

From Medical Terms to Everyday Meanings: The Boundaries of Explanation, Imagery, and Diagnosis in Uzbek and Russian Digital Communication

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ABSTRACT

This article distinguishes the use of medical terms in nonspecialist communication from semantic change. Fourteen excerpts from seven public digital documents and one dialogue in a scholarly publication are analyzed in context. Criteria are proposed for distinguishing a measurement from a disease name, a figurative predicate from the meaning of a term, and a patient's opinion from a confirmed diagnosis. The study's contribution is an analytical procedure that separately examines the comprehensibility of an explanation, its referential accuracy, and the evidential status of the statement. The findings are limited to the selected documents.

Keywords: Medical discourse, determinologization, semantic transfer, communicative situation, Uzbek, Russian, referential accuracy.

1. INTRODUCTION

Replacing a medical term with an everyday word does not, by itself, make it understandable. A brief expression may convey the meaning accurately, while a detailed explanation may refer to a different organ or disease. It is therefore insufficient to approach medical discourse through a simple opposition between “lay expressions” and “scientific terms.” The first question is what the statement refers to; the second is what evidence supports it.

Determinologization is understood here as a process by which a specialized term enters general discourse and undergoes a change in its semantic scope. J. Nová distinguishes the weakening of its connection to a specialized concept from the emergence of a figurative meaning [4: 387-390]. However, a term's occurrence in a patient's speech does not mean that this process is complete. Abbreviating a disease name, referring to a measurement, and using illness as an image are different phenomena.

In Uzbek pragmalinguistics, the choice of linguistic resources is linked to the circumstances of speech, the relationship between interlocutors, and the purpose of communication [1: 4-5]. This perspective is important here: a word's borrowed origin does not establish its opacity, nor does its Uzbek origin establish its transparency to everyone. In particular, an expression of gratitude on a hospital website and a question about test results should not be evaluated by the same criteria.

The article aims to identify where semantic change should be sought in digital medical texts. The analysis addresses three questions: has the referent changed; does the change concern the noun or an expression associated with it; and does the statement convey a diagnosis, a hypothesis, or a personal opinion? The scholarly contribution lies in applying these questions together without conflating them.

2. MATERIALS AND ANALYTICAL METHOD

The research material comprises seven online documents: questions on SprosiVracha, Russian-language information from the World Health Organization, testimonials on the American Hospital website, two Daryo publications from 2021 and 2022, and the Russian-language MEDIZINICUM and Uzbek-language Apollo Hospitals pages. A dialogue in an article by S. Yorova and F. Hasanova provides an additional source [2: 70].

Documents were selected when they contained an analyzable relationship between a specialized designation, an everyday expression, and the basis of a statement. The sample makes no claim to statistical representativeness. Because the genres of the

Russian and Uzbek documents are not matched, the study does not compare frequency, “scientificity,” or emotionality across the two languages. A statement on a clinic website, an account retold by a journalist, and a question on a consultation website are treated as distinct source types.

The texts were rechecked on September 29, 2026. The relevant parts of the SprosiVracha and Daryo materials were checked through text indexed by a search engine; they are not presented as archived conversation transcripts. Individuals’ names, ages, and treatment details have not been reproduced. Since source links are retained, the excerpts are not claimed to be fully anonymized.

The unit of analysis is an expression considered together with the immediate context that clarifies its meaning. Each example was examined for its referent, predicate, speaker status, and the basis of the statement’s credibility. Clinical content was checked solely against sources, with attention to whether an explanation substituted a different organ or disease. No diagnoses were assigned to participants. In the Uzbek version, Russian excerpts were retained in their original script and accompanied by Uzbek translations; a translation does not constitute a new empirical example. Code-mixing and spelling in the sources were preserved within quotations.

Referential accuracy was understood as preserving, within an explanation, the organ, condition, or measurement designated by the original expression. Comprehensibility is a separate criterion: it cannot be inferred solely from the brevity of a sentence. The evidential status of a statement was assessed by whether it reported a test result, a personal hypothesis, or another person’s words. This distinguished the content of a statement from its actual truth. A person may name a diagnosis precisely even when the researcher has no clinical confirmation of it.

The examples were first read in abbreviated form and then in their immediate context. Where the two readings produced different conclusions, priority was given to the broader context. This rule is particularly important for retaining markers of uncertainty and the identity of the narrator. The presence of an

excerpt in a source was not equated with audio evidence that a patient had uttered those exact words.

3. RESULTS: WHAT DOES AN EXAMPLE ESTABLISH?

3.1. *An abbreviated designation is not always a disease name*

The title, opening statement, and question in a SprosiVracha post read as follows:

- (1) *Высокий тощаковый сахар при ГСД* [7]
“High fasting blood sugar in gestational diabetes.”
- (2) *По итогам ПГТТ выявлен ГСД.* [7]
“Gestational diabetes was diagnosed following an oral glucose tolerance test.”
- (3) *Как можно снизить тощаковый сахар?* [7]
“How can fasting blood sugar be lowered?”

Here, the author explicitly states that a diagnosis has been made and then asks about a measurement. The abbreviated designation in the title need not, therefore, be interpreted as a substitute for the disease name. The omitted meaning “concentration in the blood” is recoverable from the subsequent account. The third excerpt explicitly seeks practical advice rather than clarification of a term. The diagnosis remains something reported by the user; this study does not independently confirm it.

The World Health Organization text, by contrast, explains a term:

- (4) *гипергликемия, или повышенный уровень содержания глюкозы (сахара) в крови* [8].
“Hyperglycemia, that is, an elevated level of glucose – sugar – in the blood.”

This excerpt juxtaposes the technical and explanatory designations of a single condition, not two different diseases. Examples (1-4) show why disease names, measurements, and explanations must be distinguished. They do not support the claim that a nonspecialist expression necessarily distorts a scientific concept.

3.2. *Reporting a condition and expressing gratitude*

“American Hospital” provides the following two excerpts in the patient testimonials section of its website:

- (5) *Mana davleniyam tushdi, {...}* [9]
 “My blood pressure has now gone down, {...}”
- (6) *Tezroq oyoqqa turadigan usulda operatsiya qilishdi. {...} Allohga shukr yaxshi.* [9]
 “They operated in a way that would get me back on my feet sooner. {...} Thank God, things are good.”

In the first excerpt, a Russian-derived noun *davleniya* (blood pressure) takes the Uzbek first-person singular possessive suffix-m, forming *davleniyam*. The predicate expresses a change in the past. This suffix does not, however, establish the emergence of a new meaning for a disease name. In the second excerpt, *oyoqqa turish* “getting back on one’s feet” is an everyday image of recovery, whereas gratitude expresses an attitude toward the event. It would be wrong to interpret it as a diagnosis or a cause of recovery.

These two expressions retain the everyday tone of Uzbek speech: one conveys a change in condition, the other relief and gratitude. This feature is not generalized to all Uzbek patients. The website text may have been edited, and its positive evaluation does not constitute an independently established clinical outcome.

The evaluation of a decrease also depends on its referent. A study of metaphors in ALP distinguishes a decrease in a measurable quantity from negative evaluation [3: 71-72]. In this example, downward movement is evaluated positively. The pattern “low is bad” therefore cannot be applied to every medical expression.

3.3. *“I think” must not be omitted*

Daryo’s 2021 publication on masks includes the following responses:

(7) *Immunitetim baland deb o'ylayman.* [10].

"I think my immunity is high."

(8) *Kasallik bizdan uzoqlashdi.* [10].

"The disease has moved away from us."

In the first sentence, even before the imagery of height, it is crucial to consider whose perspective is being expressed: the speaker is evaluating their own condition. If the final verb were removed, the personal supposition would appear as a verified fact. In the second sentence, illness is depicted as a phenomenon that recedes across space. This shift is evident not in the lexical meaning of the word "illness" itself, but in how it relates to the predicate.

The source presents these ideas as the articulated rationale for behavior. However, it does not prove that this figurative expression actually motivated people's decisions. This is a historical speech sample; one cannot extrapolate today's epidemiological situation or protective protocols from it. The value of these two examples is clear: an attitude expressed toward a medical concept is not the same thing as a medical fact.

3.4. *A lay explanation and a translation error*

MEDIZINICUM explains that one expression is colloquial and the other is the designation used by physicians:

(9) *Раздраженный желудок – функциональной диспепсией.* [11]

"Irritable stomach" – "functional dyspepsia." These two expressions were extracted from a single sentence; the case form of the second has been retained from the source.

Here, the webpage author establishes an explanatory correspondence. One website cannot establish the first expression as a firmly standardized synonym throughout Russian. Nor can every statement about stomach pain be equated with this diagnosis. Familiarity with a designation does not, by itself, determine its clinical scope.

The dialogue in the scholarly publication illustrates that an explanation can involve an even more serious breakdown:

- (10) Shifokor: *Xronicheskiy pankreatit ekanmi?* Bemor: *Bu nima degani?* [2: 70]
 “Doctor: Was it chronic pancreatitis? Patient: What does that mean?”
- (11) Shifokor: *Bu - o‘t xaltangizda surunkali shamollash bor, degani.* Bemor: *Tushundim, duxtir.* [2: 70]
 “Doctor: It means you have a chronic “cold” in your gallbladder. Patient: I understand, doctor.”

The publication does not state where or how the conversation was recorded; it is not a verified transcript of an actual consultation. “Pancreatitis” concerns the pancreas, whereas the answer refers to the “gallbladder” [6]. Familiar words are used, but the referent is not preserved. This is an erroneous explanation, not evidence of a new lay meaning.

The final acknowledgment does not reveal exactly what the patient understood. The teach-back method recommended by AHRQ likewise rests on this distinction: the person is asked to express the content in their own words [5]. No such check occurs in this dialogue. There is therefore insufficient evidence to classify it as a successful explanation.

Apollo Hospitals’ Uzbek-language page illustrates a different difficulty:

- (12) *ro‘za tutgan qon shakaringiz* [12]
 “Your blood sugar that has fasted.”

With nearest syntactic attachment, fasting appears to be attributed to the sugar. The page, however, concerns a measurement taken on an empty stomach. An editorial alternative, “the blood glucose level measured on an empty stomach,” is more precise; it is not a quotation from the source. This error does not establish an Uzbek “national conception” of illness, nor does it identify the software that produced the translation. The circumstances of translation must be considered first.

3.5. *Speaking of illness: Diagnosis, suspicion, and hope*

In Daryo’s article about people who have experienced cancer, a patient’s spouse recalls an earlier conversation using the following expression:

- (13) *oqqonga chalinganlik ehtimoli borligini*. [10]
 “That there was a possibility of leukemia.”

This excerpt is another person’s retelling, not a direct recording of a physician’s speech. The expression of possibility cannot be removed to turn it into an established diagnosis. The everyday form *oqqon* “leukemia” does not determine the evidential status of the statement: the same designation can occur in either a tentative or a confirmatory statement.

Another interviewee in the same article uses an image to describe the experience of illness:

- (14) *Dard mehmon*. [10]
 “Illness is a guest.”

In this comparison, illness is imagined as a temporary guest. The interpretation offers hope, but it is not a clinical conclusion guaranteeing that the illness will disappear. The figurative use of *dard* ‘illness’ need not be equated with a specialized diagnostic term acquiring a new meaning. The example shows that general vocabulary beyond disease names can also express medical experience.

These excerpts reveal the evaluative layer of statements about illness. Hope, gratitude, and uncertainty each have their own function in the account; none replaces a diagnosis.

3.6. *What must be matched in comparing the two languages*

These examples do not justify juxtaposing a Russian term with an Uzbek explanation and declaring one more scientific. In example (2), a Russian abbreviation denotes a reported diagnosis; in (13), an Uzbek disease name remains within the scope of possibility. It would be wrong to explain the difference solely through language: the first is the question author’s own account, whereas the second is a relative’s recollection of an earlier conversation. The circumstances of information delivery must first be comparable.

Examples (4) and (9) show two types of explanation within one language. In the first, a term is explained through an

expanded description of the same condition; in the second, the website offers a professional equivalent for a lay expression. In (10-11), however, an important referent changes within the explanation. The language of an explanation therefore does not predetermine its accuracy. Comparison must be based on the components of meaning preserved or lost, not the number of words.

Examples (6) and (14) reveal another boundary. Not every image in a text about patients derives from a medical term. An everyday expression may instead be brought into an account of illness. These are different directions of movement: a specialized designation entering everyday discourse, and everyday imagery entering a medical topic. Failure to distinguish them artificially inflates the number of examples labeled as determinologization. The present material allows these two directions to be distinguished as research questions, but does not establish their historical origins.

4. DISCUSSION

The analysis indicates that identifying the use of a term in nonspecialist communication and identifying a change in its meaning are separate steps. The proposed procedure first examines what an expression refers to, then its grammatical relations, and finally the source of the statement. Rather than searching for a predetermined “lay meaning,” this sequence supports a conclusion appropriate to the observed case.

The study’s novelty does not lie in a list of new terms. It distinguishes three phenomena that tend to remain grouped under the label “medical word”: shortening while preserving the referent; adding imagery or an attitude without changing the referent; and erroneously replacing the referent in an explanation. A fourth option is to leave the judgment open when context is insufficient. This classification is a working solution applied to the checked examples; no claim is made that it is unprecedented in international scholarship or has been clinically tested.

Referential accuracy and comprehensibility are explicitly distinguished. In the pancreatitis dialogue, a failure of the former

can be checked against a source, whereas the latter cannot be established from the patient's final response. A single example can thus contain both aspects that support a definite conclusion and aspects for which evidence is lacking. Identifying this boundary is a finding of the analysis, not a shortcoming.

Table 1. *Three stages for checking an interpretation*

Stage	Question to Check	Illustration from the data
Name	Does it name a disease, organ, or measurement?	In (1)-(4), the measurement is distinguished from the diagnosis.
Relation	Is the imagery in the name or in a related expression?	In (5), (7), (8), and (14), the predicate and evaluation are examined.
Evidential status	Is it based on an examination, a personal view, or a retold account?	Examples (2), (7), and (13) have different bases of credibility.

The procedure's verifiability is also important. For example, an analyst classifying (1) as a shift to a disease name must explain why the diagnosis in (2) and the measurement in the title are treated as the same referent. An analyst considering (5) a new disease name must identify semantic evidence beyond the possessive suffix. The same material can yield different conclusions; these differences should be discussed through verifiable criteria. At present, this is a requirement of the analytical procedure, not a claim that agreement between independent raters has been measured.

Practical translation also requires two checks: the referential accuracy of the designation and the preservation of uncertainty or confirmation in the sentence. The wish to phrase a statement more gently does not override these requirements. A considerate tone may protect a patient's feelings, but a confirmed finding should not be presented as a hypothesis, and a hypothesis should not be presented as an established fact. This principle is proposed as an editorial criterion equally applicable to Uzbek and Russian discourse.

Three questions are useful in practice: "What did you mean by this word?", "Is this your own assumption, or were you told this during an examination?", and "Can you explain in your own words how you understood the explanation?" These are

conversational formulations proposed during editing, not actual patient utterances or tools of measured effectiveness. They are intended to keep the designation, the basis of the information, and comprehension distinct.

The sample's limitations are clear. The source genres are not matched, some webpages were examined only in indexed form, and patient comprehension was not tested. No stable new lexical meaning was inferred from a single expression. Further research should examine independent Russian and Uzbek texts within the same genre, counterexamples, and repeated uses. A digital page cannot replace observation of people's understanding or treatment outcomes.

5. CONCLUSION

The fourteen documentary excerpts show that a medical expression cannot be explained adequately through the word alone. Abbreviation, the addition of affixes to borrowed stems, figurative predicates, and expressions of gratitude do not constitute ready-made evidence of a new terminological meaning. Replacing an organ in an explanation is not simplification, but a failure of referential accuracy.

Preserving the natural quality of Uzbek medical discourse does not require eliminating everyday expressions. Their functions and limits must instead be made explicit. The proposed procedure for checking designation, grammatical relation, and evidential status addresses this need. The result is not a judgment about all Uzbek or Russian patients, but an analytical solution that can be checked by returning to the sources.

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