the stomach (gastrectomy) was rarely performed abroad for peptic ulcers, the volume being smaller, usually corresponding to antrectomy. For perforated ulcers, a local excision was usually performed; and a ring-shaped specimen was sent for histological examination. Laparoscopic procedures are currently on the rise. In the former SU, a primary gastrectomy (2/3-3/4 of the stomach), antrectomy with vagotomy, or a simple suture (depending on the patient's condition) have been usually performed [114-118]. Another surgical procedure with no analogy in the contemporary international practice is the thoracotomy with the lung denervation for bronchial asthma [119-122] referred to as "the most recognized method" in the guidelines by the Ministry of Health [120]. Thoracotomy with the pulmonary root skeletonization was called "the most recognized surgical procedure to treat severe asthma" [120]. The pulmonary root skeletonization method was patented [123] and recommended both for "infectious-allergic" and steroid-dependent asthma [120]. Lung denervations, segmentand lobectomies were advocated even for those asthma patients in whom the medical treatment "had a temporary effect", especially in the presence of inflammatory lesions in the lungs. It was recommended that medical therapy prior to the surgery should be of limited duration [120]. Segment- and lobectomies were applied as an independent method of asthma treatment, even in those cases when medical therapy was effective. Indications for the surgical treatment included local pulmonary lesions such as bronchiectasis, pneumocirrhosis and bronchitis deformans (the two latter terms are used in Russia) [124]. Resections were performed for extensive and bilateral lesions, also in remissions, deemed necessary for a radical healing of asthma. This concept was advocated by Fedor Uglov [124,125], who

declared that "removal of infectious focus" is the main purpose of asthma surgery. Chronic pneumonia was claimed to be "the basis of bronchial asthma" [124]. Asthmatics were transferred from medical departments for the surgical and bronchoscopic treatment [125]. "After a course of therapeutic bronchoscopies", Uglov and co-workers performed segment-and lobectomies [124], removing pulmonary tissues regarded by them to be abnormal. The same procedures were applied also in children with persistent cough and recurrent pneumonias. Some histological descriptions [126,127] deviated from those in the standard editions of pulmonary pathology, being apparently adapted to the concept of surgical treatment.

The following treatments were applied to alcoholics: prolonged intravenous infusions, sorbent hemoperfusion, endolymphatic and endobronchial drug delivery, pyrotherapy with sulfozine (oil solution of sulphur for intramuscular injections), endoscopic and surgical biopsies of internal organs, endoscopic cholangiopancreatography and angiography without clear indications also for research [128-130]. The detoxification by intravenous infusions of sodium chloride, dextran, magnesium (Mg) sulphate, glucose solutions etc. have been recommended for various forms of alcohol dependence and alcoholism including the "moderately severe withdrawal syndrome" [131-133]. This is at variance with the international practice. Intravenous glucose and Mg are generally not recommended in the settings of alcohol withdrawal syndrome. Excessive infusions of Mg-containing solutions are associated with adverse effects [134]. Repeated intravenous manipulations are associated with risks and discomfort. In conditions of suboptimal procedural quality assurance, endovascular and endoscopic manipulations can lead to the transmission of viral hepatitis, which was known to occur to alcohol-dependent patients. A combination of the viral and alcoholic liver injury is unfavorable. Compulsory treatments of alcoholics with tuberculosis included repeated bronchoscopies. Among others, vocal cord injuries were observed in such patients. Vigorous apomorphine- and mechanically induced vomiting as emetic (aversive) therapy of alcohol dependence induced hemoptysis in patients with tuberculosis [135]. It was reported in 1994 that about 60% of patients of a "phtisio-narcological" institution for compulsory treatment escaped while a half of them was returned with the help of police (militia) [136]. There is a need to prevent human right violations of people suffering from alcoholism and alcoholrelated dementia, aimed at appropriation of their residences and other property [137]. Conditions in dentistry have been described elsewhere [6]. For example, in case of a tooth extraction, some dentists at state polyclinics offer a choice: "Do you want a paid or free

injection?" The payment is unofficial i.e. under-the-counter. Anesthesia after the free injection is incomplete. According to the World Medical Association, the pain treatment is a human right [138].

The above discourse is relevant to the title of this review, among others, because most of the cited experts and professors hold their positions now as before, reflecting the attitude to ethics in the healthcare and, by inference, in the society and its rulers [3,139]. It is known that the concept of informed consent has not been uniformly accepted in Russia. Today, patients are sometimes requested to sign in advance a form certifying their blanket consent to unnamed diagnostic and therapeutic procedures. Factors contributing to the persistence of suboptimal methods included the partial isolation from the international scientific community, authoritative or military management style, disapproval of criticism, disregard of the rules of scientific polemics, insufficient use of the foreign literature and unavailability of many internationally used handbooks even in central medical libraries [140]. Disregard for the principles of informed consent together with authoritative and paternalistic approach to patients contributed to the use of invasive methods with questionable indications. Of note, the conditions in Ukraine seem to be comparable. An example: according to the information obtained in Donetsk in July 2014, patients of the Donetsk regional oncologic center paid for diagnostics and treatment, while some payments were under-the-counter and equivalent to bribes. The use of invasive methods without sufficient clinical indications has been discussed previously [141].

Conclusion

The labor productivity is growing while unemployment is increasing in many parts of the world. In the past, similar developments were interrupted by wars and pestilence. Today, humane scientific methods can be used to regulate the population size taking account of ecological and economical conditions in different regions. Large projects could be accomplished by the globalized humankind to improve the life quality of billions, creating many jobs and being a reasonable alternative to excessive military expenditures. The rhetoric around Ukraine conflict is going too far: fecal language, obscenities, declarations of jihad and appeals to use nuclear weapon [24,142-144]. All the above is associated with shame.

Repressed shame may cause aggression [76]. Psychologically disturbed war instigators must be efficiently counteracted. Some crew change seems to be necessary. Recent referendums on the occupied territories of Ukraine have been met with skepticism. The Soviet-trained

collectivism influenced referendums, elections and opinion polls. Almost everybody voted the ruling party in the former SU. Some residents of occupied territories voted for the unification with RF to avoid trouble as they don't believe that the situation will be reverted back. To be unbiased, such referendums must be performed not in conditions of occupation but under efficient international control e.g. within the framework of a peacekeeping mission. Some Russian-speaking areas in the East and South of Ukraine may belong to the Russian sphere of influence if people really want it. Durable solutions for the Russo-Ukrainian and other conflicts can be reached in conditions of global leadership centered in developed parts of the world.

References:

- 1. Laruelle M. L'idéologie eurasiste russe ou comment penser l'empire. Paris: L'Harmattan, 1999. Russian edition. Moscow: Natalis; 2004.
- 2. Jargin SV. Bronchoscopy in children for research with questionable indications: an overview of Russian patents and publications. Recent Pat Drug Deliv Formul. 2017;11(2):83-88.
- 3. Jargin SV. Misconduct in medical research and practice. Series: Ethical Issues in the 21st Century. Hauppauge, NY: Nova Science Publishers; 2020.
- 4. Jargin SV. Surgical and endoscopic treatment of pulmonary tuberculosis: A report from Russia. Hamdan Med J. 2021;14:154-62.
- 5. Jargin SV. Surgery without sufficient indications: an update from Russia. Journal of Surgery. 2022;10(1):9.
- 6. Jargin SV. Dentistry in Russia: past and presence. J Oral Biol. 2022;8(1):6.
- 7. Mikirtichan GL, Kaurova TV, Pestereva EV. Introduction to bioethics. St. Petersburg Pediatric Medical University; 2022 (Russian).
- 8. Gardner H. NATO expansion and US strategy in Asia: surmounting the global crisis. New York: Palgrave Macmillan; 2013.
- 9. Jargin SV. Environmental damage and overpopulation: demographic aspects. Journal of Environmental Studies. 2021;7(1):1-4.
- 10. Jargin SV. Overpopulation and international conflicts: An update. Journal of Environmental Studies. 2022;8(1):1-5.

- 11. Biscop S, Dessein B, Roctus J. Putin is creating the multipolar world he (thought he) wanted. EGMONT Royal Institute for International Relations. Security Policy Brief No. 156 March 2022.
- 12. Dugin A. Geopolitika postmoderna [Postmodern geopolitics]. St. Petersburg: Amphora; 2007.
- 13. VCIOM. Russian Public Opinion Research Center. Special military operation: six months later. 6 September 2022.
- 14. Knox O, Anders C. Elon Musk draws fire for Russia-friendly Ukraine proposal. The Washington Post, October 4, 2022.
- 15. Jargin SV. Some selected solutions for Ukraine. J Def Manag. 2015;5:130.
- 16. Jargin SV. Environmental and social aspects of the conflict in Ukraine: An update. SocArXiv. 2022; doi:10.31235/osf.io/gez25
- 17. Shirokorad AB. War in Donbass: weapons and tactics. Moscow: Veche; 2018 (Russian).
- 18. Perov GO. Problems of youth unemployment in an average Russian city. Moscow: Ru-Science; 2017 (Russian).
- 19. Chiari B, Kesselring A. Wegweiser zur Geschichte Kosovo. Paderborn: Schöningh; 2006.
- 20. Reuter J, Clewing K. Der Kosovo Konflikt: Ursachen Verlauf Perspektiven. Klagenfurt: Wieser; 2000.
- 21. Nature. Food crisis driven by Ukraine war could put wild lands to the plough. Nature. 2022;609:878.
- 22. Sovacool BK. Contesting the future of nuclear power: a critical global assessment of atomic energy. Singapore: World Scientific; 2011.
- 23. Jaworowski Z. Observations on the Chernobyl Disaster and LNT. Dose Response 2010;8:148-71.
- 24. Light F. Kadyrov says Russia should use low-yield nuclear weapon. Reuters October 1, 2022.
- 25. Beliaev IA. Chernobyl. Death shift. Moscow: Izdat; 2006 (Russian).
- 26. Semenov AN. Chernobyl. Ten years later. Moscow: Energoatomizdat; 1995 (Russian).

- 27. Giddens A. Runaway world: How globalization is reshaping our lives. London: Profile Books; 2002.
- 28. Ross P. A non-liberal approach to the concept of an 'international order'. In Moseley A, Norman R, editors. Human rights and military intervention. Burlington: Ashgate; 2002;247-65.
- 29. Painter A. A universal basic income: the answer to poverty, insecurity, and health inequality? BMJ. 2016;355:i6473.
- 30. Jargin SV. Military aspects of malingering, sexual and reproductive coercion: Report from Russia. J Forensic Investigation. 2022;10(1):5.
- 31. Ghislieri C, Molino M, Cortese CG. Work and organizational psychology looks at the fourth industrial revolution: how to support workers and organizations? Front Psychol. 2018;9:2365.
- 32. Kim HJ. Universal Human Rights In: Dunne T, Reus-Smit C, editors. The globalization of international society. Oxford University Press; 2017;304-22.
- 33. Jargin SV. The male to female ratio at birth: The role of femicide and other mechanisms. Early Hum Dev. 2018;123:33-34.
- 34. Guillebaud J. Voluntary family planning to minimise and mitigate climate change. BMJ 2016;353: i2102.
- 35. Ravindranath NH, Hall DO. Biomass, energy, and environment: A developing country perspective from India. Oxford University Press; 1995.
- 36. Heymann J, Barrera M. Ensuring a sustainable future: making progress on environment and equity. Oxford University Press; 2014.
- 37. Cohen JE. Population and climate change. Proc Am Philos Soc. 2010;154:158-82.
- 38. List of sovereign states by natural increase. Wikipedia; 2022.
- 39. Nacionalnyi sostav Rossii [National composition of Russia]. Wikipedia Russian; 2022.
- 40. Arkhangelsky VN, Potanina YuA, Khasanova RR. Regional differences in the natural population movement in Russia. Narodonaselenie (Population). 2015;18:68-78.
- 41. Panin AN. Mapping the North Caucasus: demographic gradients and investment risks. Population and Economics. 2018;2:121-42.

- 42. Riazantsev SV. The demographic situation in the North Caucasus. Sociological Research. 2003;42:230-44.
- 43. Shchuplenkov OV. The Southern Stream (migration problems in the South of Russia). Moscow: Etnosocium; 2018.
- 44. Gadzhieva ZM. Geography and settlement dynamics of Russians in Dagestan: a monograph. Makhachkala: Dagestan Pedagogical University; 2019.
- 45. Motrich EL. Demographic situation in the Russian Far East: the key trends and challenges. Narodonaselenie (Population). 2016;19:25-33.
- 46. Avdashin AA, Vinokurova DM, Ermak GG, Smirnova TB. Ethno-demographic processes and migrations in the regions of Asian Russia: current situation, forecasts and risks. Omsk State University; 2021 (Russian).
- 47. Stroeva GN. Migration of the population in the Russian Far East. Khabarovsk: Pacific National University; 2020 (Russian).
- 48. Simagin YuA, Murtuzalieva DD. Demographic problems of geostrategic territories of the Russian Far East. Narodonaselenie (Population). 2020;23:153-60.
- 49. Rybakovsky OL, Fadeeva TA. Depopulation in the regions of Russia by the beginning of 2020. Narodonaselenie (Population). 2020;23:119-29.
- 50. Arkhangelsky VN, Evdokushina GN, Zaiko ES. Demographic situation in Moscow: analytical research experience. Moscow: Research Institute for Health Organization and Medical Management; 2019 (Russian).
- 51. Arkhangelsky VN, Vorobieva OD, Ivanova AE. Demographic situation in Russia: new challenges and ways of optimization. Moscow: Econ-Inform; 2019 (Russian).
- 52. Jargin SV. Condom use, alcohol, and reliability of survey data. Int J High Risk Behav Addict. 2017;6:e31577.
- 53. Jargin SV. Reproductive and sexual coercion: The role of alcohol, social and demographic conditions. J Addiction Prevention. 2021;9(1):1-5.
- 54. Lavik NJ. Paranoide personlighetsforstyrrelser og politisk makt [Paranoid personality disorders and political power]. Tidsskr Nor Lægeforen. 2002;121:2063-8.

- 55. Volkan VD, Javakhishvili JD. Invasion of Ukraine: Observations on leader-followers relationships. Am J Psychoanal. 2022;82:189-209.
- 56. Ihanus J. Putin, Ukraine, and fratricide. Clio's Press. 2022;28:300-11.
- 57. Baker P, Glasser S. Kremlin rising: Vladimir Putin's Russia and the end of revolution. University of Nebraska Press; 2007.
- 58. Velikonja T, Fisher HL, Mason O, Johnson S. Childhood trauma and schizotypy: a systematic literature review. Psychol Med. 2015;45:947-63.
- 59. Ross CA, Anderson G, Clark P. Childhood abuse and the positive symptoms of schizophrenia. Hosp Community Psychiatry. 1994;45:489-91.
- 60. Mynard H, Joseph S. Bully/victim problems and their association with Eysenck's personality dimensions in 8 to 13 year-olds. Br J Educ Psychol. 1997;67:51-54.
- 61. Beisel DR. Ihanus' fine synthesis on Putin and Ukraine Clio's Psyche. 2022;28:311-3.
- 62. Rutland P. Geopolitics and the roots of Putin's foreign policy. Russian History. 2016;43:425-36.
- 63. Dugin A. Konspirologiya [Conspirology]. Moscow: Eurasia; 2005.
- 64. Dugin A. Filosofiia voiny [Philosophy of war]. Moscow: Yauza; 2004.
- 65. CCPR. Human Rights Committee Office of the High Commissioner for Human Rights United Nations General Comment No. 11. Prohibition of propaganda for war and inciting national, racial or religious hatred (Art. 20), 29 July 1983.
- 66. Dugin A. Ukraina: moia voina [Ukraine: my war]. Moscow: Tsentrpoligraf; 2015.
- 67. Dugin A. Pop-kultura i znaki vremeni [Pop culture and signs of the times]. St. Petersburg: Amphora; 2005.
- 68. Doctor Dugin. Literaturnaya Rossiya, Issue 15 of April 13, 2007 (Russian).
- 69. Voslensky MS. Nomenklatura: the Soviet ruling class. Garden City, NY: Knopf Doubleday; 1984.
- 70. Darrell-Berry H, Berry K, Bucci S. The relationship between paranoia and aggression in psychosis: A systematic review. Schizophr Res. 2016;172:169-76.

- 71. Dugin A. Konservativnaya revolyutsiya [Conservative revolution]. Moscow: Arktogeya; 1994 (Russian).
- 72. Dugin A. Russkaya voyna [Russian war]. Moscow: Algorithm; 2015 (Russian).
- 73. Robins RS, Post JM. Political paranoia: The psychopolitics of hatred. Yale University Press; 1997.
- 74. Kilborne B. Tragic incomprehension: Envy, shame and trauma. Russian translation by Starovoitov VV. Moscow: Konon-plus; 2021.
- 75. Sundag J, Ascone L, Lincoln TM. The predictive value of early maladaptive schemas in paranoid responses to social stress. Clin Psychol Psychother. 2018;25:65-75.
- 76. Elison J, Garofalo C, Velotti P. Shame and aggression: Theoretical considerations. Aggression and Violent Behavior. 2014;19:447-53.
- 77. Danishevski K, McKee M, Balabanova D. Variations in obstetric practice in Russia: a story of professional autonomy, isolation and limited evidence. Int J Health Plann Manage. 2009;24:161-71.
- 78. Ismagilov NM. Complicated community-acquired pneumonia in young people from organized groups: clinical and morphological picture, diagnosis and treatment. Dissertation. Samara: Military Medical Institute; 2009 (Russian).
- 79. Kazantsev VA. The use of bronchological sanation for treatment of community-acquired pneumonia. In: Abstract book. 3rd Congress of European region. International Union against Tuberculosis and Lung diseases (IUATLD). 14th National Congress of Lung diseases. Moscow; 2004 June 22-26;361.
- 80. Jargin SV. Some aspects of medical education in Russia. American Journal of Medicine Studies. 2013;1(2):4-7.
- 81. Jargin SV. Treatment of gonorrhea in Russia: Recent history. Global Journal of Dermatology & Venereology. 2016;4(1):1-5.
- 82. Kovanov VV, Perelman MI. Operations on the chest and thoracic cavity organs. In: Kovanov VV, editor. Operative surgery and topographic anatomy. Moscow: Meditsina; 2001; 297-321 (Russian).
- 83. Semiglazov VV, Topuzov EE. Breast cancer. Moscow: Medpress-inform; 2009 (Russian).

- 84. Kuzin MI, Shkorob OS, Kulakova AM, Bukhteeva NF. Indications for Patey's operation in breast cancer. Khirurgiia (Mosk). 1977;(2):19-23.
- 85. Kholdin SA, Dymarskii L.Iu. Extended radical operations in breast cancer. Leningrad: Meditsina; 1975. (Russian)
- 86. Druzhkov BK, Druzhkov OB. The method of extended mastectomy. Patent RU95106525A1 (1995).
- 87. Tsejlikman EG, Patsyrova LA, Vaganov NV. Method of mastectomy with preservation of greater pectoral muscle. Patent RU2335249C2 (2008).
- 88. Bychkov VI, Bykov EG, Bratus AM. Complications and late results of the treatment of precancerous conditions of the cervix uteri by diathermic conization. Akush Ginekol (Mosk) 1990;(2); 61-62.
- 89. Zubkovskaja EV, Lipatov IS, Tezikov, JV, Bljumina IZ. Way of treatment of pseudoerosion of uterine neck. Patent RU2361632C2 (2009).
- 90. Kochenov VI, Vaganova SE, Tsybusov SN. Method for applying cryogenic therapy to treat uterine cervix diseases. Patent RU2291673C1 (2007).
- 91. Khvorostukhina NF, Novichkov DA, Mikheeva JV, Stoljarova UV, Stepanova N.N. Method of treating cervical ectopia. Patent RU2568768C1 (2015).
- 92. Jargin SV. Perspectives of cervical cytology in Russia. Am J Obstet Gynecol. 2008;199:e10.
- 93. Syrjänen S, Shabalova IP, Petrovichev N, Kozachenko VP, Zakharova T, et al. Human papillomavirus testing and conventional Pap smear cytology as optional screening tools of women at different risks for cervical cancer in the countries of the former Soviet Union. J Low Genit Tract Dis. 2002;6:97-110.
- 94. Solomatin II. Use of the mildronate preparation in ophthalmology. In: VI Forum Ophtalmologicum Balticum. Riga: LMA; 1990;97-99.
- 95. Shpak NI, Naritsyna NI, Konovalova NV. Taufon and emoksipin in the combined treatment of sclerotic macular dystrophies. Oftalmol Zh. 1989;(7):463-5.
- 96. Lastochkina EK, Chekhova TA. Method for treatment of vascular and dystrophic ophthalmopathies. Patent RU2367388C1 (2009).

- 97. Ljalin AN, Zharov VV, Butolina OE. Method of treating involutional eye diseases. Patent RU2565840C2 (2015).
- 98. Mirkhaidarov RSh, Urazbakhtin RK, Mirkhaidarova ZM, Ruchko A.Iu. Treatment method of eye diseases by parabulbar injections of dispersed Alloplant biomaterial. Patent RU2016130029A (2018).
- 99. Fatkhutdinov TKh, D'yachkov AV, Koroteyev AV, Goldstein DV, Bochkov NP. Safety and efficiency of transplantation of allogenic multipotent stromal cells in surgical treatment of dilatated cardiomyopathy. Bull Exp Biol Med. 2010;149:119-24.
- 100. Gol'dshtejn DV, Makarov AV, Volkov AV, Fatkhudinov TK, Rzhaninova AA. et al. Biotransplant and method for treating chronic cardiac failure (variants). Patent RU2299073C1 (2007).
- 101. Jargin SV. Stem cells and cell therapies in cardiology. International Journal of Cardiology Research. 2019;1(1):10-12.
- 102. Diuzheva TG. Surgical treatment of patients with insulindependent diabetes mellitus. Dissertation. Moscow: Sechenov Medical Academy; 1992 (Russian).
- 103. Putintsev AM, Shraer TI, Sergeev VN, Maslov MG, Strukova OA. Variants of surgical management for severe arterial hypertension combined with type 2 diabetes mellitus. Angiol Sosud Khir. 2010;16(2):120-5.
- 104. Kirnus LM, Che V, Makarov NA, Burovkin BA, Shvartsshtejn VJa. et al. Method for surgically treating the cases of second type diabetes mellitus. Patent RU2036610C1 (1995).
- 105. Galperin EI, Diuzheva TG, Petrovsky PF, Chevokin AYu, Dokuchayev KV, et al. Results of pancreatic blood shunting into the systemic blood flow in insulin-dependent diabetics. HPB Surg. 1996;9:191-7.
- 106. Galperin EI, Diuzheva TG, Rabinovich SE, Platonova LV, Severgina ES, et al. Distal spleno-renal shunt. A surgical approach to the management of diabetes mellitus patients. Annals of Surgical Hepatolog. 1996;1:77-90.
- 107. Nikonenko AS, Kovalev AA, Zavgorodnii SN, Volkova NA. Surgical treatment of insulin-dependent diabetes mellitus and its complications. Khirurgiia (Mosk). 1996;(2):81-83.
- 108. Torgunakov SA, Torgunakov AP. Possible causes of throm-busrelated hazard of a distal splenorenal venous anasto-mosis. Angiol Sosud Khir. 2010;16(4):184-8.

- 109. Torgunakov AP, Torgunakov SA, Magerramova E.F. Method for surgical treatment of diabetes mellitus. Patent RU2421163C1 (2011).
- 110. Gal'perin EI, Kuzovlev NF, Diuzheva TG, Aleksandrovskaia TN. Approaches to surgical treatment of diabetes mellitus (experimental study). Khirurgiia (Mosk). 1983;(1):13-20.
- 111. Editorial. Galperin E.I. 80th anniversary. Khirurgiia (Mosk). 2011;(8):103-4.
- 112. Severgina ES, Ponomarev AB, Diuzheva TG, Shestakova MV, Maiorova EM. Diabetic glomerulonephritis the first stage of diabetic glomerulopathy. Arkh Patol. 1994;56(4):44-50.
- 113. Balalykin DA. Introduction of pathogenic principles of surgical treatment of ulcer disease Russian surgery. Khirurgiia (Mosk). 2004;(10):73-78.
- 114. Afendulov SA, Zhuravlev GIu, Smirnov AD, Krasnolutskii NA. Preventive surgical treatment of ulcer disease. Vestn Khir Im I I Grek. 2006;165(3):18-23.
- 115. Potashov LV, Semenov DIu, Ushveridze DG, Osmanov ZKh, Chekmasov IuS, et al. Long-term results of closure of perforated pyloro-duodenal ulcers. Vestn Khir Im I I Grek. 2005;164(5):40-42.
- 116. Gostishchev VK, Evseev MA, Golovin RA. Radical operative treatment of perforative gastroduodenal ulcer disease. Khirurgiia (Mosk). 2009;(3):10-16.
- 117. Vachev AN, Koryttsev VK, Antropov IV. Method of selecting operation volume in case of perforated ulcers of stomach and duodenum. Patent RU2506886C1 (2014).
- 118. Sazhin IV, Sazhin VP, Bronshtein PG, Savel'ev VM, Nuzhdikhin AV, et al. Laparoscopic treatment of perforated ulcers. Khirurgiia (Mosk) 2014;(7):12-16.
- 119. Babichev SI, Kharlampovich SI, Tarasova LB, Smakov GM, Savchenko ZI. Partial denervation of the lungs in bronchial asthma. Khirurgiia (Mosk). 1985;(4):31-35.
- 120. Health Ministry of RSFSR. Indications and contraindications for the surgical treatment of bronchial asthma. Moscow; 1988 (Russian).
- 121. Gudovskii LM, Karashurov SE, Karashurov ES, Volkov AA, Parshin VD. Surgical treatment of bronchial asthma. Khirurgiia (Mosk). 2002;(7):14-18.
- 122. Smakov GM. Complications of surgical treatment of patients with bronchial asthma. Khirurgiia (Mosk). 1990;(2):124-7.

- 123. Giller BM, Giller DB, Giller GV. Method for surgical treatment of bronchial asthma. Patent RU2074645C1 (1997).
- 124. Uglov FG. Pathogenesis, clinic and therapy of chronic pneumonia. Moscow: Meditsina; 1976 (Russian).
- 125. Uglov FG. Under the white mantle. Moscow: Sovietskaia Rossia; 1984 (Russian).
- 126. Esipova IK, Vladimirtseva AL. Congenital malformations of the lungs. Arkh Patol. 1996;58(3):49-54.
- 127. Esipova IK, Vladimirtseva AL, Biriukov VV. Branching defects and mucosal diverticulosis of the bronchi in children as factors predisposing to the development of chronic inflammatory processes in the lungs. Arkh Patol. 1990;52(2):6-10.
- 128. Makhov VM, Abdullin RG, Gitel' EL, Zavodnov VIa, Podzolkov VI, et al. Visceral lesions in alcoholism. Ter Arkh. 1996;68(8):53-6.
- 129. Krut'ko VS. Pneumonia in patients with pulmonary tuberculosis and alcoholism. Probl Tuberk. 1990;(1):64-66.
- 130. Jargin SV. Magnesium supplementation with special reference to alcohol-related conditions: Experience from Russia. Future Integr Med. 2022;1(1):38-42.
- 131. Ivanets NN, Vinnikova MA. Alcoholism. Moscow: MIA; 2011 (Russian).
- 132. Shabanov PD. Narcology. 2nd edition. Moscow: Geotar-Media; 2015 (Russian).
- 133. Annex to the Order of the Health Ministry of Russian Federation No. 140 of 28 April 1998. (in Russian)
- 134. Swaminathan R. Magnesium metabolism and its disorders. Clin Biochem Rev. 2003;24: 47-66.
- 135. Entin GM. Treatment of alcoholism. Moscow: Meditsina; 1990 (Russian).
- 136. Rudoi NM, Dzhokhadze VA, Chubakov TCh, Stadnikova AV. Current status and perspectives in hospital treatment of patients with tuberculosis complicated with alcohol abuse. Probl Tuberk. 1994;(4):8-10.
- 137. Jargin SV. Alcohol abuse and alcoholism in Russia. International Journal of Emergency Mental Health and Human Resilience. 2015;17:603-4.

- 138. AAPM Council on Ethics. Ethics charter from American Academy of Pain Medicine. Pain Med 2005;6:203-12.
- 139. Jargin SV. A scientific misconduct and related topics: a letter from Russia. Am J Exp Clin Res. 2017;4(1):197-201.
- 140. Murphy J, Jargin S. International trends in health science librarianship part 20: Russia. Health Info Libr J. 2017;34(1):92-94.
- 141. Jargin SV. Urological concern after nuclear accidents. Urol Ann. 2018;10:240-42.
- 142. Medvedev 2022 warned about the consequences of the confiscation of foreign assets of the Russian Federation. Vedomosti and RIA Novosti, November 15, 2022.
- 143. OSN (2022) "There is a limit to the pressure of feces": Medvedev offered the Europeans a way to end the crisis. OSN Obshhestvennaia Sluzhba Novostei 18 August 2022.
- 144. Stewart W (2002) Vladimir Putin's Chechen warlord Ramzan Kadyrov declares Ukraine war a 'Big Jihad' News.com.au. New York Post, October 26, 2022.