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## THE ESTABLISHMENT OF SYNONYMIC SERIES IN MEDICAL TERMINOLOGY FROM THE PERSPECTIVE OF “DIFFERENCE”

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Medical terminology constitutes a conceptual system where precision is crucial, as medicine studies human beings and health. Synonymy generates debate, since the ideal of one-to-one correspondence between concept and term is challenged by pragmatic constraints and evolving specialized knowledge. This study analyzes synonymy in medical terminology through Coseriu’s theory of specialized “things” and the additional effort of acquiring domain-specific knowledge, alongside Wüsterian theory, which permits denominational variation without compromising semantic accuracy. Synonymy is examined as “difference,” understood as mismatches within the system: denomination versus definition, concept versus linguistic registers, acronym versus full term, literary versus regional or dialectal variants. The phenomenon presupposes an adaptive mechanism shaped by the dynamics of specialized knowledge and pragmatic needs of domain-specific communication, highlighting how medical terminology negotiates precision, flexibility, and linguistic variation.

**Keywords:** *medical terminology, synonymy, denomination, etiology, synonymic network, “difference”.*

### STABILIREA SERIILOR SINONIMICE ÎN TERMINOLOGIA MEDICALĂ DIN PERSPECTIVA „DIFERENȚEI”

Terminologia medicală reprezintă un sistem conceptual în care precizia este esențială, deoarece medicina studiază omul și sănătatea. Sinonimia generează controverse, întrucât idealul corespondenței univoce concept-termin este adesea afectat de constrângeri pragmatice și de dinamica cunoașterii specializate. Studiul analizează sinonimia în terminologia medicală în raport cu teoria coșeriană a „lucrurilor” specializate și efortul suplimentar de cunoaștere domeniială și cu teoria wüsteriană, care permite variații denominaționale fără a compromite precizia semantică. Sinonimia este abordată ca „diferență”, reflectând nepotriviri între elementele sistemului: denotație vs definiție, concept vs registre lingvistice diferite, siglă vs termen complet, formă literară + regională sau dialectală. Fenomenul presupune un mecanism adaptativ determinat de dinamica cunoașterii specializate și de cerințele pragmatice ale comunicării domeniiale.

**Cuvinte-cheie:** *terminologie medicală, sinonimie, denotație, etiologie, rețea sinonimică, „diferență”.*

#### Introduction

The study of synonymy in medical terminology represents a topic of pressing relevance and major importance in contemporary linguistics. Synonymy is, par excellence, an expression of the richness and flexibility of language, providing speakers with a diversified lexical repertoire for denotative and connotative nuances in meaning (linguistic–pragmatic adaptation to various contexts of use). The ability to offer expressive alternatives in the denomination of a “thing” (including a specialized one) reflects the creative potential of language.

Medical terminology constitutes a system in which conceptual precision is fundamental, since the field of medicine addresses higher existential categories—human beings and health; consequently, the presence of synonymy in medicine generates controversial attitudes. The ideal of a one-to-one correspondence between concept and term is often undermined by pragmatic (applied) realities and by the dynamics of specialized knowledge (here, medicine). Far from being a redundancy, terminological synonymy tends to function as an inevitable, functional characteristic generated by adaptation to social needs. This persistent

contradiction—between the inherent flexibility of natural language and the prescriptive requirements of univocity in specialized domains—poses a continuous challenge in the process of terminological unification and standardization. The topicality of the issue derives from the dynamic interaction between reality and language, on the one hand, and between language and terminology, on the other. Technological and scientific progress further intensifies the need for a well-defined and consistent medical terminology, indispensable for preventing misinterpretations and for facilitating the efficient exchange of information in contexts of innovation and interdisciplinarity.

**Etiological factors of synonymy in the medical terminological system.** In what follows, we propose a definition of medical terminology grounded in Coseriu's theoretical framework [2, p. 250] concerning domain-specific “things” and types of specialized knowledge. Terminological synonymy may be analyzed as a relation between specialized lexical units characterized by identity or semantic similarity, as well as by “differences” generated through their relation to a given functional–semantic field, to groups and paradigms, from taxonomic perspectives (differences at the levels of degree of semantic equivalence, structural–morphological, functional–semantic, and conceptual—hyperonymy/hyponymy, etc.) [5].

**In what follows, we shall review the “differences” at various levels (denomination, registers of use, formal, morphological, stylistic, functional, etc.) involved in the establishment of synonymy in the field of medicine.**

Before providing an overview of the sources that contribute to the renewal of the synonymic inventory within the medical terminological system, we return to the idea that logical–philosophical grounding proposes a distinct perspective, approaching synonymy through the prism of “difference,” understood as a mismatch between elements of a system under one or several aspects.

Accordingly, we highlight these “differences” by elucidating the etiology underlying the establishment of synonymic series in the medical terminological system. From a terminological perspective, two or more units may be considered synonyms when they designate the same specialized concept.

Within medical terminology, the following circumstances may be identified as contributing to the emergence of “differences” in the establishment of a synonymic relationship:

**a) Synonymic “differences” at the level of denomination vs definition.** In terminological studies, synonymy is a semantic relation of particular complexity, especially when analyzed in correlation with the relationship between term and definition. The distinction between denominational synonymy and definitional synonymy provides an essential framework for understanding terminological variation in languages for special purposes, particularly in medical terminology, where conceptual precision is vital.

Denominational synonymy involves the existence of multiple denominations (lexical units) for the same concept. The differences between terms are of a morphological, etymological, historical, or stylistic nature, without significantly affecting the conceptual content.

Definitional synonymy occurs when two terms designate different concepts whose definitions partially or entirely overlap. In this case, semantic equivalence is achieved through the definitional content rather than through direct denomination.

This relationship is particularly evident when comparing the lexicographic definitions of the same term across different sources, such as general dictionaries and specialized ones. For example, *hepatitis* is defined in **DEX'09** (2009) as “a generic designation given to inflammatory diseases of the liver of viral, microbial, or toxic origin.” In the *Medical Dictionary* compiled by V. Rusu, *Botkin's disease* is defined as “any inflammatory disease of the liver, frequently viral, evolving toward recovery, chronicity, or cirrhosis” [8, p. 580]. It is worth noting that the popular term *ficat* (*liver*) is of Latin origin (*ficatus*, *-a*, *-um*), a substantivized adjective derived from the expression *ficatum jecur* (“liver of a goose fattened with figs”), used in “culinary terminology,” since fatty liver prepared with figs was among the most highly appreciated dishes in Roman cuisine [1, p. 126].

Although both definitions converge toward the same concept, the medical definition adds etiological specifications and prognostic elements, resulting in a “difference” of semantic depth.

This difference between denominational and definitional synonymy is crucial for: the analysis of intra- and interlinguistic terminological variation; avoiding the overgeneralization of synonymy in glossaries and translations; clarifying the distinction between popular denominations and specialized terms; and the elaboration of standards and nomenclatures, in which only denominational synonymy (stable and interchangeable) is acceptable.

According to the theory formulated by E. Wüster, the terminological ideal presupposes univocity (one term–one concept) [12, p. 2]; however, in practice, denominational variation frequently occurs and is acceptable as long as it does not compromise semantic precision. At the same time, definitional synonymy requires a more nuanced approach, as it may reflect functional, classificatory, or operational differences between seemingly equivalent terms.

The distinction between denominational and definitional synonymy is therefore essential for rigorous terminological analysis. A comparison of definitions from general dictionaries (DEX) and specialized medical dictionaries [8] shows that the same denomination may acquire different semantic nuances depending on the depth and precision of the definitional framework. This perspective is indispensable for the compilation of terminological tools (glossaries, dictionaries, thesauri) and for the didactics of specialized languages.

**b) Synonymic “differences” at the level of denominations of the same concept vs different linguistic registers.** Synonyms of this type are attested especially in semiological and diagnostic terminology (names of symptoms, reactions, or diseases, etc.) and develop synonymic series that belong to different registers of the language: *frison* = (fam., pop.) *tremurici*; *piloerecție* = *piele de găină*; *apnee* = *stop respirator*; *heterotropie* = *strabism* = *cruciș, sașiu* (about the eyes, by extension about people); *prurit* = *mâncărime*; *parestezie* = *furnicăături*; *vărsat-de-vânt* = *varicelă*; *aprindere (de plămâni)* = *pneumonie* = *congestie pulmonară*; *gâlci* = *inflamație a ganglionilor* = *amigdalită*; *gâlmă* = *spondiloză cervicală* (see Table 1).

**Table 1. Denominations of the same concept vs different linguistic registers**

Specialized term (medical)	Familiar / colloquial / popular synonym	Notes
<i>Frison</i>	<i>tremurici (fam./pop.)</i>	Affective value, specific to Romanian
<i>Piloerecție</i>	„ <i>piele de găină</i> ”	Common idiomatic expression, non-medical use
<i>Apnee</i>	<i>stop respirator</i>	Semi-specialized term, also used in the media
<i>Heterotropie, strabism</i>	<i>cruciș, sașiu</i>	Regional / potentially pejorative
<i>Prurit</i>	<i>mâncărime</i>	Common word, widely accessible
<i>Parestezie</i>	<i>furnicăături</i>	Sensory metaphor, easily understood by non-specialists
<i>Varicelă</i>	<i>vărsat de vânt</i>	Established popular denomination
<i>Pneumonie</i>	„ <i>aprindere (de plămâni)</i> ”	“ <i>aprindere</i> ,” archaic / regional
<i>Amigdalită</i>	<i>gâlci</i>	Archaic-popular; vague anatomical reference, not diagnostic
<i>Spondiloză cervicală</i>	<i>gâlmă</i>	Semantic confusion; generic term, not a true equivalent

Medical terms (e.g., *prurit*, *piloerecție*, *parestezie*) are precise and univocal, being used in clinical documentation and in professional communication (physician–physician, physician–nurse). Colloquial synonyms (e.g., *mâncărime*, *piele de găină*) are employed in physician–patient communication, where they fulfill an explanatory and empathic function, adapted to the interlocutor’s level of understanding. Popular synonyms (e.g., *gâlci*, *tremurici*, *sașiu*) reflect cultural tradition and orality, but may induce semantic confusion in medical contexts.

This register-based synonymic variation highlights: the need to adapt medical terminology according to the target audience (especially in communication with patients); the existence of a functional continuum

between scientific and everyday language; and the role of synonymy in mediating comprehensibility, as well as in generating potential semantic ambiguity when the context is not clearly specified.

**c) Synonymic “differences” at the level of acronyms vs the full form of the term (syntagmatic level).** In medical terminology, acronyms are regarded as paronymic synonyms or as synonyms of necessity. The substitution of a terminological syntagm by an acronym is a procedure frequently used in medical texts. Acronyms ensure not only economy of expression, but also a high degree of informational condensation; in this way, they fulfill one of the essential characteristics of terms—univocity: *PBH* = *hepatic biopsy puncture*; *GGTP* = *gamma-glutamyl transpeptidase*; *HBV* = *hepatitis B virus*, etc.

Abbreviations and acronyms complement the synonymic system, facilitating rapid and efficient communication among specialists. Among the most commonly used are: *AVC* = *cerebrovascular accident (stroke)*; *HTA* = *arterial hypertension*; *BPOC* = *chronic obstructive pulmonary disease (COPD)*; *TBC* = *tuberculosis*. Acronyms assume the role of components within synonymic series only in specialized contexts. Other examples include: *CT* = *computed tomography*; *MRI* = *magnetic resonance imaging*; *HIV* = *human immunodeficiency virus* (the acronym *HIV* derives from English and does not translate symmetrically); *COVID-19* = the disease caused by *SARS-CoV-2*, etc.

**d) Synonymic “differences” at the level of portmanteau terms vs full (syntagmatic) terms.** This category includes terms such as *farmexport* = *export of pharmaceutical products* (the term *farmexport* is used in specialized documents); *biofarm* = *biological pharmaceutical manufacturing plant* (a proper noun, the name of a pharmaceutical company; *bio-* is a truncation of the adjective *biologică*, and *-farm* is a truncation of *farmaceutică*); *biobancă* = *biological sample bank* (*bio-* as a truncation of *biologică* + the autonomous lexical unit *bancă*); *cardiometabolic* = (*syndrome*) *cardiovascular and metabolic* (designating mixed syndromes of cardiovascular and metabolic origin), etc.

**e) Synonymic “differences” at the level of the literary (standard) form vs regional/dialectal forms.** In the analysis of medical synonymy from the perspective of linguistic variation, particular attention must be paid to synonymic relations established between the literary form of terms and their regional, dialectal, or popular variants. Such synonyms often occur in oral contexts, ethnographic discourse, or traditional medical communication, where scientific precision is replaced by metaphorical or descriptive expressiveness: *hernia* = “a swelling formed by the total or partial protrusion of an organ from its natural cavity through a natural or artificial orifice” = *babă-de-vânt*, a regionally used expression, a vivid popular designation whose semantic motivation likely derives from the empirical observation of the condition; *myalgia*—“a generic term for muscle pain occurring after intense physical effort or in various diseases” = *junghi* (“sharp pain”), etymologically associated with stabbing.

The coexistence of terminology at scientific and popular levels constitutes the condition for the establishment of this type of synonymy. The literary term *abdomen* is accompanied by a wide range of synonymic equivalents: *burtă*, *pânțec* (frequently used in the colloquial register), *burduh* (familiar), as well as numerous regional forms such as *buft* (in Moldova), *bandor*, *bârdan*, *dobă*, *foale*, *rânză*, or *vintre*. These reflect a deep rooting in the speaker’s bodily experience and a lexical diversity with expressive function.

For the term *articulație*, the literary form coexists with *încheietură*, and in the archaic and popular register with *nod*, a term that concretely evokes the junction of bones. Functional synonymy also extends to the domain of the skull: alongside the established term *craniu*, numerous synonyms are attested – *țeastă*, *căpățână*, *scăfârlie*, *tigvă*, as well as regional or familiar forms such as *devlă*, *hârcă*, *scafă*/*glavă*.

These examples demonstrate that synonymy between literary and regional or popular forms is not merely a lexical phenomenon, but a functional and sociolinguistic one, reflecting register variation, geographical diversity, and cultural influences on medical language. From a terminological perspective, such synonymic relations underscore the importance of considering the context of use, the interlocutors’ level of specialization, and the communicative purpose.

**f) Synonymic “differences” at the level of terminologies: medical terminology vs chemical terminology.** In this case, we are dealing with correspondences between terms belonging to different scientific

registers, that designate the same referent (active substance): *aspirin* = *acetylsalicylic acid*; *ibuprofen* = *2-(4-isobutylphenyl) propanoic acid*; *paracetamol* = *N-(4-hydroxyphenyl) acetamide*; *penicillin* = *6-aminopenicillanic acid* (active nucleus); *glucose* = *D-glucose* / *α-D-glucopyranose*; *morphine* = *(5α,6α)-7,8-didehydro-4,5-epoxy-17-methylmorphinan-3,6-diol*, etc.

Thus, we are not dealing with classical lexical synonymy (two words from the same lexical system with the same meaning), but rather with equivalence between two terminological codes (inter-terminological equivalents): one pragmatic-functional (e.g., *aspirin* → usable in clinical practice), and one scientific-formal (*acetylsalicylic acid* → usable in chemistry). Synonymy manifests at an interdomainal level, conditioned by the context of specialization: in pharmacy, the chemical form is preferred, whereas in medicine, the common denomination is used.

**g) Synonymic “differences” at the axiological-aesthetic level in medical terminology.** A medical term is ideally defined by accuracy, conciseness, univocity, and axiological neutrality. These normative requirements derive from its fundamental function as an instrument of scientific knowledge, intended to ensure precision in specialized communication and to eliminate conceptual ambiguities. Nevertheless, the analysis of synonymic relations in medical terminology reveals that the neutrality of a term is not absolute, but relative to the context of use and to the network of cultural, etymological, and discursive associations in which it is embedded. When a term enters into a synonymic relation with other lexical units from different registers (popular, colloquial, formal) or from distinct etymological traditions (especially mythological and literary), it may acquire secondary axiological and aesthetic values without losing its fundamental denotative function.

From an aesthetic perspective, reactions of attraction or aversion, associated with the *beautiful* and the *ugly*, are the result of an internal, preconceptual judgment, often preceding strict scientific rationalization. In medical terminology, the coexistence of positive and negative aesthetic categories is not accidental; it reflects the very nature of the object being named: the human body, health, illness, and the subjective experience of suffering. The act of medical naming is not merely classificatory, but also interpretative, in which biological reality is filtered through a cultural and affective imaginary.

The aesthetic category of the *beautiful* is closely linked to the concept of health, which constitutes the fundamental goal of medicine. Health is traditionally associated with harmony, balance, and functional perfection, and a healthy body is perceived as beautiful. In this context, medical terms of mythological or metaphorical origin, compared with their neutral, strictly scientific synonymic equivalents, stand out through enhanced aesthetic value. Terms such as *melotherapy* (= therapy through music), *aromatherapy* (= therapy based on the effects of scents from volatile oils), or *chromotherapy* (= therapy through colors) activate, through their lexical components, a semantic field associated with beauty and synesthesia. Music, color, and scent simultaneously engage multiple sensory and affective channels, generating a pronounced aesthetic effect: *aromatherapy* (olfactory and affective), *melotherapy* (auditory and affective), *chromotherapy* (visual and affective).

An illustrative model of axiological–aesthetic difference within synonymy is provided by the pair *fibula* = *peroneal bone*. The term *fibula* originates from classical Latin and initially denoted a brooch or ornamental clasp used in Ancient Greece and Rome, while *peroneus* referred to the fastening element [6, p. 276]. Both terms were later incorporated into anatomical terminology, retaining at the etymological level an association with decorative objects, thus belonging to the category of the beautiful.

Similarly, the term *microflora* and its synonymic equivalent *microscopic flora* derive from the name *Flora*, the Roman goddess of flowers and gardens, denoting “the totality of microorganisms living in the human environment (intestinal mucosa, nasal mucosa, etc.)” Although, at the referential level, the association between flowers and the microbial environment may appear paradoxical, at the axiological level the term preserves a positive connotation, associated with vitality and regeneration.

From *Aphrodite*, the Greek goddess of beauty, come the terms *aphrodisia* (= morbid exaggeration of sexual instinct) and *aphrodisiomania*, with synonyms *erotism* and *erotomania*, derived from the name of the god *Eros*. Analogously, from *Venus*, the Roman goddess of beauty, derives the generic designation *venereal diseases*, synonymous with the phrase *sexually transmitted diseases*. These synonymic series illustrate

significant differences in aesthetic and cultural value between mythological terms and their descriptive, neutral equivalents.

The myth of *Psyche*, whose name means “soul” in Ancient Greek, generated a series of clinical terms formed with the ambipositional element *psych(o)-/psyche*, among which *psychoanalysis*, with synonyms *Freudism* and *abysmal psychology*. *Psyche* symbolizes the soul saved through love, and this symbolic dimension is indirectly reflected in psychological and psychiatric terminology, where terms do not designate only mental processes, but also profound affective realities [4, p. 517].

From the names of nymphs in Greek mythology, divinities of nature and fertility, derives the term *nymphomania*, synonymous with *estromania* or *metromania*, denoting a disorder characterized by exaggerated female libido. Similarly, the myth of *Pygmalion* generated the term *pygmalionism*, synonymous with *agalmatophilia*, denoting obsessive attraction to statues. These examples demonstrate how aesthetic and mythological imagination is integrated into medical nomenclature to designate pathological behaviors.

A series of anatomical terms illustrates the same relationship between the aesthetics of beauty and terminological synonymy. The term *tibia* (< Latin *tibia*, *ae, f.* “flute, pipe”) has as its popular synonym the expression *fluierul piciorului* (“leg flute”), while *tympanum* (< Latin *tympanum*, *i, n.* < Greek *tympanon* “drum”) coexisted in Romanian with the archaic term *tobă* (“drum”). In these cases, the analogy with musical instruments confers an aesthetic dimension to the terms, absent in strictly anatomical designations.

These medical terms are particularly eloquent in confirming the existence of the aesthetic category of the beautiful in medical terminology. In contrast to their equivalents of other origin, mythologically derived terms, for a cultured speaker, carry a distinct expressive load. They reveal an aesthetic of beauty rooted in mythology, a quality absent from their neutral semantic equivalents: *auditory therapy*, *therapeutic scents*, *shin bone*, *intestinal bacteria*, *pathological sexual syndrome*, etc. The domain of the aesthetic also encompasses medical terms inspired by characters or literary works. For example: *Stendhal syndrome* = *Florence syndrome* = *hyperculturemia*, a psychosomatic condition involving rapid heartbeat, fainting, confusion, and even hallucinations, which is said to occur when individuals are exposed to objects or phenomena of extraordinary beauty. The syndrome is named after the French writer Stendhal (Marie-Henri Beyle), who described these sensations in the Church of Santa Croce, housing the tombs of Machiavelli, Michelangelo, and Galileo, in his book *Rome, Naples, and Florence* [11]. *Alice in Wonderland syndrome* = *Todd syndrome* = *Lilliputian vision* = *Lilliputian hallucinations*, named after the fictional character Alice from Lewis Carroll’s *Alice in Wonderland*, who experiences distorted changes in size and perception during her fantastic adventures [7].

In contrast to the aesthetics of beauty, the aesthetic category of *the ugly* reflects realities marked by disharmony, deformation, and suffering. Although seemingly contradictory, the aesthetics of the ugly is inseparable from that of beauty, as the latter defines its limits through the constant possibility of error and degeneration. In medical terminology, terms associated with disease are frequently marked by negative aesthetics. The term *maladie*, synonymous with *boală* (“disease”), contains the prefixoid *mal-* (< Latin *malus*, *a, um* “bad”), present in a wide range of medical terms (*malformation*, *malnutrition*, *malignant*, *malpractice*, etc.), suggesting a semantic universe of suffering and dysfunction.

Ancient mythology provides numerous examples of terms integrated into the aesthetics of *the ugly*. The *head of Medusa* designates, in medical terminology, a specific type of peri-umbilical venectasias associated with severe hepatic conditions. Similarly, *Vampire syndrome* (= porphyria) and *walking corpse syndrome* (= Cotard syndrome) illustrate the intersection of grotesque imagination and clinical reality, conferring a symbolic and expressive dimension to disease.

At the boundary between the aesthetic and the monstrous lies the medical grotesque, represented by terms such as *hydrocephalus*, *elephantiasis*, and *gigantism*, whose descriptive synonyms (*cerebral dropsy*, *filariasis*, *somatomegaly*) attempt to neutralize the visual and affective impact of the names. In these cases, *the grotesque* functions as a vehicle of involuntary expressivity.

The category of *the comic* is represented in folk medicine and in argotic registers through metaphor-

ical and caricatural terms, such as *boala lingoșilor* (= tuberculosis), *scuturici* (= chills), *zăbăuceală* (= vertigo), *boala pomaniului* (= food poisoning), or *pocnătură la mansardă* (= mental disorder). The “medical bestiary” (*tuse măgărească, buză de iepure, gură de lup, ochi de rac*) illustrates mechanisms of metaphorization and visual exaggeration, facilitating the memorization and recognition of symptoms [10, p. 827].

In the sphere of the *tragic* are terms designating death and its preceding states are found (e.g., *agony, exitus, facies Hippocratica*), as well as the synonymic series of the word *death*, and established clinical expressions such as *the mask of death* [9, p. 471]. These designations reflect an aesthetics of existential limits, where medical language approaches a symbolic register.

Therefore, medical terminological synonymy is not merely a lexical variation, but also an instrument for axiological–aesthetic shaping of knowledge. The integration of aesthetic categories—beauty, ugliness, the comic, the grotesque, and the tragic—imparts a human-centered and affective dimension to medical discourse, contributing to the humanization of science. The aesthetics of medical terms, activated through synonymy, is not a decorative addition but a functional component of comprehension and communication in healthcare.

Using a taxonomic perspective, other sources/factors of establishing medical terminological synonymy can be identified:

**a) Functional-stylistic differentiation of language:**

- *boală* = *afecțiune* = *maladie* = *patologie*, depending on colloquial, administrative, or scientific registers;
- *medicament* = *leac* = *pharmaceutical product* = *active substance*;
- *doctor* = *medic* = *medical staff* = *specialist*;
- *operație* = *intervenție* = *surgical act* = *invasive procedure*;
- *răceală* = *viroză* = *acute infection* = *acute respiratory syndrome*;
- *durere* = *discomfort* = *pain symptom* = *algia*;
- *sânge* = *blood sample* = *biological fluid* = *hematologic component*, etc.

**b) Archaism in vocabulary:**

- *dambă* = *hemiparesis / stroke*;
- *mădular* = *limb (upper / lower)*;
- *lingoare* = *typhoid fever*, etc.

**c) Semantic phenomena: polysemy/homonymy of medical terms.** Polysemy and homonymy complicate the relationships of semantic equivalence. Classic examples include the medical term *tratament* in the synonymic series *tratament* = *lecuire* = *medicație*, and the term *virus* in the series *virus* = *inframicrob*, where the dominant term has multiple senses, only one of which corresponds to the medical domain.

Thus, *tratament* has semantic acceptations used in medicine, as well as in other domains. In explanatory dictionaries [3], the word *tratament* has the following senses:

- **Medical (strict):** “the totality of dietary, medicinal, balneoclimatic, and hygienic means for combating a disease” – strictly synonymous with *lecuire* or *medicație* (e.g., “The patient is undergoing antibiotic treatment”);
- **Ethical/behavioral:** “the manner of behaving towards someone, attitude, conduct” (e.g., “The inhumane treatment of prisoners was internationally condemned”);
- **Technological/industrial:** “the set of operations carried out on a material or organism to achieve changes in quality, form, or structure” (e.g., “Thermal treatment of steel improves its strength”);
- **Linguistic (phonetic):** “evolution, modification, change” (particularly in historical or phonetic linguistics; e.g., “Vowel treatment in Vulgar Latin generated new phonetic patterns”).

This illustrates that medical synonymy operates not only within the medical lexicon but also navigates the intersections of language, semantics, and functional usage across registers.

To systematize the types of medical synonymy analyzed and the corresponding levels of “difference,” Table 2 provides a typological synthesis of the identified synonymic relationships, illustrated with representative examples and their communicative-pragmatic functions:

**Table 2. Etiology of Medical Synonymy from the Perspective of “Difference”**

Type of “Difference”	Level / Dimension	Example	Functions / Observations
Denomination vs Definition	Lexical / Definitional	<i>hepatitis vs Botkin’s disease</i>	Differences in precision and etiological detail; preserves the conceptual referent.
Denominations vs Registers	Lexical / Register	<i>frison = tremurici; piloerection = goosebumps</i>	Adaptation to audience: patient vs. specialist; mediates comprehension.
Abbreviation vs Full Form (Syntagmatic)	Syntagmatic / Abbreviation	<i>CVA = cerebrovascular accident; HBV = hepatitis B virus</i>	Verbal economy, univocity in specialized contexts
Portmanteau vs Term (Syntagmatic)	Syntagmatic / Compound	<i>biofarm = biopharmaceutical factory</i>	Semantic aggregation, concision in compound terms.
Literary Form vs Regional / Dialectal Form	Morphological / Regional	<i>abdomen = burtă / pântece / burduh / buft</i>	Geographical diversity, cultural expressivity.
Interdisciplinarity	Interdomain	<i>aspirin = acetylsalicylic acid</i>	Equivalence between specialized codes (clinical vs chemical).
Axiological-Aesthetic Level	Semantic / Cultural	<i>fibula = peroneal bone; melo-therapy, aromatherapy</i>	Humanization, expressivity, aesthetic and affective values.

### Conclusions

Synonymy in medical terminology constitutes a functional expression of the dynamics of specialized language, shaped by the evolution of medical knowledge, the plurality of communicative registers, and the pragmatic constraints of professional discourse. The reference to Coseriu’s and Wüster’s theoretical frameworks confirms that denominational variation is acceptable insofar as it does not compromise semantic precision or conceptual delimitation.

Furthermore, the perspective of “difference” highlights the following: medical synonymy does not imply absolute identity between terms, but rather a relationship of semantic proximity structured through nuances and functional distinctions. These differences may concern the level of conceptual abstraction, definitional status, degree of specialization, discourse register, or context of use, thereby confirming the systemic and relational nature of medical terminology.

The axiological–aesthetic dimension of synonymic series analysis contributes to the efficiency of specialized communication without compromising conceptual accuracy. Therefore, the establishment of synonymic series is not achieved by erasing differences, but by recognizing and organizing them within a coherent network, where each term occupies a position determined by its cognitive–communicative function. From this perspective, “difference” becomes an essential analytical criterion for describing synonymy in specialized languages, aiding in clearer conceptual delimitation and appropriate terminological use in medical terminology and professional discourse.

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