### O'ZBEKISTON MILLIY UNIVERSITETI XABARLARI, 2025, [1/7] ISSN 2181-7324



#### **FILOLOGIYA**

http://journals.nuu.uz Social sciences

**UDK: 30.428** 

#### Rushana TOGAYMURODOVA,

Master's student in TESL Webster University in Tashkent E-mail:shixnazarmadiyorov@gmail.com

Reviewer: Prof., Z. Teshaboyeva

# CHALLENGES IN TRANSLATING GASTROENTEROLOGICAL TERMINOLOGY IN THE CONTEXT OF CORONARY HEART DISEASE

Annotation

Medical translation is a high-stakes activity, particularly when it involves specialized terminology in multilingual, resource-limited contexts. In this research, the case of describing health problems like Coronary heart disease(CHD) under gastrointestinal symptoms with appropriate words will be the main focus. This study investigates the linguistic and cultural challenges of translating gastroenterological terminology related to coronary heart disease (CHD) from English into Uzbek. The analysis reveals critical issues such as lexical gaps, Russian loanwords, semantic mismatches, and culturally embedded concepts that impede accurate and accessible translations. The findings have implications for public health communication, medical education, and translator training in Uzbekistan and similar contexts. **Key words:** medical translation, gastroenterological terminology, CHD, loanwords, translation strategies.

# YURAK-ISHEMIK KASALLIKLARI KONTEKSTIDA GASTROENTROLOGIK ATAMALAR TARJIMASIDAGI MURAKKABLIKLAR

Annotatsiya

Tibbiy tarjima, ayniqsa, koʻp tilli, resurslar cheklangan kontekstlarda ixtisoslashtirilgan terminologiyani oʻz ichiga olgan boʻlsa, yuqori murakkablikdagi faoliyatdir. Ushbu tadqiqotda oshqozon-ichak trakti belgilari ostida yurak ishemik kasalligi (CHD) kabi sogʻliq muammolarini tegishli soʻzlar bilan tasvirlash masalasi asosiy e'tiborga olinadi. Ushbu tadqiqot yurak ishemik kasalligi (YIK) bilan bogʻliq gastroenterologik terminologiyani ingliz tilidan oʻzbek tiliga tarjima qilishning lingvistik va madaniy muammolarini oʻrganadi. Tahlil lugʻaviy boʻshliqlar, rus tilidan olingan soʻzlar, semantik nomuvofiqliklar va toʻgʻri va tushunarli tarjimalarga toʻsqinlik qiluvchi madaniy singdirilgan tushunchalar kabi muhim muammolarni ochib beradi.

Kalit soʻzlar: tibbiy tarjima, gastroenterologik terminologiya, YIK, olinma soʻzlar, tarjima strategiyalari.

# ПРОБЛЕМЫ ПЕРЕВОДА ГАСТРОЭНТЕРОЛОГИЧЕСКОЙ ТЕРМИНОЛОГИИ В КОНТЕКСТЕ ИШЕМИЧЕСКОЙ БОЛЕЗНИ СЕРДЦА

Аннотация

Медицинский перевод - это высокорискованная деятельность, особенно когда она связана со специализированной терминологией в многоязычных контекстах с ограниченными ресурсами. В этом исследовании основное внимание будет уделено описанию проблем со здоровьем, таких как ишемическая болезнь сердца (ИБС) при желудочно-кишечных симптомах с использованием соответствующих слов.

В этом исследовании изучаются лингвистические и культурные проблемы перевода гастроэнтерологической терминологии, связанной с ишемической болезнью сердца (ИБС), с английского на узбекский язык. Анализ выявляет критические проблемы, такие как лексические пробелы, русские заимствования, семантические несоответствия и культурно обусловленные концепции, которые препятствуют точным и доступным переводам.

**Ключевые слова:** медицинский перевод, гастроэнтерологическая терминология, ИБС, заимствованные слова, стратегии перевода.

Introduction. In multilingual healthcare settings, effective communication depends heavily on the accurate and culturally appropriate translation of medical terminology. Actually, in Uzbekistan, Uzbek, Russian, and increasingly English are commonly used in healthcare communication, which can make it difficult to understand or sometimes be misunderstood. Medical

education still relies heavily on Russian terminology, while health materials for the public are inconsistently translated into Uzbek. This situation raises concerns about how accurately GI symptoms related to CHD are rendered in bilingual or translated health communication. Misleading translations can delay diagnosis or result in the treatment of the wrong condition. The fact that, in

Uzbekistan, where Uzbek is the official language but Russian remains dominant in medical education and literature, the translation of medical terms from English into Uzbek remains underdeveloped.

The purpose of this study is to focus on gastroenterological terminology used in CHD contexts to explore broader issues in medical translation and healthcare accessibility.

Coronary heart disease (CHD) remains a leading cause of death worldwide. While chest pain is the hallmark symptom, a significant number of patients particularly women, the elderly, and diabetic individuals - present with atypical gastrointestinal (GI) complaints such as nausea, bloating, and indigestion (Katz & Nolan, 2016). Although coronary heart disease (CHD) is primarily classified as a cardiovascular condition, it often presents with gastrointestinal (GI) symptoms such as nausea, indigestion, and abdominal discomfort symptoms that may lead to misinterpretation if the translation is imprecise (Smith, 2019).

According to the aforementioned factors, this research paper investigates:

- 1. The linguistic and semantic challenges in translating GI symptoms in CHD from English into Uzbek.
- 2. The utilization of Russian loanwords and descriptive translations for public understanding.
- 3. Strategies to enhance terminological accuracy and accessibility in Uzbek medical translations.

Literature Review. Medical translation involves more than substituting words between languages—it requires conveying specialized terminology accurately and accessibly, especially when symptoms straddle domains, such as cardiology gastroenterology. As Pöchhacker (2004) and Schaffner (2001) emphasize, even slight deviations in terminology can lead to dangerous clinical outcomes. So, when it comes to translating medical context to Uzbek, it is not just finding equivalent words but also analyzing whether they show clinics appropriately or not. It reveals that knowledge of linguistic translation is not enough when the context includes medical terminology.

Symptoms such as nausea, vomiting, epigastric pain, indigestion, and bloating often appear in CHD, particularly in elderly and diabetic populations (Katz & Nolan, 2016). Translating such terms requires not just technical accuracy but cultural sensitivity-since in Uzbek, symptoms like 'ko'ngil aynishi' may be interpreted more broadly or differently than intended.

(1990)categorizes terminological Sager difficulties in translation into lexical gaps, false equivalence, polysemy, and neologisms. These are especially common in languages where the development of specialized vocabulary is relatively recent or heavily reliant on borrowing. In Uzbek, many scientific and medical terms are either transliterations from Russian or remain untranslated (Tursunova, 2018).

Uzbek medical terminology is still developing. Many technical terms are either borrowed directly from Russian or adapted phonetically. This reliance creates a dual burden: healthcare professionals often default to Russian terms like 'refluks' or 'gastrit,' which are not always understood by monolingual Uzbek speakers (Sabirova, 2020).

It is noted that the legacy of the Soviet era has resulted in the persistence of Russian terminology in Uzbek medical practice and education. As Sabirova (2020) shows, this creates tension between the push for linguistic nationalism and the practical realities of medical communication. On the other hand, health literacy and access to medical terminology are closely linked. In under-resourced or rural communities, translations of health education materials are a key bridge to understanding. Yet, as Khalilova (2021) notes, literal translations are often less effective than functional ones.

Primary care settings and community health programs-often the first point of contact for CHD patients—rely heavily on accessible materials. Resources like 'Where There Is No Doctor' aim to bridge this gap, but even these require significant cultural and linguistic adaptation (Werner et al., 2009).

While primarily different disciplines, cardiology and gastroenterology intersect in diagnosing symptoms like chest pain, epigastric discomfort, or dyspepsia, which may be misattributed to the wrong system (Katz & Nolan, 2016).

Methodology. This study uses a qualitative comparative approach grounded in descriptive linguistics and functional translation theory. The goal is to examine how specific gastroenterological symptoms associated with CHD are translated into Uzbek, with attention to semantic accuracy, cultural resonance, and potential for misdiagnosis.

The object includes English-language patient education materials, Uzbek-language equivalents, and interviews with bilingual healthcare professionals and translators. Thirty terms were selected based on frequency in CHD-related contexts, relevance to diagnostic ambiguity, and presence in existing translations.

To analyze and discuss this research, the following data sources are utilized:

- · Cardiology and gastroenterology sections from medical textbooks and clinical guidelines (e.g., Oxford Handbook of Clinical Medicine, Merck Manual)
- English-language medical dictionaries (e.g., Dorland's, Stedman's)
- Clinical guidelines and educational brochures issued by the Ministry of Health of Uzbekistan
- Public health leaflets used in local clinics and hospitals
- Translated medical articles and terminological glossaries from Uzbek medical websites.

In addition, two medical specialists (the gastroenterologist with an IELTS certificate and the cardiologist) were interviewed to provide more precise expressions of the research and results.

Results and discussion. The analysis revealed that translators employed a range of strategies to handle medical terms, primarily influenced by the technicality of the term, the target audience, and the availability of equivalents in Uzbek. The most frequently used strategies included:

Вестник НУУз

- Literal translation (e.g., chest pain → ko'krakdagi og'riq): common with clear, anatomicallybased terms.
- Modulation (e.g., palpitations → yurak urishi tezlashishi): used when the source term had no direct equivalent or when the meaning needed rephrasing to maintain clarity.
- Descriptive translation (e.g., epigastric pain → qorin yuqori qismidagi ogʻriq): beneficial for terms lacking standard Uzbek equivalents.
- Borrowing and calque (e.g., myocardial infarction → miokard infarkti): preserved medical precision, often used in formal or academic contexts.

These strategies aim to strike a balance between medical accuracy and audience comprehensibility.

Terms from the cardiology domain were often technical and had Latin or Greek roots, such as angina pectoris and myocardial infarction. These were usually borrowed directly or translated via calque(Chitac, 2012) indicating that:

- Uzbek medical language is influenced by Russian and international medical Latin, especially in academic or clinical settings.
- In layperson-oriented materials, technical terms were often accompanied by simplified Uzbek

explanations to aid understanding (e.g., yurak siqilishi for angina).

Additionally, Gastroenterological terms were generally less technical and often described common symptoms. As a result:

- Literal and descriptive translations dominated, aligning well with everyday Uzbek expressions.
- These translations prioritized clarity and relatability, especially in public health texts (e.g., hazm buzilishi for indigestion, koʻngil aynishi for nausea).

Overlapping Symptom Terms and Ambiguity

A key focus of this study was terms that occur in both cardiac and gastrointestinal contexts, such as chest discomfort, pressure in chest, nausea, vomiting, fatigue

These terms present semantic ambiguity, as they can indicate different diagnoses depending on the clinical context. In Uzbek:

- Translations like koʻkrakda bosim (pressure in chest) or holsizlik (fatigue) are linguistically correct but lack diagnostic specificity.
- This creates potential miscommunication risks, especially in emergencies, where timely interpretation of symptoms is critical.

This highlights the need for context-sensitive translation, especially in medical communication for non-specialist audiences.

Table 3. Comparative Analysis of Overlapping or Ambiguous Terms

English Term	Uzbek	Translation	Back-Translation	Notes
	Equivalent	Strategy		
Discomfort in	Koʻkrakda	Literal/Modulation	Discomfort in the	May appear in both cardiac and gastric
chest	noqulaylik		chest	symptom contexts.
Pressure in	Koʻkrakda	Literal translation	Pressure in the	Shared symptom between heart attack and
chest	bosim		chest	acid reflux.
Fatigue	Holsizlik	Dynamic	Weakness	Ambiguous symptom; needs contextual
_		equivalence		clarification.

Conclusion. This study has analyzed several terms related to CHD with gastroenterological problems, as well as their way of translation into Uzbek. Some words are translated anatomically, yet some terms do not have an equivalent in Uzbek and require description or a loanword. Conversely, the study was limited to written texts; oral communication and dialectal variations were

not analyzed. That's why, there is a high probability of finding more mistranslated or overlapping terms in spoken language.

Finally, the further research, the study may expand the object to include spoken Uzbek medical discourse, including doctor-patient interactions.

#### REFERENCES

- 1. Chitac, I. (2012). Neologisms and metaphors in the translation of medical language. In Linguistic and Intercultural Education, 2, 140-145. Katz, P. O., & Nolan, P. (2016). Gastrointestinal Manifestations of Cardiac Disease. Journal of Clinical Gastroenterology, 50(5), 387–392.
- 2. Khalilova, G. (2021). Cultural Context in Medical Translations in Central Asia. Tashkent University Press.
- 3. Movlanova, R. (2025). Linguistic and pragmatic features of medical translation from English into Uzbek. Academic Research in Educational Sciences, 6(6), 236–242.
- 4. Pöchhacker, F. (2004). Introducing Interpreting Studies. Routledge.
- 5. Sabirova, M. (2020). The Influence of Russian on Uzbek Medical Terminology: A Historical Overview. Uzbek Linguistic Journal, 4(2), 45–58.
- 6. Sager, J. C. (1990). A Practical Course in Terminology Processing. John Benjamins.
- 7. Schaffner, C. (2001). Translation and Ethics: Issues in Medical and Legal Settings. Multilingual Matters.
- 8. Smith, R. (2019). Symptom Overlap in Cardiology and Gastroenterology. Medical Insights, 18(2), 112–120.
- 9. Tursunova, N. (2018). Problems of Terminology Formation in Modern Uzbek. Uzbek Academy of Sciences.
- 10. Werner, D., Thuman, C., & Maxwell, J. (2009). Where There Is No Doctor: A Village Health Care Handbook. Hesperian Health Guides.