РЕПРЕЗЕНТАЦИЯ КАТЕГОРИИ ПРИЧИНЫ И СЛЕДСТВИЯ В МЕДИЦИНСКОЙ ТЕРМИНОЛОГИИ

Елена Владимировна Бекишева [1], **Тамара Валентиновна Рожкова** [2]**, Ольга Михайловна Рылкина** [3]
[1,2,3]Самарский государственный медицинский университет, Самара, Россия
[1]zondterm@gmail.com
[2]t.v.rozhkova@samsmu.ru
[3]o.m.rylkina@samsmu.ru

Аннотация. В данной статье предпринята попытка дать полное представление о сущности причинно-следственного взаимодействия и доказать, что оно является основой научного знания. Всё в мире имеет свою причину и свои последствия. Причина и следствие являются важными компонентами медицинского знания, которые находят своё выражение в специальных терминах. Целью настоящей работы является исследование способов репрезентации гносеологической категории причины и следствия и выявление её эксплицитных и имплицитных характеристик. Термины, репрезентирующие категорию причины и следствия, широко представлены в медицинской терминологии. Этот факт объясняется экстралингвистическими факторами, которые включают как этиологию, так и последствия заболевания. Изучение экстралингвистических факторов и имплицитных логических взаимосвязей между словообразовательными и, собственно, терминообразовательными элементами позволило выявить 11 групп прототипических причинно-следственных признаков. Каждая из групп представляет один вид причинно-следственных связей. Термины каждой группы объединяются определёнными категориальными признаками, представляющими исследуемую категорию причины и следствия.

Ключевые слова: медицинская терминология, когнитивная лингвистика, категория, причинно-следственные отношения, терминообразование, структура слова, этиология

Для цитирования: Бекишева Е.В., Рожкова Т.В., Рылкина О.М. Репрезентация категории причины и следствия в медицинской терминологии// Лингвистика и образование. 2024. – Том 4. – №4. – С. 19-31. https://doi.org/10.17021/2712-9519-2024-4-19-31

Original article

THE REPRESENTATION OF CAUSATIVE-CONSECUTIVE CATEGORY IN MEDICAL TERMINOLOGY

Elena V. Bekisheva [1]**, Tamara V. Rozhkova** [2], **Olga M. Rylkina** [3]
[1,2,3]Samara state medical university, Samara, Russia
[1]zondterm@gmail.com
[2]t.v.rozhkova@samsmu.ru
[3]o.m.rylkina@samsmu.ru

Abstract. This paper makes an attempt to provide a thorough insight into the essence of causative-consecutive interaction and prove that it is the base of scientific knowledge. Everything

in the world has its cause and effect. They are essential components of medical knowledge which are reflected in medical terms. The aim of the article is to investigate the way medical terms represent the gnoseological category of cause and effect, to reveal its explicit and implicit characteristics. The methods of definitional, derivational, semantic, categorical, conceptual, and compositional analysis are used in the investigation. The paper assumes the terms representing the category of cause and effect prevail in medical terminology. This prevalence is due to extralinguistic factors such as aetiology and the consequences of a disease. The authors introduce the notion "causal term relevance" and develop a number of rules of relevance. These rules and the study of extralinguistic factors and implicit logical links between word(term)-building elements revealed 11 prototype causative-consecutive characteristics. Each group represent one type of causative-consecutive relations. Definite category features, demonstrating cause and effect categories, combine terms in every group. Conclusion. The category of cause and effect is one of the most important medical concepts because it deals with the theory of pathology and is able to represent both the aetiology of the diseases and the conditions of the development of the disease by language means. The choice of language means by the author of the term influence the evolution of the scientific concept.

Keywords: medical terminology, cognitive linguistics, category of cause-effect relations, causal term relevance, term-building, word structure, aetiology

Introduction

The problem of how everything happens and what is the cause of the events and what they can result into has always attracted people's attention. Cause-effect relations are essential for the linking of objects or phenomena. Since the beginning of modern science, the meaning of the term «cause» is restricted to «efficient cause, or extrinsic motive agent, or external influence producing change – in contrast to other kinds of cause, such as final, internal» [1. p. 33]. Causation focuses "on prolonged progression rather than instantaneous events, and their causation to a particular process" [2. p. 6]. Thus, on closer inspection cause falls into external circumstances, whereby something is happening, internal circumstances due to which something is happening, and excitement which is the immediate trigger. The notion of causality generalizes the idea that some event takes place only being conditioned upon the other one which is its cause. Nonetheless one can easily confuse post hoc with propter hoc.

The issue of cause-effect relation in the language of science and in the language of medicine has not been studied enough. There are several works devoted to this phenomenon in a sentence at the syntactic level (Shapiro, 2008, Holonina

N.A., 2001, Vsevolodova M.V., YAshchenko T.A., 2001 etc.). The number of studies which deal with cause-effect relations in medical terminology is limited by the following works: "Otrazhenie gnoseologicheskoj kategorii kazual'nosti v nazvaniyah boleznej" [3], "Otrazhenie kategorij prichiny i sledstviya v terminologii psihiatrii" [4].

A.M. Amatov [5. p. 3] states that implicit and explicit constructions possess similar causative-consecutive traits. Thus language means of expression can be divided into marked and unmarked. Language system is determined and all its functions are conditioned. Thus the principles of causality account for the sheer language system and guarantee language levels interplay in speech-making. Being not a trivial layering of language levels but a strict, clear multilayer organization, the systemic structure of the language involves co-subordination of all language levels in the speech-making process.

The **aim** of this work is to reveal conceptual features, which represent the cause-effect relations in the medical terminology and to classify their types and verbal terminological markers taking into consideration explicit and implicit characteristics represented in the structure and semantics of medical terms.

Material and methods

We have analyzed the means of the representation of cause-effect relations as exemplified in the medical terms which were chosen from the following medical dictionaries [6, 7, 8, 9, 19, 11].

We consider that complex approach allows investigating and adequately describing the cognitive processes which are reflected in medical terminology. The methods include definitional, derivational, semantic, categorical, conceptual, and compositional analyses. They allow present the studied problem in an integrated manner.

Results and discussion

The development of nosology was connected with the one of etiological signs of the diseases and their neat characterization. However, statistical analysis demonstrates that 28% of nosologic units reflect the seme of causality in their names.

This can be explained by the extralinguistic reasons, the most important of which is the lack of information on the etiology of diseases. The etiology of many somatic disorders hasn't been studied enough yet. Clinical terms reflecting the category of causality began to appear in the mid-19th century when advancement in medicine allowed us to explain the ways of pathogenic organisms invade into the human body.

Nowadays the terminology of infectious diseases and helminthology represent the category of etiology most explicitly. In these term systems structural model "term-element + -osis, (-iasis)" (causative agent + disease) is highly productive The suffixes *-osis* and *-iasis* have a common categorical meaning «consequence» and disciplinary meaning «general disease». Categorical meaning of causality, disciplinary meaning of etiology are represented by an attributive term-element. Pathogenic microorganisms are the causative agents of infectious diseases and belong to groups of bacteria, fungi, protozoa. Morphologically the first term-elements represent these concepts *(e.g., toxoplasmosis – a parasitic disease caused by the protozoan Toxoplasma gondii; mycosis – a fungal infection of animals and humans*. Such structure of the terms contributes to terminological systemacity of these medical field and speak for the status of etiological issues in these fields of medicine. Thus the structure of a derivative term is determined both by the orders of morphology, term-elements semantic combinability, and the cognitive basis of creative processes in science.

Language being not a mere set of signs used for information transfer. It is a system in which the principle of semantic interaction comes to the fore. Term-elements, being minimal segmental elements of terms, are likely to express causal meanings only being a part of a derivative word. This is conditioned by close semantic interaction with the basic elements having consecutive meaning, which are represented by the suffixes *-osis, -iasis*.

The use of the model containing the suffixes *-osis* and *-iasis* in term-building of other medical term systems as well as propositional lexical gaps filling, which miss the seme «causative agent», results in terminological polysemy. *E.g. alcalosis – a disturbance of the body's acid-base balance in which there is an accumulation of*

alkali or a loss of acid; tabacosis – chronic tobacco poisoning brought about by excessive use of or exposure to tobacco, especially the occupational disease from inhaling the dust in cigar and tobacco factories. Relations between term-elements in the analyzed model are not limited by cause-and-effect links i.e. the term *alcalosis* represents the link *a disease and its manifestation at biochemical level*, the term *tabacosis* (syn. *pneumoconiosis*) represents *a disease and an affected anatomical object (lung).*

Interpretation of such terms and their semantic differentiation on the recipient's mental level demand the work of conceptual instruments of medical domain knowledge. Semantics of the terms formed according to this model depend not only on explicitly represented meanings of term-elements, but on implicit correlations, affiliation to different lexico-semantic fields, recipient's cognitive and interpretative abilities acquired from professional background. This conclusion supports the idea that a word is a form of thought, while notion is the result of intellectual operation. A.A. Potebnya considered conceptual space to be an elastic sphere capable of both contracting till point-size and extending endlessly. Within this space there may be a blending of sense particles which is evaluated as semantic variation.

Being not explicit in elements of various medical term subsystems, causal sign is an obscure cognitive foundation of the term naming unit. For instance, the term *dactylitis (Gr. dactylos – a finger + -itis – inflammation)* means *inflammation of fingers due to chronic pulmonary disease or syphilis.* Its definition presupposes that medical professionals using the term in communication imply the appearance of conceptual components either «pulmonary disease» or «syphilis» representing the etiology of the disease. This conclusion demonstrates the influence of terminology on the diagnostic thinking of a doctor.

Cause-effect links as an indispensable component of scientific thinking can be represented by an attributive terminological word-combination. Meanings of some terms can be actualized and specificated in a word-combination. The essence of scientific concept is also disclosed in a word-combination. Being a level element of terminology, a word-combination conveys cause-effect relation to the fullest extent.

Interaction of explicit and implicit ways of causality expression takes place in a word-combination as well.

A.M. Amatov singled out the rules of causative constructions relevance which run at the level of word-combination: «By relevance of causal utterance we mean its correspondence to people's ideas about cause-and-effect links and the possibility to include an utterance into a certain discourse» [5. p. 3-10]. Further the author emphasizes: «In other words we don't speak about grammaticalness of the utterance, observance/violation of lexical co-occurrence rules, but we speak about the utterance meeting of the requirements which are demanded by the situation, as well as the speaker and listener's competence in the issues of cause-effect relations» [5. p. 3-10].

Having analyzed this quotation in the context of studied terms we suggest the following working definition of the causal term relevance. By causal term relevance we mean its correspondence to the professional image of aetiology of diseases taking into consideration the health professional's competence in the understanding of multicausality and conditionalism.

Terminological word-combinations analysis showed that the connection between cause and effect is based on the following rules of relevance.

Time domain relevance results from the linear character of the causal link, i.e. from two propositions: the cause *a* is certain to precede the consequence *b*. It is clear that this rule is not obligatory for all attributive constructions because "post hoc non est propter hoc".

Genetic relevance presupposes nomenclator's assurance, based on the reality and objectivity of scientific knowledge, that the cause *a* is fundamental to the consequence *b,* or at least ranks among these conditions. However, etymology of some terms created at the early stages of medicine shows genetic relevance to be a relative concept. For example, the cause revealed in the term *rheumatism (Gr. rheuma – fluid discharge + –ismus – sickness)* represents Hippocrates' humoralism relevant for ancient Greek medicine. Nevertheless, the real cause of this disorder, *streptococcus A,* is not indicated in the term structure. In view of a large amount of such terms in modern medicine we can state about historical aspect of relevance.

Choice relevance means that *a* is the basic condition for the formation of *b*. The condition of the relevance is viewed as a factor which allows to represent the nomenclator's subjective choice of the condition when the disease is developing. Yet this choice should correspond to current scientific ideas about aetiology of diseases. It means that term building should be studied both from the perspective of objective scientific data and anthropocentrism. Thus it's necessary to take into consideration both ontological and gnoseological aspects, as well as the background knowledge of a specialist.

By means of logical inference we classified medical terms into several groups. The members of the groups are combined by the revealed prototype cause-effect characteristics explicitly represented in a term structure and implicit characteristics derived from term-elements meanings.

1. Names of diseases, caused by a known causative agent *(e.g. streptococcal pneumonia, candidal angina, amebic urethritis).* Members of this group are semantic variants of derived terms with initial term-element «causative element» described above. However, when the seme "disease" is represented in the terminological word-combination (location and clinical manifestation of a disease), the suffixes *-osis* and *-iasis* represent the disease more abstractedly as «non-inflammatory morbid condition».

2. Names of pathological states or diseases resulting from predisposing or comorbid conditions. Cause-effect relations are the commonest type of links. International Classification of Diseases, 10th Edition [12] contains word families with specific differential characteristics representing causal relations, *e.g. atherosclerotic retinopathy, anaemic retinopathy, hypertensive retinopathy, leukaemic retinopathy (L. retina – amphiblestrodes, Gr. pathia – suffering).*

Scientific medical vision of the inseparable link between etiology and pathogenesis is represented in the structure of medical terms both at the semantic and structural level. For example, the term *reflux esophagitis* demonstrates the close link between the cause *(esophagitis – inflammation of the esophagus)* and consequence *(reflux – an abnormal backward or return flow of liquid).* This phenomenon is

confirmed by structural transformation of an attributive word-combination into a substantive one (in Russian such word-combinations contain a hyphen, e.g. *рефлюкс-эзофагит*). Etiological signs prevail in the semantic link, while word-combination structure predicates pathogenesis (simultaneity of both pathological processes). Terminological word-combinations with the basic seme "pathological object or neoplasm" are also included in this group, *e.g. atherosclerotic aortic aneurism, tumour thrombus, syphilitic roseola* etc.

The cause predating the consequence is a necessary condition of causality in its ontology. Progressive development of the event and generative phenomenon preceding a generated one, causative relations are oftentimes represented by prefixes *after-* and *post-, e.g. postoperative cicatrix, postconcussion syndrome, afterimage* etc.

Prefix *post-* in combination with the term-element meaning «surgical intervention» is highly productive in the names of syndromes, e.g. *postcardiotomy syndrome, postcholecystectomy syndrome, postgastrectomy syndrome.*

Terms containing element *pseudo- (false)* adjoin this group as well, *e.g. pseudonephrotic retinitis – degeneration of retina accompanying kidney disease.* Term-element *pseudo-* has an implicit seme "prevention of misdiagnosis" and indicates the possibility of an incorrect diagnostic sign. Being useful pragmatically, the given semantic pattern is productive in the names of syndromes, *e.g. pseudoabdominal syndrome – a group of symptoms characteristic of acute abdominal conditions which develop in the other place for example in case of myocardial infarction.*

False representation of disease causes is provided by the suffix *-oid ("similar to")* and a compound term-element *false, e.g. lupoid sycosis – is a cutaneous condition of unknown aetiology that is characterized by a scarring form of deep folliculitis, typically affecting the beard area (disease occurs in lupus).*

3. Names of diseases representing the shift of pathologic process from one organ to another. In this group the term element *-genic* is highly productive, *e.g. otogenic brain abscess (abscess of the ear spreads to the brain).* The seme shift is revealed in the word-building structure of the term *metastasis – spread of pathologic*

material. In oncological terminology there are dozens of terms with the attributive component *metastatic*, *e.g. metastatic retinitis – inflammation of the retina caused by the invasion of the pathogen from a remote focus of infection.* The adjective *reactive* and its synonym *satellite* in combination with the name of a disease imply the cause of the disease, *e.g. reactive hepatitis* or *satellite hepatitis – hepatitis resulting from other inner organs damage.*

4. Names of diseases representing a body system disturbance, *e.g. immune agranulocytosis – a disease which results from weakening of the immune system; hematogenic sigmoiditis – inflammation of the sigmoid colon due to invasion of the causative agent into the intestinal wall through the blood flow.*

5. Names of diseases caused by external mechanical damage or endogenic (internal) mechanical agent. This group includes surgical terms which are the names of wounds and some other injuries, *e.g. incised wound (post a cut), gunshot wound (post firearms injury).*

All the above mentioned examples of term word combinations show the capability of scientific language to represent a complex concept, because they simultaneously demonstrate several categorical characteristics (terminological component *wound* represents the categories of object and consequence, while the word *incised* represents cause and sign).

Some single-word terms contain two semes "cause" and "consequence", e.g. *poisoning, injury (trauma), burn* etc. They demonstrate term semantic extension which consists in the capacity of terms to be used either in the first or in the second category meanings. This phenomenon deals with the processes of common language variation, described by many linguists (V.A. Tatarinov, E.S. Kubryakova, V.F. Novodranova, A.V. Superanskaya, N.V. Podolskaya, N.V. Vasilieva, Yu.V. Slozhenikina etc.). Having the categorical meaning of causality in the semantic structure, such terms collocate readily and characterize the cause of the disease, *e.g. a burn – burn disease, a trauma – traumatic disease.* Endogenous mechanical factors causing pathological process include *congestion, stasis, obstruction, occlusion,*

obturation. E.g., cholestatic hepatosis – intrahepatic cholestasis, obstructive apnea – complete or partial blockage of the upper airway during sleep.

6. Names of diseases caused by professional occupation include either the names of jobs which can result in diseases *(boxer's encephalopathy, manager's syndrome)* or the substance with which a patient came into contact before a disease *(tar cancer, aniline cancer, etc.).*

7. Names of diseases resulting from exogenous causes include a lot of compound terms with the initial term element representing the cause of the disease, *e.g. photodermatosis – increased skin sensitivity to sun light, vitamin D toxicosis.*

8. Names of diseases caused by age-specific changes and physiological body states, *e.g. climacteric syndrome, gestational toxicosis.*

9. Names of diseases and pathologic conditions due to lack or excess of some substances in the body, *e.g. iron deficiency.* In this group the majority of the terms are compounds with the initial Greek prefixes *hyper-* and *hypo- (e.g. hyperglycemia – increased blood sugar level, hypocalcinosis – lack of calcium in bones).*

10. Names of diseases or pathologic conditions resulting from medication, *e.g. atropine delirium, desulfiram-alcohol reaction – disorder caused by alcohol consumption during antialcoholic drug treatment with desulfiram.*

11. Names of diseases caused by a bad habit. *E.g. kangri cancer* (syn. *kangri burn carcinoma) is a type of squamous-cell carcinoma of the skin which occurs on the lower abdomen and inner thighs and is due to the use of a kangri (a baked clay pot covered in wicker-work, used as a source for warmth by people during cold weather).* The term-element representing a bad habit is not explicit because of its foreign origin and can be revealed after etymological analysis.

An undetermined cause can also be verbalized by adverbs *idiopathic – self-sustained, essential – fundamental, cryptogenic – uncertain.* For example, *idiopathic keratosis, essential hypertension, cryptogenic hepatitis* etc. However, the existence of these diseases is explained by the detachment between the exact cause which often loses its importance immediately after the «contact» with the body and is not

perceived as a trigger. But the disease process is slowly developing according to its own intrinsic laws [13]. In this case the disease becomes a consequence of the trigger which goes unrecognized.

Conclusion

Terms representing the category of cause-effect relations prevail in medical terminology from the standpoint of pathology because they represent the aetiology of the disease which is one of the most important medical concepts. That's why the representation of cause-effect category in medicine is explained by extralinguistic causes.

The cause-effect category can also be represented in the form of condition at which the disease develops or the condition which it results in. Consequently, representing the vision of a phenomenon and choosing term-building means, a term creator by means of terminology influences the formation of a scientific concept.

By investigating linguistic means of the representation of cause-effect relation and its role in the process of term-building and term functioning we singled out 11 prototype causative-consecutive characteristics and give examples of terms which possess them. The performed analysis showed that a set of conceptual signs characteristic of cause-effect relation is limited by 11 topic groups which confirm the hierarchical organization of scientific thinking and its representation in terminology.

Knowledge of the aetiology of the disease is one of the main diagnostic and preventive factors. Therefore, the reflection of the category of cause in nosological terms acts as a trigger for the deployment of a complete aetiological picture of the disease at the mental level of a specialist.

A single language unit, representing cause-effect meanings, doesn't implement its function independently, outside a compound terms or terminological word-combinations. The link between term-elements and term-components is revealed both in the structure of a complex term and in the terminological system.

The obtained data are of great importance for applied terminology studies. They allow to develop the system of recommendations on the standardization of names of diseases, to choose the most adequate term from the group of synonymic

ones, to work out the main principles of medical term building. The methods used by the authors can be employed to analyze other medical term systems. The data can be successfully included into elective courses on medical terminology study.

Список источников

1. Bunge M. Causality and Modern Science. 3d revised edition. – New York, Dover Publication Inc. – 414 p. Available at: https://books.google.ru/books?isbn=0486144879 (accessed 20 August 2024)

2. Ben-Menahem Y. Causation in Science. Princeton University press, Prinston and Oxford, 2018. Available at: https://books.google.ru/books?isbn=0486144879 (accessed 20 August 2024)

3. Бекишева Е.В. Отражение гносеологической категории казуальности в названиях болезней// Материалы международного конгресса по когнитивной лингвистике. Сб. материалов 26-28 сентября 2006 г./ Отв. ред. Н.Н. Болдырев; Федеральное агентство по образованию Тамбовский госуд. Университет им. Г.Р. Державина. – Тамбов, 2006. – С. 145-148.

4. РожковаТ.В., Барбашёва С.С. Отражение категорий причины и следствия в терминологии психиатрии // Филологическая проблематика в системе высшего образования. // Материалы межвузовской научно-практической конференции. – Самара, 2018. – С. 54-58.

5. Аматов А.М. Причинно-следственные связи на разных уровнях языка: автореф. дисс. … докт. филол. наук. – М., 2005. – 347 с.

6. Dorland's Illustrated Medical Dictionary. 32 ed. – Philadelphia: Elsevier Health Sciences, 2011. – 2176 p.

7. Infectious Diseases. In Big Medical Encyclopaedia. Available at: http://bigmed.info/index.php/INFECTIOUS_DISEASES (accessed 20 August 2024)

8. Medical Dictionary: A Concise and Up-To-Date Guide to Medical Terms (1998). – NY, American Heritage Dictionary. – 512 p.

9. Merriam Webster's Medical Dictionary. Available at: https://www.merriam-webster.com/dictionary/medicine (accessed 20 August 2024)

10. Mosby's Medical Dictionary, 11th edition. – London, Elsevier, 2022. – 1969 p.

11. Stedman's Medical Dictionary. – M.: Med. izd-vo GEOTAR, 2003. – 719 p.

12. International Statistical Classification of Diseases and Related Health Provlems 10th edition. Available at: https://icd.who.int/browse10/2019/en (accessed 20 August 2024)

13. Саркисов, Д.С., Пальцев, М.А., Хитров, Н.К., 1995. Общая патология человека. – М.: Медицина, 1997. – 608 с.

References

1. Bunge M. Causality and Modern Science. 3d revised edition. New York, Dover Publication Inc. – 414 p. Available at: https://books.google.ru/books?isbn=0486144879 (accessed 20 August 2024)

2. Ben-Menahem Y. Causation in Science. Princeton University press, Prinston and Oxford, 2018. Available at: https://books.google.ru/books?isbn=0486144879 (accessed 20 August 2024)

3. Bekisheva E.V. Otrazheniye gnoseologicheskoy kategorii kazualnosti v nazvaniyakh bolezney [Representation of Gnoseological Category of Cause in the Names of Diseases] // Materialy mezhdunarodnogo kongressa po kognitivnoy lingvistike. [Materials of International Congress on Cognitive Linguistics]. Sb. materialov 26-28 sentyabrya 2006 g./ Otv. red. N.N. Boldyrev; Federalnoye agentstvo po obrazovaniyu Tambovskiy gosud. un-t im. G.R. Derzhavina. – Tambov, 2006. – Pp. 145-148.

4. Rozhkova T.V., Barbasheva S.S. Otrazheniye kategoriy prichiny i sledstviya v terminologii psikhiatrii [The Representation of cause and effect category in terminology of

psychiatry] // Filologicheskaya problematika v sisteme vysshego obrazovaniya [Philological Problems in Higher Education]. Materialy mezhvuzovskoy nauchno-prakticheskoy konferentsii. Samara, 2018. – Pp. 54-58.

5. Amatov A.M. Prichinno-sledstvennyye svyazi na raznykh urovnyakh yazyka [Causal Relationship at Various Language Levels]: avtoref. diss. … dokt. filol. nauk. – M., 2005. – 347 p.

6. Dorland's Illustrated Medical Dictionary. 32 ed. Philadelphia: Elsevier Health Sciences. 2011. – 2176 p.

7. Infectious Diseases. In Big Medical Encyclopaedia. Available at: http://bigmed.info/index.php/INFECTIOUS_DISEASES (accessed 20 August 2024).

8. Medical Dictionary: A Concise and Up-To-Date Guide to Medical Terms (1998). – NY, American Heritage Dictionary. – 512 p.

9. Merriam Webster's Medical Dictionary. Available at: https://www.merriam-webster.com/dictionary/medicine (accessed 20 August 2024).

10. Mosby's Medical Dictionary, 11th edition. – Elsevier, 2022. – 1969 p.

11. Stedman's Medical Dictionary. – M.: Med. izd-vo GEOTAR, 2003. – 719 p.

12. International Statistical Classification of Diseases and Related Health Provlems 10th edition. Available at: https://icd.who.int/browse10/2019/en (accessed 20 August 2024).

13. Sarkisov D.S., Paltsev M.A., Khitrov N.K. 1995. – Obshchaya patologiya cheloveka [General Human Pathology]. – M.: Meditsina, 1997. – 608 p.

Бекишева Елена Владимировна	доктор филологических наук, доцент, СамГМУ, Самара e.v.bekisheva@samsmu.ru
Bekisheva Elena Vladinirovna	doctor of philology, professor, Samara SMU, Samara e.v.bekisheva@samsmu.ru
Рожкова Тамара Валентиновна	кандидат филологических наук, доцент, СамГМУ, Самара rozhkovatamarav@yandex.ru
Rozhkova Tamara Valentinovna	candidate of philology, associate professor, Samara SMU, Samara rozhkovatamarav@yandex.ru
Рылкина Ольга Михайловна	старший преподаватель, СамГМУ, Самара olga-rylkina@yandex.ru
Rylkina Olga Mikhailovna	senior lecturer, Samara SMU, Samara olga-rylkina@yandex.ru