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## THE IMPORTANCE OF STUDY MEDICAL TERMINOLOGY

**Abstract:** Medical terminology is a set of words and word combinations used by specialists to refer to scientific concepts in the field of medicine and healthcare.

**Key words:** medical terminology, drug, medicine, term, education.

**Language:** English

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### Introduction

Like any word, a term is a language sign that has a content, or meaning (semantics), and a form — a sound complex. In contrast to the words of common vocabulary, the meanings relate to everyday concepts, the meanings of terms are scientific concepts. The main form of existence of the term is the definition, or scientific definition, i.e., the establishment of the meaning of the term by highlighting the distinctive essential features of the concept.

Medical terminology is a naturally developed industry terminology system that expresses the exceptional diversity of almost all classes of concepts — generic and specific, general, concrete and abstract. Its categorical apparatus encompasses a thing, a process, an entity, a phenomenon, a trait, a property, a quality, a quantity, a relation, an interaction, a causality, and other categories. A list of names that are systematized according to certain rules, denoting objects of a single set that belong to one of the fields of science, such as anatomy, histology, embryology, microbiology, etc., is called "nomenclature".

The sound complex of a term can be represented by a single word or phrase. A term in the form of a phrase consists of a defined word (a noun) and its defining words (a noun in the genitive case or an adjective), or both. In the vast majority of terms are specially created in the course of scientific activity names.

In the medical terminology, the following main groups of terms can be distinguished, taking into account the differences in language origin, writing

forms, and the function performed at the national or international levels:

- 1) native names;
- 2) internationalisms of Greek or Latin origin, from which some were borrowed in a ready-made form ("ready-made words") from classical languages, and others (scientific neologisms) were created artificially from the lexical and word-forming material of these languages according to their structural models, for example, cirrhosis, stethoscope, phagocyte, leukemia, allergy, etc.;
- 3) native West-Europeisms, i.e. words that arose on the basis of Western European languages from their lexical and word-forming material;
- 4) Latin terms (so called. termini technici) — special reference scientific designations, designed graphically and grammatically according to the rules of the Latin language. The latter provide mutual understanding between specialists who speak different languages. An example of termini technici is modern international nomenclatures that have an officially approved status. These include, for example, the Paris Anatomical Nomenclature (see), the Histological Nomenclature (see), etc. Termini technici, which denote diseases, pathological conditions, symptoms and syndromes, are not combined in officially approved classification lists, i.e. nomenclatures. The application of such termini technici is Traditional and optional rather than mandatory. Some termini technici do not have generally accepted equivalents in national languages, for example, spina bifida anterior, situs viscerum

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inversus, carcinoma in situ, per os, per rectum, ex tempore, in vivo, etc.

Modern medical terminology is the result of the centuries-old development of world medicine and medical science. Regardless of the national language of the countries of the European and American areas or the peoples of the USSR, the terminology is presented, it includes a significant proportion of lexical and word-forming units that are common in language origin, as well as common structural models. This is due to the all-encompassing and persistent influence that the two classical languages of the ancient world — ancient Greek and Latin—have had on medical terminology for many centuries and continue to have to this day. Although the knowledge of the doctors of the Ancient East and above all of Assyria, Babylon and Ancient Egypt formed the basis of the medicine of Ancient Greece, in the extant writings of the Greek doctors can find almost no linguistic evidence that would indicate a continuous connection with the med. the vocabulary of the peoples of Mesopotamia, India, Egypt, etc. Therefore, the chronology of the European T. M. it is customary to begin with the works of Hippocrates and the "Collection of Hippocrates" named after him, from which scientific medicine inherited many names, for example, amblyopia, cachexia, carcinoma, diapedesis, herpes, hippus, kyphosis, lordosis, coma, noma, paresis, polyp, typhus, cholera, emphysema, epidemic, erythema, symphysis, bronchus, urethra, etc. I did a lot to replenish the honey. dictionary of Aristotle. The next stage in the history of T. M. is associated with the activities of two outstanding doctors of the Alexandrian medical school of the Hellenistic era — Herophilos (Herophilos) and Erasistratus. They significantly replenished the honey. a dictionary of anatomical and physiological vocabulary. content. The medicine of Ancient Rome was only a further development of the medicine of Hellenism and to a lesser extent was an original phenomenon. The same applies to T. M. in Latin, as can be seen from the few surviving meds.

According to the writings of the Romans, the most significant of them was the work "On Medicine" by Aulus Cornelius Celsus. The tradition of Hellenistic medical schools was K. Galen. He clarified the meaning of the old ones, revived some almost forgotten or obscure Hippocratic names for his contemporaries, and introduced many new ones, for example, the thalamus. A significant Greek terminological heritage has been preserved for subsequent generations of doctors thanks to the writings in Greek. the language of the outstanding doctors of the Byzantine period — Oribasius (Oribasius, 325-403 AD), Nemesius (Nemesius, ca. 370), Aetius of Amida (Aetius, 502-575), Alexander Trallianus (Alexander Trallianus, 525-605), Paulus Aeginensis (Paulus Aeginensis, 625-690), etc. From the 8th-9th centuries. term-making in Greek. the

language temporarily declined. In the 9th-10th centuries, almost all the works of Hippocrates and C. Galen were translated into Arabic. It was on the basis of these translations that the formation of the Arabic med took place. literatures.

An important aid in teaching medicine in Europe during the Middle Ages was Latin translations of Arabic works, which, in turn, were very often translations or compilations of Greek sources. Beginning in the 15th century, the role and influence of Arabic medicine and the Arabic language began to wane rapidly. A new Latin was formed - the Latin of the Renaissance (15-16 centuries), claiming to be a scientific language common to all European countries. One of its most active innovators were anatomists, who took as a model the work of A. Celsus, first published in 1478. A consistent and systematic reform of anatomical terminology in Latin was carried out by A. A. Tolstoy, Vesalius. Since the late Renaissance, the language of medicine has gradually adapted to the needs of the development of national languages. By the mid-19th century. Latin finally gave way (in different countries at different times) to national languages as the written or oral language of scientific communication, while retaining the most important nominative function — the naming of scientific objects in medical and biological classifications. In addition, the classical languages have remained the main international source for the replenishment of the T. M. To this day, the vast majority of new names introduced for the first time in the bear the stamp of Greek or Latin origin. Greek-Latin internationalisms easily penetrate the terminology in national languages and, being modified in accordance with their phonetic and morphological systems, become irreplaceable.

The whole set of medical terms together with the terms of related sciences used by doctors (biology, chemistry, physics, microbiology, radiology, genetics, psychology, engineering, etc.) is an extensive macrosystem, numbering several hundred thousand names, including synonyms and names of medicines. Its constituent sets of terms of individual sciences and fields of knowledge form particular microsystems of terms. Each term is an element of a specific microthermic system (anatomical, therapeutic, obstetric, endocrinological, hematological, etc.). Occupying a certain place in the microsystem, each term is in fixed generic or other relationships with other terms of this microsystem. At the same time, the terms of different microsystems form certain structures of relations between themselves at the level of the macrosystem. In the 20th century, these structures reflect the dual trend of scientific progress: the differentiation of medical sciences, on the one hand, and their integration, on the other. Branching off from a single honey. trees of narrow specialties, although they rely to some extent on a common terminological fund for all of them, but they develop primarily their highly specialized dictionaries. This

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facilitates the exchange of information within the microsystem, but makes it difficult to understand each other within the macrosystem as a whole. Under such conditions, there is a real danger of duplicated formulation and designation of concepts that reflect the same phenomenon (synonymy) and polysemy (polysemy) of certain terms.

The rapid quantitative growth of the number of terms, the contradictory interweaving of terms of many different microsystems, the epistemological specificity of medical activity, the objects of which often do not lend themselves to accurate identification on the basis of objective criteria, the presence of competing hypotheses, theories, scientific schools, the lack of systematic normalizing work on the ordering of individual microsystems — all this caused serious difficulties in the development of medical Terminology in the second half of the 20th century. These include, first of all, the spontaneous, almost uncontrolled growth of the term L.Fonda, which leads to constant clogging with incomplete and often unnecessary terms, as well as inaccuracy, vagueness, ambiguity of many terms, an abundance of synonyms, etc.

In the work on the ordering of naturally formed microsystems, as well as when introducing new terms into them, it is necessary to follow the basic and additional requirements for terms. Basic requirements:

1) adequacy — the content of the term should correspond to modern scientific data about the object;

2) accuracy—the concept should be strictly different from other concepts in terms of content and volume, and the sound complex should not contain elements that incorrectly orientate relative to the content;

3) unambiguity (monosemy) — one sound complex should express only one meaning, polysemy is not allowed.;

4) one-formedness — the same meaning must be expressed only by one sound complex, synonymy is not allowed. Additional requirements:

1) not only in content, but also in form, the term should reflect a certain classification of concepts, for this purpose, the same features of concepts should be expressed in different terms by the same language signs — words, term elements;

2) sound complexes of terms of the same type in terms of the expressed content should be constructed according to the same structural and semantic model.

For some permanent reasons, almost all of the above requirements are difficult to meet. One of the reasons is the absence in a number of leading fields of medicine of classification hierarchical schemes of concepts, in which for each link there would be identically understood and applied terms. The adequacy, accuracy, and unambiguity in the understanding and application of terms depend not only on the content, but also on the classifying qualities of the sound complex of the term. Often generic relationships are expressed in terms-phrases. The defined part in them expresses the generic concept, and the defining part, which has a clarifying, limiting function, the specific concept. From the epistemological point of view, it is very important that the defining parts of phrases expressing concepts of the same order also record the distinctive features of the same order, for example, feature-localization, feature-etiology, feature-pathomorphological substrate, etc.

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