

English – Igbo Translation of Health Terms: Detection and Cure of

Tuberculosis Patients

By

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Abstract:

Tuberculosis has been a problem to the human race right from the origin of man. Its cure and possible expertation and that of small pox have been very problematic. The traditional and orthodox medical doctors have been managing with the problem of tuberculosis. Many factors were really responsible for the disease. It is observed that before a healer is able to give a correct treatment and possibly finally a cure to a disease, that the relationship between him and his patient must be obstacle free. It was therefore observed that one of the obstacles which the modern and orthodox medical doctors have been managing include the inability of the patient to communicate effectively with doctors using terms related to detection and cure of tuberculosis. Hence, the need for compilation of terms on tuberculosis, possibly in order to enhance mutual intelligibility between the doctors and their patients. The objective of this study is to get as many lexical items as possible on tuberculosis among all the dialectical zones of Igbo language community. The population of this study is therefore made up of four hundred respondents randomly chosen from the five Igbo speaking states of Anambra, Ebonyi, Abia, Enugu and Imo. In the end, the following findings were highlighted: The dearth of Igbo terms in the area of detection and cure of tuberculosis is a problem to the traditional health providers in the treatment of the disease and there is no bilingual glossary of detection and cure of tuberculosis for consultation purposes. It is hoped that this study will enhance the cure and the final extinction of tuberculosis in the Igbo culture area.

INTRODUCTION

Tuberculosis as a deadly disease has been killing people for long. According to AWAKE December 1997; it afflicted the Incas of Peru long before the Europeans sailed to South America. It was reported that this deadly disease also attacked the people of Egypt in those days when Pharaoh ruled in splendour. Writings in the olden days show that tuberculosis stalked both great and small in the ancient Babylon, Greece and China. From the 18th century until the 20th century, tuberculosis was the major cause of death in the Western world. Eventually, in 1882, Robert Koch, a German doctor announced his discovery of the bacillus that cause the disease. After thirteen years of Koch's discovery, Wilhem Rontgen discovered X-rays, making it possible to scan the lungs of living persons for signs of tuberculosis.

Whenever and wherever specialized words are created, recorded, communicated and stored, terminology is involved in one way or the other. Terminology is the study of terms and their use. Supporting the above ii E.O. Anyaechie says:

Terminology is the science that is concerned with form of meaning of terms defined as units of reference in the scientific, technical or other special domains, a motivated practice, subject to control and guided by methods, a product which involves terminological card, glossaries, dictionaries and on-line terminology banks in a given domain (5).

Thus the translators and interpreters onerous task of finding appropriate equivalent terms and expressions in a given source language into the target language is facilitated by glossaries and other collections. The terminologist therefore, bridges the gap of effect communication through his study, finding and compiling of terms or expressions specific to different areas of human endeavour sometimes between one language community and the other.

Discussing terminology, A.C. Nwanjoku affirms:

Language terminology involves the totality of terms peculiar to an activity or discipline. It embraces the act of processing and structuring of special technical terms. The terminologist who is expected to be an expert in expression and communication, encodes a word or message, giving it a serious explanation. The role of a terminologist is therefore to name, analyze and if necessary, create a vocabulary for a given technique in such a way that it will serve the need of the users of the language (3)

It can be seen therefore that a terminologist differs from a lexicographer whose job is mainly to decode the meaning of a word. Terms are words and compound words that are used in specific contexts. To R.O. Ezeuko, the word means the following:

A term is a cognitive tool that enables one to understand a concept. From a logical point of view, terms behave like names that is like signs denoting objects of any kind or indicating concept. Terms are therefore names belonging to a well structured system (8).

This scholar enumerated the following characteristics of a term. A term must be transparent, specific, give room for continuity and economy. A term is said to be transparent when it is clear of what is being said. If the definition does not make the concept clear, then the concept is wrong. So the term must be classified where it belongs. Example: Table defined as “furniture” is clear but when word is defined as a lexical item, a unit of meaning, the transparency is not there. A term is said to be specific where there is the ability to distinguish one concept from the other and indicate the limit of such term. On economy, a term given to a concept must be short and not sentential for clarity. For continuity, a term should be open ended for further creation of more terms.

Supporting the above view, Rotislav in Ezeuko observes:

Terms must be systematic that is to say distinctive with a terminology system, and adequately reflect the referent. They must be fixed by usage; their form and meaning being known and accepted by users. They should be non-ambiguous when used in specialized texts, therefore polysemy, homonymy and synonymy are to be avoided (9).

In the field of translation, the translator who deals with specialized texts faces problems of translating or finding the equivalence of these source terms in the target language. A translator who has thorough competence in the two working languages must choose the word with the right meaning, and the right referent for a given context.

The State of Technical Terms in the Igbo Language

The rates at which languages grow and develop differ. There are underdeveloped, developing and developed languages. The Igbo language happens to belong to the group of developing languages, since it still falls short of its science and technology terms.

As Taiwo has it:

The Nigerian Languages are rich in traditional setting but deficient in expressing concepts, ideas, thoughts, skills and techniques which the Western education has introduced into modern Nigeria...The deficiency limits the use of such language as a medium of instruction and as a means of communication in handling much modern phenomena.

Most of the indigenous languages, because of their status, are not sophisticated enough to make cognizance of scientific terms and technical thoughts. The task now facing Nigerian languages and scholars alike is how to modernize the major Nigerian languages (Igbo inclusive) to cope with the new scientific terms.

Various suggestions and researches have been made for promoting the level of technical and scientific terms in the Igbo language and other Nigerian languages. As revealed in Emenanjo (1993), The National Language Centre (NLC) and Nigerian Educational Research Development Council (NERDC) have made substantial contributions towards terms development in the Igbo language through the following projects:

- The primary science terminology project (NLC 1977-1990)
- The legislative terminology project (NLC 1980-1990)
- The metalanguage project (NERDC 1981-1990)

These projects have been brought in no fewer than 20,000 words into the modern lexicon of the Standard Igbo. These projects were applicable to the Hausa and Yoruba languages which eventually resulted in these publications:

- A Glossary of Technical Terminology for Primary Schools Science in Nigeria (Volumes 1-3) (1978) Lagos: Federal Ministry of Education.
- Banjo, A. (ed) (1991) Quadrilingual Glossary of Legislative Terms (English, Hausa, Igbo and Yoruba) Lagos: Spectrum
Books for NERDC:
- SPILC, (1990). Okasusu Igbo (Igbo Metalanguage) Onitsha: Vol. 1-5
University Press

These publications have helped in a way, but cannot extensively take care of the ever increasing demand of equivalent Igbo terms and the terms of other Nigerian languages, in the new technological and scientific age. The Igbo language and its speakers are not left out in the quest for this explosion of scientific knowledge and acquisition. Studies in terminology have been carried out by various experts. A typical example is the Journal of Igbo Terminology Research, Vol. I and II of 1997 and 1998 respectively. These titles are in the aforementioned publications:

“Igbo Military Terminology: weaponry” R.O. Ezeuko

Website: <http://www.jmel.com.ng>

“Igbo Soil Science Terminology” – P. Egbuna

“Igbo Plant and Animal Terminology - Osuagwu” S & Nwabueze, N.

“Igbo Football Terminology” – Nwanjoku A.C.

“Igbo Banking & Finance Terminology” – Efika, N.

“Igbo Basic Computer Terminology” – Anyaechie, E. & Efika, N.

“Legal Translation and Terminology: Igbo Experience” – Okeogu, C.I.

From the survey so far made, The Igbo language, despite its existence as a written language for many years, is still unable to speak and express science in all ramifications. However, it should be reiterated that works so far carried out in the development of scientific and technological terms in the Igbo language is only a beginning. The language still needs a long and persistent undertaken of its technological development to ensure the persistent undertaken of its technological development to ensure the survival of the language for the effective role it is expected to play in the modern Nigeria.

Source Language Text: (English)	Target Language: (Igbo)
Detection and Cure of TB Patients	Nchọpụta na Ọgwugwọ ndị bu Ọrịa Ụkwaranta.
Today, over 100 years after the identification of the casual organism of tuberculosis by Robert Koch and 40 years after the introduction of efficacious chemotherapy, the epidemiological situation, viewed worldwide, is not reassuring. There are more new cases (8 million) per annum than ever and about 3 million people die from the disease each year. The reasons for the deterioration of the tuberculosis problem, in both	Taa, ihe karịrị narị afọ Robert Koch chọpụtasịrị nje ahụ na-ebute ụkwara nta, nakwa afọ iri anọ e webatachara ọgwụ dị ire maka igbu nje ọrịa a, ọnọdụ nnyocha e mere maka mbute na mgbasa ọrịa na mba ụwa enyeghi ọgbugba ume. Ọrịa a na-abawanye (nde asatọ) kwa afọ, tinyere na ihe dị ka nde atọ mmadụ na-anwụ kwa afọ site n'ọrịa a. Ihe kpatara ọrịa jiri kawanye njọ n'obodo ndị mepere emepe na ndị ka na-emepe emepe bụga

<p>developed and developing countries, are mainly due to the improper diagnosis and treatment. In fact, many symptoms of the disease are common to other pathologies (i.e. pneumonia, chronic bronchitis and lung cancer), the length of treatment is much longer for the other diseases and the drug regiment includes several drugs. Furthermore, acquired drug resistance is threatening the ability to treat patients effectively.</p> <p>Other reasons underlying the spread of the infection are the increased travel and migration, the lager number of refugees from war and famines. The infection is present worldwide. One-third of the world's population is already infected with tuberculosis and approximately 10% of the people infected will develop the disease in their lifetime. Substantial worsening of the situation may be expected by the burgeoning epidemic of the Acquired Immunodeficiency Syndrome (AIDS). To improve the situation, diagnosis should be standardized and effectively supervised short-course regiments should be introduced.</p>	<p>emeghi ezi nchoputa na ogwugwo oria zuru oke.</p> <p>N'eziokwu, otutu njirimara oria a na-egosikwa n'udi oria ndi buga ozo (di ka oyi ufukporo, oria ngugu nditeaka na oria kansa ufukporo). Ndi ozo kpatara ya bu na oge ogwugwo ya di ogologo karia oria ndi ozo tinyere na usoro ogwu e nwere maka ogwugwo oria di otutu. N'iga n'ihu, oria ahụ jü inabata ogwugwo, o na-enye nsogbu n'igwo ndi oria a nke oma.</p> <p>Ihe ndi ozo kpatara mgbasasi oria a bu ime oke njem, ngaghari ndi mmadu na-abawanye, onuogugu ndi gbara oso ndu na unwu/ugani. Mbusa oria a gazuru uwa onu. Otu n'ime uzọ atọ onuogugu mmadu n'üwa bu nje ukwaranta. Ihe di ka pasenti iri ndi butegoro nje oria a ga-ada n'oria a na ndu ha. Ihe onodu a jiri kawanye njo nwere ike buru nsukaputa oria mminwu butere enweghi nchedo ahü akporo mminwu n'olu Bekee. Iji kwalite onodu nchoputa oria a tosiri nhazi atọ n'uzo di ire. E kwesikwara inwe ezi nlekota anya n'usoro ogwugwo.</p>
<p>Mode of Transmission:</p>	<p>Uzo Mbusa</p>

Although tuberculosis ranks low among the communicable diseases as far as the infectiousness per unit time of exposure is concerned, the prolonged exposure to individual contacts, mainly with household associates, may lead to a 30% risk of becoming infected. Epidemics have been reported among persons congregated in closed spaces, such as nursing homes, shelters for the homeless and refugees, hospitals, schools, prisons and office buildings.

The infection is transmitted from person to person by bacilli spread into the air when a patient with active pulmonary tuberculosis coughs or sneezes into the air or even talks. Once infected, a person risks to develop active TB and that risk persists throughout one's life. The most hazardous period for the development of the clinical disease is represented by the first 6-12 months after the infection. The people infected have a 1-5% chance of developing the disease within one year while for persons co-infected with HIV on the annual risk has been estimated at 7 to 10%. The susceptibility to the disease is larger also for those affected by other forms of immunosuppression persons, for people with silicosis or

N'agbanyeghi na ukwaranta esoghi n'oria ndi kachasi efe efe ma a tulee oge o na-ewe ibute ya, mmekorita di n'etiti onye o na-aria na onye o naghị ariā, okachasi ndi bi n'otu ulo, nwere ike inweta oghom ibute oria a ihe ruru pacenti iri atọ. A choputaala na mgbasa oria na-adikari n'etiti ndi mmadu bi n'ebe kpakoro akpakọ di ka ebe nlekota umuaka, ebe mgbaba maka ndi na-enweghi ebe obibi na kwa ndi gbara oso ndu; ulogwu, ulokwukwo, ulomkporo na ulo oru gasi.

A na-ebute oria ukwaranta site n'otu onye gaa n'onye nke ozo site na nje bacilli na-agbasasi n'ikuku mgbe onye bu ukwaranta nsinangu kwara ukwara, zee uzere, ma obu kwuo okwu. Ozigbo e butere nje a, onye ahụ ga-enwe oghom ukwaranta imalite na ndu ya. Oge kachasi njo tupa oria a erie mmadu ahụ bu n'agbata onwa isii rue onwa iri na abuo e butechara nje oria a. Ndi butere oria a nwere ohere otu pasenti rue na pasenti ise ka oria rie ha ahụ n'otu afọ. Ebe o bu agbata pasenti asaa rie pasenti iri ka ndi bukotara nje (HIV) na nje ukwaranta ka oria a ga-eri ahụ n'otu afọ. Ebe o bu agbata pasenti asaa rue pasenti iri ka ndi bukotara nje (HIV) na nje ukwaranta ka oria a ga-eri ahụ n'otu afọ. Ohere ibute oria a na-adikari

<p>diabetes and among substance abusers.</p> <p>Another possible way of transmission although less common, is from cattle to man, through the consumption of contaminated unpasteurized milk or diary products and sometimes by direct air transmission to farmers and animals handlers. The transmission from cattle to man should be always considered in those areas where cattle are not controlled and milk consumed raw.</p>	<p>elu n'ebe ndi nwere orja na-emebi nchedoahu no, ndi tara ahụ nke ukwu na ndi anaghi eri ezigbo nri. O dikwa n'ebe ndi orja ume oku ufukporo, orja mamiri nakwa ebe ndi nrikanye ogwu no.</p> <p>Uzo ozo e si ebuse orja a, n'agbanyeghi na o dighi ubara, bu site n'ehi fee na mmadu, site n'ihu mmiri ara ehi a kwadoghi nke oma, maabu site n'ihe ndi e ji mmiri ara ehi mee. Mgbe ufodu, ndi oru ugbo na ndi na-achi umuanu ga-ebute ya n'ikuku site n'ehi. O kwesiri ka e leba anya mgbe niile na mbusa orja a na-esite n'ehi fere mmadu, ya na ebe a naghị elekota ehi ya na ihu mmiri ara ehi a piputara otu ahụ.</p>
<p>Case-Finding and Diagnosis</p>	<p>Ichoputa Ndi Orja a Na Inyocha ahụ</p>
<p>In the context of tuberculosis, case finding is the first step leading to diagnosis and can be carried out in the basic health facilities. It implies an organized and systematic search for cases in the community aimed at controlling the disease and not merely identification of the disease in the individual. Diagnosis is the confirmation of the disease in the suspected patient. It needs appropriate tools which may not be available in the most peripheral health</p>	<p>A bia n'ihe gbasara ukwaranta, ichoputa ndi o na-arja bu ihe mbu na-eduba na nnyocha ahụ. E nwere ike iji ngwongwo ahūike zuru oke mee nke a. Ihe nke a putara bu ichota ndi a site n'iji ezi usoro a haziri nke oma mee nke a n'obodo. Ebumnuche nke a bu ka ebelata orja a, o bughị naanị ichoputa onye orja a ji.</p> <p>Nnyocha ahụ bu iji choputa onye bu orja a. Nke a choro akorongwa zuru oke nke</p>

units. Thus, tuberculosis suspects should be referred to undergo the proper diagnosis. Highly successful case-finding and diagnosis depend on good accessibility of facilities (convenient location, ready availability of diagnostic facilities), a high degree of acceptability (rapid and sympathetic handling) and education of the public. The best places for case-finding are health institutions (not necessarily hospitals) where patients can conveniently seek relief from their symptoms.

The most important method of case-finding is the examination of sputum smears from patients who present with symptoms of chronic cough (more than three weeks), weight loss or other symptoms suggesting tuberculosis. Smear positive cases are the principal source from which new infection originate. Three specimens should be examined: by sputum examination by direct smear microscopy one at the time of the first consultation, a total collection of overnight sputum and the third when the patient brings the overnight specimen. Because there may be technical difficulties if only one specimen is positive, it is sensible to examine further specimens in this situation. Patients with three smear negative results should be given

nwere ike ghara idi n'ufodu ulo ahuike ndi gbara anyi gburugburu. Ya mere, onye a na-enyo enyo na o bu ukwaranta a ga-agwa ya ka o ga mee nnyocha ahụ zuru oke. Ezigbo nchoputa ndi oria a hiwere isi n'akorongwa di mma. (ebe di mma ma di nso na ngwa nnyocha ahụ), inabata ndi oria a n'ebe o di elu (iji obi ebere na-ele ndi oria a ososo), tinyere ikuziri ndi mmadu maka oria a . Ebe ndi kachasi mma maka nchoputa oria a bu n'ulo ahuike (o gaghi aburiri ulogwu) Ebe ndi bu oria a ga-eje lebara oria ha anya na-enweghi mgbakasi ahụ.

Uzo kacha di mkpa n'ichoputa ndi oria a bu nnyocha ukwara nke ndi nwere ihe ngosi oria a, ukwara nke na-akwakari (ihe kariri izu ato), oke ita ahụ na ihe ngosi ndi ozo na-aturu aka n'ukwaranta. Ndi nje di na nnyocha ha bu isi mmalite oria a. Ihe ato ka e tosiri inyocha: site inyocha ukwara, site n'iji igwe nnyocha nje oria a iji choputa nje oria a. Nke mbu bu mgbe ohuhu dokita na mbu, nke abuo bu idokota ukwara niile noforo chi, na nke ato mgbe onye oria a wetara ukwara o kwaputara tupu chi abo. Nsogbu di anaa nwere ike idaputa ma o buru naani otu ihe nnyocha ka nje di, n'ihia ya, o di mkpa ka e lebaa anya nke oma n'ihe nnyocha ndi ozo n'udi onodu di etu a.

symptomatic treatment but never anti-tuberculosis drugs. He or she should be re-examined with three sputum tests within a period of two to three weeks and two months and put on anti-tuberculosis regiment if found smear positive. Sputum culture increases the yield but is not readily available in many countries.

Radiological examinations is high in sensitivity but comparatively low in specificity for diagnosing tuberculosis particularly if the interpreters are not sufficiently experience. Thus the smear examination by microscopy is the main tool to diagnose pulmonary tuberculosis. When a high level of success has been achieved in curing the patients who present themselves for diagnosis and are found to require treatment, case-finding may be expanded. The first and most important method of expanding case-finding is to improve referral of symptomatic patients for sputum examination. Health workers should be encouraged to assume responsibility for trying to identify as many persons as possible who have chest symptoms and arrange for them to have sputum smear examination.

Ndị ọrịa nje a dị na nnyocha ha ugboro ato tosiri ka enye ha ọgwụ ga-agwọ ha ọrịa na abụghị ọgwụ mgbochi. A ga enyochaghari ụkwara ya ọzọ n'ime izu ụka atọ nakwa n'ime ọnwa abụọ. Ọ bụrụ na ọ bụ nke nje dị, e bido nyebe ya usoro ọgwụ e deputara maka ọrịa ụkwaranta. Ihapu ụkwara maka nnyocha ogologo oge na-amụba ọrịa, mana nke a adighị n'ọtụtụ obodo ugbo a. Foto onyonyo ime ahụ dị ire mana ọ dị ala n'iji chọpụta ụkwaranta o kachasi ma ọ bụrụ na ndị nkọwa okwu igwe enweghị mmụta tozuru etozu. Ya mere nnyocha ụkwara site n'iji igwe nnyoputa nje ọrịa bụ ụzọ ka mma n'ichọpụta ọrịa ụkwaranta nsinangu.

Mgbe a gwotara ndị a hụrụ na ha bu ụkwaranta nke oma, nchoputa ndi ọrịa a nwere ike gaba n'ihu. Ihe mbu na usoro kachasi mkpa n'agamnihu nchoputa ndi a bu ikwalite nziga ndi nwere ihe ngosi ọrịa a maka nnyocha ụkwara ha. E tosiri igba ndi otu ahuike ume ka ha were na ọ bụ ọrụ dijiri ha ichoputa otutu ndi mmadu ha nwere ike bu ndi nwere ihe ngosi ọrịa obi, ma meekwa ka ha gaa nnyocha ụkwara.

Usoro nke abuo bu iche ihu n'ebe ufodu ndi mmadu bikotara onu n'uzo puru iche, bu ndi a turu anya na onuogugu ndi ọrịa a

<p>The second method is direct case-finding against special population groups who are likely to have an above-average yield. These include persons who are living in contact with smear positive cases, nomads, refugees, immigrants from high prevalence areas, to low prevalence areas, homeless persons, alcoholics, drug abusers, AIDS patients and HIV infected persons such person should be given special attention on both humanitarian and epidemiological grounds. Tuberculosis is a deadly disease, which unlike other infectious ailments can be fully cured by proper treatment. This is a big challenge that can become a reality in any socio-economic situation, if there is a commitment from public administrators, good will from health care providers and patient education and compliance.</p>	<p>metụtara gbagotara ezigbo elu. Ndi a gunyere ndi ha na ndi a choputara na ha bu nje oria a bu ndi na-achi ehi, ndi gbara oso ndu, ndi mbiambia si n'ebe oria a di nke ukwu gaa ebe o di ntakiri. Ndi ozo bu ndi enweghi ebe obibi, anuruma, ndi ogwu nrıkanye, ndi oria mmınwu (HIV), na ndi oria nchedoahu ha di ala. E tosiri ikpachapuru ndi a niile anya n'udi iru oru ebere nakwa n'udi ndi butere oria a. Ukwaranta bu oria di egwu, n'adighi ka oria ofufe ndi ozo, e nwere ike igwo nke oma site n'inye ya ogwugwo zuru oke. Nke a bu nnukwu akamgba cheere mmadu, burukwa nke a ga-akwalite n'onodu akunauba na nke obibi ndu, ma enwee ndi weputara onwe ha n'iru oru a, nakwa ezi obi site n'aka ndi ahuike, tinyere nkuzi maka ndi oria a na nhube isi n'usoro e deputara maka ihe ndi a.</p>
<p>Who should be treated?</p>	<p>Ndi E kwesiri Igwo</p>
<p>Sputum smear positive pulmonary tuberculosis patients should be given the highest priority in treatment. Among tuberculosis patients enrolled on treatment, more than 60% should be bacteriologically confirmed (smear positive). Patients with miliary and tuberculosis meningitis must always be treated. Other groups who</p>	<p>O bu ndi oria nwere nnyocha ukwara nje di, bu ndi na-aria ukwaranta nsinagu, ka ekwesiri ilebara ogwugwo ha anya karia. Ndi ozo bu ndi bu ukwaranta ndi nje di na nnyocha ha kariri pasenti iri isii. ndi nwere oria oko miliari na oria oziza uburu meninjiasi ukwaranta kwesiri igwo mgbe niile.</p>

<p>require treatment are:</p> <ul style="list-style-type: none"> * Children with pulmonary tuberculosis (often smear negative) * Sputum smear negative patients whose chest radiography is highly suggestive of tuberculosis or shows deterioration * Patients with extra-pulmonary tuberculosis. 	<p>Ndị ọzọ kwesiri ọgwugwo bụ:</p> <ul style="list-style-type: none"> • Umụaka nwere ukwaranta nsinangu (okachasi ndi nwere nnyocha nje a di). • Ndi oria nwere nje a, mana foto ime ahụ ha gosiri na ha nwere ukwaranta maobu gosi na onodu obi ha na-akawanye njo. • Ndi nwere ukwaranta na-emetughi ufukporo.
<p>When Hospital Treatment is Needed</p>	<p>Mgbe E Kwesiri Iga Ulougwu</p>
<p>It has been clearly demonstrated that close to 90% cure can be achieved by out-patient treatment. This requires implicit cooperation from patients and supervision of drug administration by health professionals, particularly during the initial 2 months of chemotherapy, when the number of bacilli in the lesions is very high. However, under some program conditions, a cure rate of only about 50% or less is achieved. This has been improved to over 85% by hospitalization for the first two months.</p> <p>In-patient treatment does not need to take place in an expensive hospital bed: cheap hostel-type beds or simple shelters are sufficient. Patients who need special treatment for example those affected by</p>	<p>E ziputala nke oma na e nwere ike inweta ọgwugwo ruru pasenti iri iteghete ma ndi oria si n'ulo na-abia inara ogwu. Nke a chorọ mmekorita zuru oke n'aka ndi oria a. O chokwara nleba anya ndi oru ahuike na e tu ndi oria a si anu ogwu okachasi n'onwa abuo izizi e bidoro nyebe ha ogwu na-egbu nje oria a. Oge a bu mgbe onuogugu nje bacilli di elu n'ebe onye oria ukwaranta di. Ka o sila di, n'ime ọgwugwu oria ufodu a tuziri atuzi, ngwota oria a na-adi naani pasenti iri ise maobu pekaria.</p> <p>Ngwota oria a agbagolitela rue pasenti iri asato na ise n'ime onwa abuo izizi site n'inye onye oria a akwa n'ulougwu. Inye onye oria a akwa n'ulougwu agaghi abu naani mgbe a gara ebe di oke onu: udi akwa umukwukwo maobu nke ulo nkiti ezuola. Ndi oria a chorọ nleta anya puru</p>

empyema (suppurative pleurisy) or patients who have serious drug toxicity require hospitalization, surgical treatment is rarely necessary.	iche n'igwo ha, dika ndi nwere ebe abu kpukotara (etito ufukporo abu di), maobu ndi nwere mmeru ahụ ogwu, kwesiri inye akwa n'ulogwu. Iwa ahụ adichaghị mkpa.
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A Bilingual English – Igbo Glossary of Terms on detection and cure of Tuberculosis Patients

English (SL)	Igbo (TL)	Technique applied
Active pulmonary Tuberculosis	Ukwaranta nsinangu	Composition
Administration of ethambutol	Inye ogwu ethambutol	Calque/Borrowing
AIDS	Orja enweghi nchedoahu	Equivalent
Anti tuberculosis drugs	Ogwu ukwaranta	Equivalent
Bacilli	Basilai	Loan
Bio-availability	Ihe nchekwa ahụ	Composition
Case-finding	Nchoputa ndi orja	Equivalent
Casual	Mbute	Equivalent
Challenge	Nche akamgba	Equivalent
Chemotherapy	Igbu nje n'orja	Equivalent
Chest symptom	Ihe ngosi orja obi	Calque
Chronic cough	Ukwara nditeaka	Calque
Chronic bronchitis	Orja ngu (ngugu) nditeaka	Equivalent
Communicable diseases	Orja na-efe efe	Equivalent/ Calque
Diagnosis	Nchoputa	Equivalent
Diagnosing tuberculosis	Ime nchoputa ukwaranta	Calque
Diabetes	Orja maamiri	Equivalent
Drug regimen	Usoro enyem ogwu	Equivalent/Calque
Drug resistance	Orja anabataghi ogwu	Composition

Drug toxicity	Ogwu ikari n'ahu	Composition
Epidemiological	Onodu omumu mbute na ngbasa oria	Composition
Epidemics	Nsukaputa oria	Composition
Empyema	Abu mkpuko	Equivalent
Ethambutol	Etambutol	Loan
Health care providers	Ndi oru ahuike	Equivalent
Health care facilities	Ngwongwo ahuike	Equivalent
Health unit	Ulo ahuike	Equivalent
Identification	Nchoputa	Equivalent
Immunosuppressed	Nchedo ahụ idi ala	Composition
International market	Ahia mba uwa	Equivalent
Intra-muscular administration	Igba ogwu	Equivalent
Initial phase therapy	Enyemogwu agba nke mbu	Equivalent
Isoniazid	Aisonayazid	Adaptation

Isolation	Ino iche	Equivalent
Hospitalization	Iwere akwa n'uloogwu	Composition
Lung cancer	Kansa	Adaptation
Malnourished	Erighi ezigbo nri	Composition
Meningitis	Ndakwa olu	Composition/adaptation
Military	Miliri	Adaptation
Mode of transmission	Uzo mbusa	Equivalent
Mono-therapy	Ogwugwo otu udi ogwu	Composition
Oral administration	Inu ogwu	Equivalent
Out-patient	Onye oria nsinulo abia	Composition
Overnight specimen	Ihe nnyocha mborochi	Equivalent
Overnight sputum	Ukwara borochi	Equivalent
Para-aminosalicylic	Paraminosalisaiklik	Loan
Pneumonia	Oyi ngu (ngugu)	Equivalent
Website: http://www.jmel.com.ng	178	

Poor regime	Enyezughị ọgwụ keusoro	Composition
Pulmonary tuberculosis	Ụkwaranta nsinangu	Equivalent
Pyrazinamide	Paịrazinamid	Adaptation
Relapse	Ndaghachi n'ọrịa	Modulation
Regiment	Uso ọgwụgwọ	Equivalent
Rifampicin	Rifampisin	Adaptation
Serum	Serum	Borrowing
Sterilization	Nsigbu	Equivalent
Streptomycin	Sitreputomasin	Adaptation
Smear-positive	Nnyochaputa nje n'ihe nweta	Composition
Smear microscopy	Igwe nnyochaputa nje	Composition
Silicosis	Ume ichuoso	Composition
Substance abuser	Ndi nrıkanye ọgwụ	Equivalent
SCC regimen	Ọgwụgwọ ntakiri oge	Composition
Skeletal problem	Nsogbu okpukpu	Equivalent
Surgical treatment	Iwa ahụ	Equivalent
Susceptibility	Ohere ibute ọrịa na-adikari elu	Composition
Symptoms	Ihe ngosi ọrịa	Composition
Symptomatic treatment	Ọgwụgwọ maka ihe ngosi ọrịa	Composition
Technical difficulty	Nsogbu di elu	Equivalent
Thiacetazone	Tiositazon	Adaptation
Tuberculosis	Ụkwaranta	Equivalent
Tuberculosis patient	Onye ọrịa ukwaranta	Composition
Tuberculosis suspect	Ndi a na-ele anya bu ukwaranta	Composition
World Health Organization	Otu mba uwa na-ahụ maka ahụike	Composition

Summary and Conclusion

This research work falls under the category of scientific/technical translation, which deals with the translation of derived texts from science and technology. Presently, not much research in terminology has undertaken in the Igbo language.

R.O. Ezeuko, states: ‘a state which has not learnt to translate well in other to communicate well is still living in the dark’ (57). Therefore, this work attempted to replace a health message on detection and cure of tuberculosis from its SL: English into its TL: Igbo, bringing out the terms on detection and cure of tuberculosis in order to enhance the cure and the final extinction of tuberculosis in the Igbo culture area.

WORKS CITED

Anyaehe, E.O. “Research in Terminology: The Science, the Practice and the Product”. In Anyaehe, E.O. (ED). *Studies in Terminology*. Vol. 2, no 2. Okigwe: Fasmen Educational and Research Publications., (1997).

Dubu C, R. *Manuel Pratiquede Terminologie*. Quebec: Lingua Tech, (1978).

Ezeuko, R.O. “Steps to Process for High Quality Rice Grains; Test on Rice production and processing”. M.A. Thesis presented to the Department of French Language and Translation Studies, Abia State University, Uturu., (1998).

Ezeuko, R.O. “Igbo Orthopaedic and Health Related Terminology”. In Eyisi, J., Odimegwu, I.H. and Asigbo, A, (EDs). *Paradise in the Arts*, Awka: Fab Educational Books., (2008).

Nnaji, H.J. *Modern English Igbo Dictionary*. Onitsha: Gonaji, (1995).

Nwanjoku, A.C. “Terminology Research and Standardization: The Case of Igbo In Contemporary Scientific Age”. In Anyaehie, E.O. (ED). *Studies in Terminology*. Vol. 2, No 2. Okigwe: Fasmen Educational and Research Publications (1998).

Uhuegbu, A.R. “Translation Studies and The Igbo Language Experience”. *The Distance Education*. Vol. 2, No 1. (1994).

Ukeje, F.E. “The Role of Parastatals and Government Institution in Terminological Development”. An Article presented at the third annual National Workshop on Translation and Interpreting in Nigerian Languages. (1997).

UNICEF, The Prescriber: Guidelines on the Rational Use of Drugs in Basic Health Services. Itlay: UNICEF (1994).