International Journal Of Literature And Languages

VOLUME Vol.06 Issue05 2026
PAGE NO. 327-329
DOI 10.37547/ijll/Volume06Issue05-66

A Comparative Analysis of The Thematic Classification and Nominative Patterns of Pathological and Diagnostic Terms in Uzbek And Russian

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Received: 18 April 2026; **Accepted:** 04 May 2026; **Published:** 31 May 2026

Abstract: The article examines pathological and diagnostic terms in Uzbek and Russian from the viewpoint of thematic classification and nominative modelling. Medical terms are treated not only as specialized lexical units, but also as instruments of professional communication, clinical reasoning and doctor-patient interaction. Pathological terms are analyzed as names of diseases, symptoms, pathological processes and complications, while diagnostic terms are interpreted as units denoting examination methods, clinical findings, measurements and final medical conclusions. The comparison shows that both languages use international Greco-Latin elements, native word-formation resources, attributive combinations and multi-component terminological phrases. Uzbek tends to combine international bases with explanatory native components, whereas Russian more actively uses adjectival and genitive models.

Keywords: Medical discourse, pathological term, diagnostic term, thematic classification, nominative pattern, Uzbek language, Russian language, comparative analysis, terminology.

Introduction: Medical terminology is one of the most dynamic parts of the lexical system because it reflects scientific knowledge, clinical practice and social communication about health. In medical discourse, a term is not merely a name of an object or process. It organizes knowledge, fixes a clinical fact, guides diagnostic reasoning and influences the way a patient understands his or her condition. Therefore, pathological and diagnostic terms require analysis not only from the viewpoint of word formation, but also from the viewpoint of discourse function. Medical discourse is a communicative sphere in which professional knowledge, institutional roles, ethical norms and sociocultural factors interact.[1]

The relevance of the topic is determined by the growing need to systematize Uzbek medical terminology in comparison with Russian. Uzbek is actively developing its own terminological resources in educational materials, dictionaries, official documents and doctor-patient communication. This situation creates both opportunities and problems. International terms such as diagnostika/диагностика, patologiya/патология, biopsiya/биопсия and endoskopiya/эндоскопия make interlingual communication easier. However, excessive variation, synonymy and literal translation may reduce accuracy. The aim of this article is to identify the main thematic groups and nominative patterns of pathological and diagnostic terms in Uzbek and Russian.

METHODS

The research uses descriptive, comparative, semantic and structural methods. The material includes commonly used Uzbek and Russian pathological and diagnostic terms found in medical dictionaries, educational texts and medical discourse studies.[2] Pathological terms were selected according to their

ability to name diseases, symptoms, pathological states, injuries, complications and disease processes. Diagnostic terms were selected according to their relation to examination, testing, measurement, interpretation and formulation of diagnosis.

The descriptive method was used to define the semantic content of each group. The comparative method revealed similarities and differences between Uzbek and Russian nominative structures. The structural method was applied to determine one-word, two-component and multi-component models. The semantic method helped to distinguish terms according to localization, etiology, duration, severity, clinical manifestation and diagnostic function. A pragmatic perspective was also used, since the same term may function differently in a professional consultation, a medical record and a conversation with a patient.[3]

RESULTS

The analysis shows that pathological terms in both languages may be divided into several thematic groups. The first group includes names of diseases and nosological units: diabet/qandli diabet – диабет/сахарный диабет, gastrit – гастрит, gepatit – гепатит, pnevmoniya/zotiljam – пневмония, anemiya/kamqonlik – анемия. These units represent the core of pathological terminology because they directly name disease as a medical concept. In Uzbek, international forms and native explanatory equivalents may coexist, for example anemiya and kamqonlik. In Russian, the international form usually dominates in professional discourse.

The second group consists of terms denoting pathological processes: yallig‘lanish – воспаление, nekroz – некроз, degeneratsiya – дегенерация, intoksikatsiya/zaharlanish – интоксикация/отравление. These terms describe the mechanism or process underlying a disease. Uzbek often uses native forms such as yallig‘lanish and zaharlanish, while Russian uses both international and Slavic forms depending on context.

The third group includes symptom and syndrome terms: og‘riq – боль, isitma – лихорадка, yo‘tal – кашель, nafas qisishi – одышка, shish – отёк, sindrom – синдром. Symptom terms connect the patient’s subjective complaint with the physician’s diagnostic interpretation. In Uzbek doctor-patient communication, native symptom names are more transparent, whereas in professional documents standardized forms may be preferred.

The fourth group includes terms of complications and functional disorders: yurak yetishmovchiligi – сердечная недостаточность, buyrak yetishmovchiligi – почечная недостаточность, qon aylanish buzilishi – нарушение кровообращения, nafas yetishmovchiligi – дыхательная недостаточность. These units are mostly multi-component and show clear semantic relations: organ + disorder, function + insufficiency, process + disturbance.

Diagnostic terms may also be grouped thematically. The first group includes general diagnostic concepts: tashxis – диагноз, diagnostika – диагностика, klinik tashxis – клинический диагноз, differensial tashxis – дифференциальный диагноз. The second group includes examination procedures: ko‘rik – осмотр, tahlil – анализ, rentgen tekshiruvi – рентгенологическое исследование, ultratovush tekshiruvi – ультразвуковое исследование, biopsiya – биопсия, endoskopiya – эндоскопия. The third group includes measurement and result terms: qon bosimi – артериальное давление, qondagi glyukoza miqdori – уровень глюкозы в крови, yurak urishi – сердечный ритм, laborator natija – лабораторный результат. The fourth group includes interpretive terms: ijobiy natija – положительный результат, salbiy natija – отрицательный результат, taxminiy tashxis – предварительный диагноз, yakuniy tashxis – окончательный диагноз.

The nominative models of the two languages show both parallelism and divergence. The first model is the one-component international term: gastrit/гастрит, gepatit/гепатит, biopsiya/биопсия, anemiya/анемия. Such terms are compact and suitable for professional discourse. The second model is the native one-component term: yallig‘lanish, shish, og‘riq in Uzbek and боль, отёк, кашель in Russian. These terms are semantically transparent and common in patient-oriented communication. The third model is the adjective + noun pattern: o‘tkir appenditsit – острый аппендицит, surunkali gastrit – хронический гастрит, virusli gepatit – вирусный гепатит. This model expresses duration, severity or etiology. The fourth model is the noun + noun or noun + possessive

construction in Uzbek and the adjective + noun or noun + genitive model in Russian: yurak yetishmovchiligi – сердечная недостаточность, jigar sirrozi – цирроз печени, qon bosimi – артериальное давление. The fifth model is the multi-component nominative phrase: o‘tkir respirator virusli infeksiya – острая респираторная вирусная инфекция, qandli diabetning asoratli shakli – осложненная форма сахарного диабета. Such models provide high precision but may be difficult for non-specialists.

DISCUSSION

The comparative analysis reveals that the main difference between Uzbek and Russian terms lies not in conceptual content, but in the preferred nominative form. Russian medical terminology widely uses adjectival formations: сердечная недостаточность, почечная патология, вирусная инфекция, лабораторное исследование. Uzbek uses adjectival forms as well, but it often relies on noun combinations and possessive constructions: yurak yetishmovchiligi, buyrak kasalligi, qon tahlili, jigar sirrozi. This reflects the grammatical typology of the two languages. Russian is rich in adjective-based patterns, while Uzbek tends to express attributive relations through analytic structures.

Another important issue is synonymy. Uzbek medical terminology may contain parallel forms: anemiya/kamqonlik, pnevmoniya/zotiljam, intoksikatsiya/zaharlanish, diagnostika/tashxislash. Such synonymy is useful in communication with patients because native equivalents are more understandable. However, in scientific texts it may create inconsistency unless one form is selected as the main term. Medical dictionaries emphasize the need to regulate synonymous and borrowed terms in order to avoid terminological confusion.[4]

The pragmatic aspect is also essential. In a professional record, the term surunkali yurak yetishmovchiligi or хроническая сердечная недостаточность is appropriate and precise. In conversation with a patient, however, the physician may need to explain it as “a long-term weakening of heart function.” Thus, the nominative pattern must be evaluated not only by linguistic economy but also by communicative adequacy. From a pragmalinguistic point of view, a term performs an action: it informs, classifies, warns, reassures or directs further treatment. Therefore, thematic classification and nominative modelling should be linked with the communicative situation.

CONCLUSION

Pathological and diagnostic terms in Uzbek and Russian form a complex system of thematic groups and nominative patterns. Pathological terms name diseases, processes, symptoms, syndromes, complications and functional disorders. Diagnostic terms name examination procedures, measurements, results and medical conclusions. Both languages use international Greco-Latin terms, native lexical resources, attributive combinations and multi-component phrases. Russian more actively employs adjective-based and genitive patterns, whereas Uzbek combines international terminology with native explanatory forms, noun combinations and possessive constructions. The comparative study shows that terminological precision, semantic transparency, structural consistency and pragmatic adequacy are the main criteria for analyzing and standardizing medical terms. Further research should be based on larger corpora of medical records, textbooks and doctor-patient dialogues.

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