

MANIFESTATIONS OF MONOSEMY AND POLYSEMY IN DISEASE NAMES

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Abstract

This article examines the manifestations of monosemy and polysemy in disease names within medical terminology, as well as the linguistic and gnoseological factors underlying them. It highlights the causes and forms of polysemy within medical micro-systems. Through examples and analysis, the study reveals semantic expansion, synonymy, homonymy, and polysemy formed through terminological elements.

Keywords: monosemy, polysemy, disease names, medical terminology, semantics, terminological homonym.

Introduction

Polysemy, commonly understood as the phenomenon in which a single word develops multiple interconnected meanings as a result of semantic evolution, refers to the capacity of a word to simultaneously possess several meanings from a synchronic perspective. That is, a single lexical unit may denote various objects, processes, characteristics, and relationships. Among the essential properties of terms, monosemy is recognized as one of the most fundamental criteria, as each concept must inherently correspond to a single meaning. This requirement is rooted in the law of identity, which underpins precise logical reasoning. Therefore, monosemy ensures the accurate and reliable transmission of information in scientific and other specialized fields.

Polysemy is considered a natural phenomenon for common vocabulary but contradicts the essence of terminology, where each term must represent only one concept. Based on the distinctions between general language and terminological systems, lexical units used as terms must maintain semantic unambiguity. However, some scholars argue that polysemy is also a natural phenomenon within

terminology, asserting that it allows for maximum informational efficiency through minimal linguistic resources.

The linguistic condition enabling the development of polysemy is the flexibility of lexical units. This flexibility allows forms to acquire new meanings through metaphor (based on similarity) and metonymy (based on contiguity). In medical terminology, the causes and manifestations of polysemy may vary. O.V. Shestak identifies the following primary causes of terminological polysemy:

1. Gnoseological factor: Human cognition simultaneously strives for precision and unambiguity in word use, while also seeking to name newly emerging concepts, which leads to the expansion of term meanings.
2. Development of medical science: As new micro-systems emerge, the same linguistic unit may come to denote multiple concepts¹. In medical terminology—especially in disease names—monosemy is generally preserved, and polysemy appears only in certain exceptional cases.

Methods

Polysemy in disease-related terminological systems may arise under several conditions. First, it may result from the semantic convergence of an organ name and the disease associated with that organ. For example, the term neuritis is used in two meanings:

1. A protruding part of a nerve cell through which nerve impulses are transmitted to another cell or a muscle.
2. Inflammation of a nerve².

Second, polysemy may also arise due to synonymy in the naming of various organs, especially in defining terms that describe inflammatory processes. For instance, canaliculitis (Latin canalculus — “small canal”) has two meanings:

1. Inflammation of the excretory duct of a major sexual gland.
2. Inflammation of the lacrimal canaliculus.

Another example is angina (Latin angina — “strangling”), defined as “an acute infectious disease accompanied by inflammation of the palatine tonsils.”³ It has two meanings:

¹ Шестак О.В. Полисемия терминов медицинских наук: Дисс. ... канд. филол. наук. – Краснодар, 1996. – С.13.

² Словарь современного русского литературного языка. В 17-ти томах. – М.-Л., 1950-1965.

³ ЎТИЛ. 5 жилдли. 1-жилд. – Тошкент: “ЎМЭ” Давлат илмий нашриёти, 2006. – Б. 83.

1. Acute or chronic inflammation of the pharyngeal mucosa, particularly the tonsils.
2. A heart disease manifested by severe cardiac pain.

Internal terminological polysemy often creates challenges in usage and must be resolved. One solution is introducing new terms (neologisms or previously synonymous terms) and narrowing the meaning of existing ones. For example, the term hypertension was distinguished more precisely through the introduction of the term hypertensio, now used to denote “increased hydrostatic pressure in blood vessels, hollow organs, or body cavities,” whereas hypertension is mainly used to describe “increased muscle tone or resistance of the walls of hollow organs to stretching.”⁴

Besides that, polysemy may also enter medical terminology through terminological homonyms—Greek-origin words that share identical spelling and pronunciation while differing in etymology and meaning. For example, the homonym atelia derives from two different Greek roots:

1. Ateles (ἀτελής — “incomplete”) — denotes underdevelopment of an organ or tissue.
2. A- (negative prefix) + thele (θηλή — “nipple”) — denotes congenital absence or maldevelopment of the nipples.

Terminological elements containing polysemous components do not always create polysemous terms; however, such structures may complicate semantic interpretation. For instance, the element -cele may denote various concepts:

Hydrocele — accumulation of serous fluid between the membranes of the testis.

Varicocele — varicose enlargement of the veins of the spermatic cord⁵.

Results

Polysemy is thus a natural linguistic feature of medical terms denoting human diseases. Due to the asymmetry of linguistic signs, a single form may designate different objects and perform different functions. In scientific terminology—especially regarding polysemous terms—semantic differentiation is essential, as accurate definitions directly depend on correct term usage. This holds particular

⁴ ЎТИЛ. 5 жилди. 1-жилд. – Тошкент: “ЎМЭ” Давлат илмий нашриёти, 2006. – Б. 503.

⁵ <https://www.merriam-webster.com/dictionary/varicocele> [M.S.6.11.2025]

significance in medical terminology, where terminological precision has direct implications for human health.

Although polysemy is not widespread in medical terminology, its presence and diverse manifestations allow us to conclude that medical terms, despite their inherent orientation toward monosemy, are still influenced by the semantic processes characteristic of general language.

Conclusion

The analysis demonstrates that polysemy, while generally viewed as incompatible with the principle of terminological precision, remains an inherent linguistic phenomenon that inevitably affects the system of medical terminology, including disease names. Although medical terms tend to gravitate toward monosemy in order to ensure clarity, accuracy, and diagnostic reliability, semantic expansion, synonymy, homonymy, and structurally motivated shifts reveal that complete elimination of polysemy is unattainable. The emergence of multiple meanings is driven by cognitive, linguistic, and disciplinary factors, including the conceptual growth of medical science and the functional adaptability of lexical units.

A thorough understanding of polysemy is therefore essential for ensuring the correct interpretation and use of medical terms. Proper semantic differentiation not only enhances scientific accuracy but also prevents potential miscommunication in clinical and academic contexts. Ultimately, the study affirms that while monosemy remains the ideal in medical nomenclature, polysemy persists as a natural and occasionally necessary linguistic process, shaped by the evolving needs of medical knowledge and human cognition.

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