

COGNITIVE BACKGROUNDS OF THE LANGUAGE OF PHARMACY

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Modern pharmacy is a dynamically developing science, associated with life and well-being of each person. Appearance of a large number of new terms in the language of pharmacy is acknowledged by many investigators and is conditioned by social and economic causes.

Historically speaking, the system of pharmaceutical terms has been developed and perfected for many centuries, and each stage of its development reflects the whole complex of interrelated categories and concepts. Our study gives an opportunity to present the cognitive map of pharmacy as two frames. One of them reflects its structure from the view point of categorization processes in the scientific and practical activities of specialists. It includes such basic sciences as technology of medicines, pharmacology, pharmaceutical chemistry, economics, pharmacognosy and their basic interrelations. The second frame, reflecting forms of expression of pharmaceutical concepts, helps to present schematically the organization of the system of terms, interrelations of its terminological units from the point of cognitive-communicative approach. According to this approach verbalization of concept may depend on a number of causes, e.g. on the choice of view point. Thus, in the term “pharmacy” itself (greek, “pharmakon”) we can see two reflected view points on the object of investigations: 1) poison; 2) medicine. We suppose that the first notion is more emotionally colored; it appeared earlier because the toxic effect showed itself clearly and more evidently than medicinal one. The second object, medicine, appeared lately, when therapeutic properties of poisons and other medicines became evident. At present, because of the larger scope of medicine nomenclature relating to the treatment of patients, there appeared a necessity to

reflect the given reality in another notion – in the term “pharmaceutics”, which is used in the modern special literature.

Another factor of constructing the verbalized part of concept is various degree of detalization. Thus, term “cholesterine” and “cholesterol” are used in different countries. In both cases the main constituent of bile is isolated in this term, from where its name has originated (greek, “chole” – “bile”); however, in the first case the second component – ster (“fat”) denotes the firm consistence of substance and suffix –in determines its chemical composition. In the second term (“cholesterol”) suffix –ol denotes the presence of alcohol group in the substance. Thus, “cholesterine” and “cholesterol” are the forms of nomination of one and the same concept “component of bile”, but the verbalization process reflects various components (details) of chemical composition.

Form of concept objectivization also depends on the various degree of exactness, on the correspondence of the term to the structure of knowledge wich forms its background. For many years (since 1946) in pharmacology group of sedative preparations was called “tranquilizers” (lat. “tranquillare” – “sedate”).

Understanding the nature of patients’ conditions, ability of the preparation to relieve the feeling of fear, which is especially urgent nowadays, have led to the gradual change of the name of this group of medicines for “anxiolytics” (lat. “anxius” – “anxious”, “fearful” + “lysis” – “dilution”, “destruction”).

Thus, the language of pharmacy, like the language of other specialized systems of terms, is based on cognitive resources of a specialist, his professional experience and language competence. Investigating cognitive backgrounds of term formation of the modern language of pharmacy helps not only to determine the mechanism of the given process, but also to create conditions for enriching the science with new terms.

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