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| Research Article

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Comparative Linguocultural Study of French and Uzbek Medical Terminology

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Abstract: This article presents a comparative linguocultural study of French and Uzbek medical terminology based on thematic classification. The research examines how linguistic structure, historical development, and cultural cognition influence the formation and interpretation of medical terms in both languages. The study employs semantic, comparative, and linguocultural methods applied to lexicographic and textual data. Quantitative findings are illustrated through a table and a graphical representation. The results reveal that French medical terminology is largely standardized and grounded in Greco-Latin tradition, whereas Uzbek medical terminology integrates international medical vocabulary with culturally embedded conceptual models. The findings contribute to terminology studies, medical translation, and intercultural professional communication.

Keywords: medical terminology, linguocultural analysis, French language, Uzbek language, comparative study, thematic groups.

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INTRODUCTION

Medical terminology constitutes a specialized lexical subsystem designed to ensure precision and clarity in professional healthcare communication. Despite its scientific orientation, medical terminology is not culturally neutral. From a linguocultural perspective, medical terms encode culturally conditioned conceptualizations of the human body, illness, diagnosis, and treatment.

In the context of globalization and increasing intercultural medical interaction, comparative studies of medical terminology acquire particular importance. French and Uzbek medical terminologies represent two linguistically and culturally distinct systems. French medical terminology has evolved within a Western biomedical paradigm strongly influenced by Greco-Latin scholarship, while Uzbek medical terminology reflects a synthesis of traditional health concepts and modern international medical standards.

The aim of this study is to conduct a comparative linguocultural analysis of French and Uzbek medical terminology based on thematic groups and to identify culturally motivated semantic differences relevant to translation and professional communication.

METHODS AND ANALISYS

Terminology studies view specialized vocabulary as a structured system serving professional communication needs. Sager defines terminology as a systematically organized lexical domain essential for specialized discourse [1, pp. 21–34]. Bowker and Pearson emphasize the role of terminological consistency and corpus-based analysis in medical translation and terminology management [2, pp. 45–62].

From a linguocultural perspective, Wierzbicka argues that lexical units reflect culturally significant meanings and value systems [3, pp. 15–29]. Sharifian develops this view through the concept of cultural conceptualizations, describing language as a repository of shared cultural cognition [4, pp. 33–48]. In medical discourse, such conceptualizations shape metaphor usage, symptom description, and disease categorization.

While French medical terminology has been widely examined within European linguistic scholarship, Uzbek medical terminology has mainly been studied from descriptive and terminographic perspectives. Comparative linguocultural analyses of these two systems remain limited, which underscores the relevance of the present research.

The study employs a qualitative-comparative methodology supported by quantitative illustration.

The corpus was compiled from:

1. authoritative French medical dictionaries and reference manuals;
2. Uzbek medical terminological dictionaries and educational resources;
3. academic and instructional medical texts.

Analytical Framework

Medical terms were classified into five major thematic groups:

1. Anatomy
2. Diseases
3. Diagnostics
4. Treatment
5. Pharmacology

The analysis combines semantic interpretation, linguocultural analysis, and comparative evaluation. Quantitative data are used to illustrate tendencies rather than to provide exhaustive statistical measurement.

RESULTS

Thematic Distribution of Medical Terminology

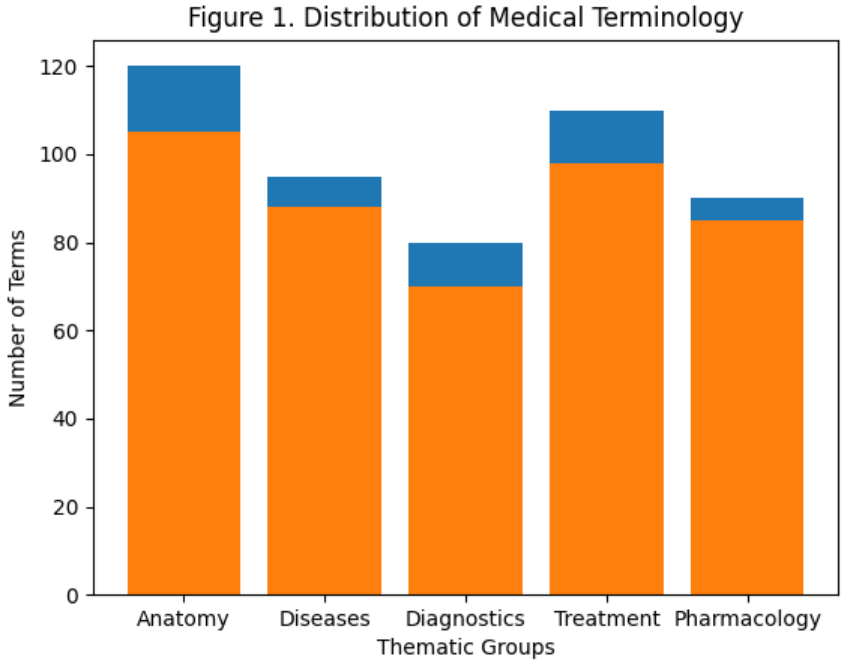
Table 1. Comparative Distribution of Medical Terminology in French and Uzbek

No.	Thematic Group	French Terms	Uzbek Terms
1	Anatomy	120	105
2	Diseases	95	88
3	Diagnostics	80	70
4	Treatment	110	98
5	Pharmacology	90	85

The data indicate that French medical terminology contains a higher number of terms across all thematic groups. This reflects the long-standing institutionalization of medical science in France and the strong influence of standardized international nomenclature [5, pp. 110–126]. Uzbek terminology demonstrates a relatively balanced distribution, particularly in treatment and pharmacology, which suggests active terminological development.

Graphic Representation of Terminological Distribution

Figure 1. Distribution of Medical Terminology by Thematic Groups in French and Uzbek



The figure illustrates the quantitative distribution of medical terms across five thematic groups in both languages. Anatomy and treatment constitute the most lexically dense domains, while diagnostics shows comparatively lower terminological density.

The graphical representation confirms that both terminological systems prioritize anatomical structures and therapeutic processes. The lower number of diagnostic terms may be explained by a higher degree of procedural standardization and descriptive usage rather than lexical expansion [6, pp. 72–89].

Linguocultural Characteristics

Qualitative analysis reveals significant linguocultural differences between the two terminological systems. French medical terminology is characterized by morphological transparency and analytical structure derived from Latin and Greek roots. This feature facilitates international scientific communication but limits culturally specific semantic variation.

Uzbek medical terminology, while incorporating international medical vocabulary, often preserves culturally motivated conceptualizations related to balance, internal harmony, and functional continuity. Metaphorical patterns differ accordingly: French terminology frequently employs mechanistic metaphors, whereas Uzbek terminology reflects holistic and process-oriented health concepts [7, pp. 54–68].

DISCUSSION

The findings confirm that medical terminology functions not only as a scientific system but also as a cultural one. Linguocultural differences between French and Uzbek medical terminologies influence translation strategies, medical education, and intercultural healthcare communication. Literal equivalence alone is often insufficient to convey culturally embedded meanings.

For medical translators, educators, and healthcare professionals, awareness of linguocultural distinctions enhances communicative accuracy and patient-oriented interaction. Integrating linguocultural analysis into terminology training may significantly improve intercultural medical competence.

CONCLUSION

This comparative linguocultural study demonstrates that French and Uzbek medical terminologies differ not only in lexical quantity but also in conceptual and cultural organization. French terminology reflects biomedical standardization rooted in classical scholarship, whereas Uzbek terminology integrates global medical discourse with culturally grounded conceptual frameworks. The results highlight the importance of linguocultural analysis in terminology research, medical translation, and professional communication.

Future research may extend this approach by analyzing patient discourse or including additional languages to further explore intercultural medical communication.

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