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COMPARATIVE STUDY ON INTERNATIONAL STANDARDIZATION OF ENGLISH
TRANSLATION OF TRADITIONAL CHINESE MEDICAL TERMINOLOGIES

李照国 著

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Comparative Study on International Standardization of
English Translation of Traditional Chinese Medical Terminologies

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Chapter 1

Principles and Approaches

In 2007, World Health Organization (WHO) Western Pacific Region Office (WPRO) and World Federation of Chinese Medicine Societies (WFCMS) respectively issued “International Standard Terminologies on Traditional Medicine in the Western Pacific Region (abbreviated as WPRO Standard)” and “International Standard Chinese-English Basic Nomenclature of Chinese Medicine (abbreviated as WFCMS Standard)”.

Although WPRO calls its “international standard terminologies” “traditional medicine”, not “traditional Chinese medicine” (TCM), the fact is that 99.9 % percent of the terminologies included in this “international standard” are traditional Chinese medical terminologies. That 0.1 percent of terminologies, though appearing different from that of traditional Chinese medicine (TCM), come from the so-called traditional Japanese medicine (汉方 Kampo) and traditional Korea medicine which are all based on the theory and practice of TCM.

Though WPRO Standard and WFCMS Standard share many things in common, they still frequently show some difference in understanding, translating and standardizing certain terms and concepts of TCM. In light of the theory and practice of TCM as well as the long-term English translation of TCM terminologies in and out of China, this book is trying to make a comparative study on these two international standards, mainly based on WPRO Standard from inter-cultural perspective for the benefit of proper use of these two international standards in TCM translation and international communication.

To make such a comparative study, it is necessary to analyze the principles and approaches of TCM terminology translation and international standardization. The following is a brief introduction to the basic principles and approaches suggested by the author on the basis of long-term English translation of TCM texts and its terminologies in and out of China.

TCM has a long history. Through thousands of years of practice, it has developed into a unique medical system. With the adoption of the open-door policy in China, TCM has drawn increasing attention from abroad. Accordingly, approved by the Chinese government, the translation of TCM texts into foreign languages, mainly English, has come into question. Through years of arduous work, translators both within and outside China have made

much progress in this field. However, many problems still remain unresolved, and deserve further study.

The most noticeable problem seen in TCM translation at present is, undoubtedly, the non-consensus of terminologies. Translators are working in complete independence of each other, giving rise to much confusion in the translation community. For instance, some people have translated *Wuxing* (五行, an ancient Chinese philosophical concept which literally means “five movements” or “five interactions”) as “five elements”, others as “five phases” and still others simply have transliterated it into *Wuxing*. As for *Sanjiao* (三焦, an anatomical concept in TCM which literally means three portions of the body from the lower abdomen to the chest), some have translated it as “three warmers”, others as “three heaters” “or three heaters”, and still others have used the transliteration *Sanjiao*. Each translator has his or her own theory to defend. The only victim of such practice of non-consensus is the reader. This situation continues and currently hinders the dissemination of TCM abroad.

What, then, is responsible for such a confusion? Obviously the anarchism prevailing over the TCM translation field responsible for this. However, to a large degree, this blame perhaps justly falls on the translators who have failed to see the basic principles of TCM translation. The articles occasionally published in some journals and magazines all focus on the so-called “literal translation” or “word-for-word translation”, still skirting the issue which has been debated for hundreds of years in the field of Chinese translation without being settled. In reality, “literal translation” or “word-for-word translation” reflects only the methods and skills of translation, not the basic question of translation. Modern theories indicate that the dominating factor influencing translation is the principle of translation. In translating a certain given subject matter, different translators may adopt different methods, but must be guided by the same principles. In view of the current situation of TCM translation three principles for guiding TCM translation are put forward.

1. Scientific and Technological Knowledge: the Focus of TCM Translation

It may seem absurd at first to mention this point here. After all, one may take it for granted that TCM translation should be scientific and technological and nobody would expect it to be artistic and literary translation. Theoretically speaking, this should be the case. In fact, the prevailing practice is just the contrary.

TCM classics were all written in ancient times in classical Chinese, the form and style of which are still to be found in songs and poetry, the language of which is characterized by the influences of ancient Chinese classical literature and philosophy. Moreover, ancient TCM practitioners were all Confucian scholars who, failing to pass the imperial examination, turned to medicine. Thus, in their medical writings, literary rhetoric such as metaphor, simile, hyperbole and imagination, was frequently adopted. When describing the quick curative effect

of a treatment, expressions such as *Xiao Ru Fu Gu* (效如桴鼓, extremely effective), *Bai Shi Bai Zhong* (百试百中, to be efficacious every time), and *Wei Ji Xuan Zhong, Bing Yi Huo Ran* (未及旋踵, 病已豁然, to be cured on the spot) were often used; and in talking about the importance of disease prevention, phrases such as *Wei Yu Chou Mou* (未雨绸缪, to make preparation before the rain comes) and *Fang Huàn Yu Wei Ran* (防患于未然, to take preventive measures before disasters occur) were commonly used.

Medical language embroidered with rich literary colour – this is typical of TCM – violates what scientific language demands. If this were only the hobby of an ancient people, then it might require little comment. Unfortunately, this phenomenon is still widely observed in the current language (both oral and written) of modern TCM. How can we deal with the literary and philosophical aspects of TCM language when translating it into English? This is the problem that continues to haunt translators. It is even still argued as to whether TCM translation is literary translation or scientific and technological translation.

In the first place TCM translation should be considered scientific and technological because it focuses on transferring ancient Chinese medical science, not classic literature and philosophy to foreign readers. Some people are so proud of the literarily elegant, philosophically significant and musically rhythmic language of TCM that they insist that the classic Chinese literary and philosophical nuances of TCM language be reflected in the English version, otherwise the essence of TCM cannot be maintained. Their theory is that the lexicon of any branch of science is based on the language of the country where it has originated. But they have ignored the most important factor in translation; the reader. Whether a piece of translation is faithful or not can only be determined by the reader's response. In rendering the phrase *Xiao Ru Fu Gu* (效如桴鼓), what, for example, is the exact meaning of *Fu Gu* (桴鼓) and how can we convey the meaning to the reader? The phrase *Bai Shi Bai Zhong* (百试百中) is, without difficulty, translatable and understandable, but could there ever exist such a miraculous drug? Does the information transferred to the target language agree with the reality? Obviously the information will be affected if the focus of translation is shifted to the maintaining of the literary or philosophical flavor of the source text.

Eugene A. Nida says in his *The Theory and Practice of Translation* (1969) that many people believe that, in translating ancient classics, the ancient language form and style must remain so as to be faithful to the original piece. This is, in fact, incorrect. The ancient writers wrote for the readers of their own time, not for readers hundreds and thousands of years later. Therefore, the language they used was not felt to be archaic at that time. The translators today are translating for the readers of their own times, therefore they need not keep the archaic expressions and styles in their translation. Otherwise the result of the translation will be contradictory with the communicative function of the original piece.

Objectively speaking, the literaturized language of TCM is nonscientific. Translators

should try to focus on the facts implied in the source language, paying no attention at all to the word-play game frequently seen in TCM writing. This emphasis on the abandonment of literary flavor in TCM language, however, by no means suggests that rhetoric can be ignored in scientific writing.

In his article *On Translation Criteria* (1956), Guo Moruo (郭沫若), one of the most important writers and translators in China, says: "If scientific writing demonstrates some artistic values, it will be helpful for scientific activities." However, because the language of TCM is so literaturized, the focus of writers is usually fixed more on the style and form than on the content. Thus, this bias must be reversed in translation. Of course, under the prerequisite of objectivity and accuracy, efforts also should be made to maintain traditional uniqueness of TCM in the translation.

2. Western Medical Language : A Bridge for TCM Translation

It seems that TCM translators can never be free from the influence of Western Medicine (WM). They claim that the TCM conceptions of *Xin* (心 heart), *Gan* (肝 liver), *Pi* (脾 spleen), *Fei* (肺 lung), *Shen* (肾 kidney), etc. cannot be translated into heart, liver, spleen, lung and kidney in WM. Why? Their routine explanation is that *Xin* (心 heart), *Gan* (肝 liver), *Pi* (脾 spleen), *Fei* (肺 lung), *Shen* (肾 kidney) in TCM are not only anatomic concepts but also, mainly functional ones. The *Xin* (心 heart) in TCM, apart from "controlling blood", also controls "thinking"; but the heart in WM does not have the function of thinking. The *Shen* (肾 kidney) in TCM, apart from its anatomical function, also has reproductive function as well as inspiration-promoting function; however the kidney in WM has neither. The spleen in WM is only a lymph organ, but the *Pi* (脾 spleen) in TCM controls digestion. Therefore, they have suggested that these terms of TCM be transliterated into *Xin*, *Gan*, *Pi*, *Fei* and *Shen*.

It is true that TCM and WM are two different systems of medicine, but it is also true that they are identical with and similar to each other in many ways. Both of them, for example, study human physiological functions and pathological changes, trying to prevent and cure diseases to protect health. Based on this point, it is quite reasonable to assume that these two different systems of medicine ought to have many things in common. For instance, in the understanding of human body structure, the physiological state and pathological condition of each individual system or organ, the occurrence, development and the treatment of many diseases, the theories of TCM and WM are quite similar to each other.

For example, both TCM and WM hold that the heart is the organ that controls blood circulation. As to the idea of the heart "controlling thinking" in TCM, this is actually the artificial assignment of part of the brain's function to the heart. This phenomenon was also observed in WM at its earlier stage, which had been corrected with the development of experimental science. Take *Tan* (痰 sputum), for instance, as the sticky material secreted in

the respiratory tract, the *Tan* (痰) in TCM is the same as the sputum in WM. The only difference lies in the fact that the *Tan* (痰) in TCM also refers to a pathogenic factor that can result in many kinds of diseases, known as “formless sputum”, which is almost the same as the phlegm (four major fluids in the human body, which can result in dullness) described in ancient western biology.

In terms of human pathological conditions and many kinds of diseases, TCM and WM also have many things in common. Even if the words used in the description of the diseases are different, the essence remains the same. In order to demonstrate this point, the following diagram is provided, listing for comparison a group of diseases in TCM different in nomenclature from but identical in nature with TM.

Names of Diseases in TCM Names of Diseases in WM

Yi Du Li (疫毒痢 epidemic toxic dysentery) fulminant dysentery

Cun Bai Chong (寸白虫 small white worm) Taeniasis

Lao Zai (劳瘵 pulmonary tuberculosis) Pulmonary tuberculosis

Hong Sha Re (红痧热 reddish rash fever) Epidemic hemorrhagic Fever

Gan Ji (疳积 infantile malnutrition) infantile malnutrition

Dian Kuang (癫狂 mania or mad) psychosis

Lu Tian (囟填 fontanel protrusion) hydrocephalus

Luo Li (瘰癧 tuberculosis of cervical lymph node) tuberculosis of cervical lymph node

Jin Shan (筋疝 varicocele) varicocele

The above analysis clearly indicates that WM can serve as a bridge for TCM in its transference abroad. This can also be confirmed by a brief look at the early period of WM coming into China.

It was just in the past one hundred and fifty years that WM was introduced into China. Before then, Chinese people only knew TCM. Therefore, the people first introducing WM into China must have also been confronted with the problem of translation. The reality they faced was in no way easier than the one we are faced with now. Just think the theories and therapies of TCM and WM were so different from each other and the Chinese people at that time had never heard of foreign medicine. Under such an unfavorable condition, how could it be introduced to the Chinese people, by adopting the traditional Chinese medical knowledge and lexicon or by importing a completely new language? Fortunately, the earlier translators did not have so many misgivings as we have now. They decidedly adopted the physiological and pathological knowledge and lexicon of TCM in their translation of WM, trying their best to seek common ground on major issues while reserving difference on minor ones. They did not transliterate heart into *Ha Te* (哈特) in Chinese as some people of our times might have suggested. Their adoption of the TCM lexicon in the translation of WM did not hinder the dissemination of WM in China. Instead, it promoted its development, because

this practice provided an access for WM to get in touch with TCM, enabling it to take root deep in Chinese soil, therefore, acquiring a channel to the necessary base for its development.

If the early translators had only fixed their eyes on the differences between TCM and WM, ignoring the generality of human civilization, thus transliterating all the terms of WM, such as *Si Pu Li* (斯普里 spleen), *Ken De Ni* (肯德尼 kidney), and *Pan Ke Lei Si* (盘克累斯 pancreas) etc., it is hard to imagine how the Chinese people could have understood such as an exotic medicine. People would always feel strange: how could foreigners have so many strange things in their body. This mode of translation would surely hinder the WM in China, leaving it just like water without a source or a tree without roots.

Of course WM is fundamentally not TCM. The differences between the two are obvious, and this was not overlooked by the earlier translators. Therefore, apart from the adoption of the TCM lexicon, they also resorted to some other methods, such as free translation, literal translation and transliteration, to deal with WM terms. For example, they transliterated lymph into *Lin Ba* (淋巴), penicillin into *Pan Ni Xi Lin* (盘尼西林); literally translated tympanic cavity into *Gu Shi* (鼓室 room of drum), reflex arc into *Fan She Hu* (反射弧 reflex arc); and used the free translation method to translate cell into *Xi Bao* (细胞 thin ball) and cancer into *Ai Zheng* (癌症 cancer syndrome). Time has approved their methods. Why, then, could we not follow their example in our translation of TCM into English? Why could we not adopt certain WM lexicon to translate TCM terms? This is something deserving serious consideration.

Many people, especially those from the TCM field and WM field, are worried that the adoption of WM terms in the translation of TCM conceptions will deprive TCM of the traditional features or confuse WM with TCM. Their argument is that TCM terms are usually polysemic while the terms of WM are monosemic. Actually this sort of worry is groundless. When the earlier translators used the TCM lexicon to translate that in WM, they did not switch the WM lexicon from monosemic to polysemic, because the WM theory remained unchanged. The mere change of language itself could not exert much influence on the nature of WM or TCM.

The actual application also confirms this approach. Though the opposition to this practice is becoming more and more tense, in current TCM translation many people still use some WM terms to translate the TCM lexicon, which, so far, has not created much confusion in international exchange. This way of translation has also been adopted by many people from the international medical field in introducing TCM to their countries.

“Adaptation to the new environment for further development”. This is the key to the dissemination and development of WM in China. Why cannot TCM adopt this principle for its course into the world!

3. Ethnic Linguistics : A Guide for Reserving the Traditional Features of TCM in Translation

The importance and necessity of adopting certain WM terms in the translation of TCM has been emphasized previously in this chapter, but this should not be understood as westernization of TCM, which is not only theoretically wrong but also practically impossible. Because, only a part of the terms in TCM language can find their equivalences or near equivalences in WM, there is still a number of terms which cannot find their “counterparts” in WM language. Why? The answer is in Ethnic Linguistics.

Ethnic Linguistics is a newly established branch of linguistic science, focusing on the exploration of the relationship between the language and cultural background of a nation. The essence of its theory is that the majority of words in the vocabulary of any one language can certainly find their equivalences in any other language in the world. This part of the vocabulary is called the “common core” of all human languages, reflecting the things and phenomena shared by all nations in the world. For example, the physiological phenomena and pathological changes occurring in Chinese people will also be observed in the people of other nations. Therefore, the names of certain physiological phenomena and pathological changes in the Chinese language will also be found in the languages of other nations. This is beyond question, because it is part of the “common experience treasure house” of all human beings.

However, Ethnic Linguistics also holds that in a certain language, there must be some words reflecting each nation's unique possessions both physically and spiritually. These words usually bear implications of a national cultural background, and therefore cannot find equivalences in the languages of other nations. For example, *Li* (礼 rite, courtesy, ceremony politeness, etc.) in the Confucian doctrine is in no way equivalent to “courtesy” or “etiquette”, or “rite” or “ceremony” in English; and *Yin* (阴 moon, feminine, negative, etc.) and *Yang* (阳 sun, masculine, positive, etc.) in TCM are not equivalent to “positive and negative” or “feminine and masculine” or “sun and moon” in English. Fortunately, such words with the implication of a national cultural background are usually just a small part of a nation's vocabulary. Though limited in number, these words are very important in function, because they reflect a nation's cultural background, acting as the symbol of one nation that is different from any other. In terms of TCM, most of its lexicon is in the “common core” of all human beings, while only a few bear the implication of a Chinese cultural background. Generally speaking, the terms with a Chinese cultural background implied reflect the gist of TCM theory, such as *Qi* (气), *Yin* (阴), *Yang* (阳) etc., and the principles of treatment, such as *Biao* (表 external), *Li* (里 internal), *Xu* (虚 deficiency), *Shi* (实 excess), etc.

In TCM lexicon, there are some words which show signs of a cultural background implication on the surface, but which reveal much significance in the deep structure. This

group from the TCM lexicon is mainly involved in the titles of TCM prescriptions, such as *Qing Long Tang* (青龙散 Blue Long Decoction), *Bai Hu Tang* (白虎汤 White Tiger Decoction), and *Shi Xiao San* (失笑散 Bursting into Smile Powder). The *Qing Long* (青龙 Blue Long; Long, totem of the Chinese nation, is often translated as “Dragon” which is obviously wrong translation), *Bai Hu* (白虎 White Tiger) and *Shi Xiao* (失笑 burst into laughter) here all bear special implication, and therefore cannot be dealt with according to the literal meaning. In *Yi Fang Fa Hui* (医方发挥 Prescription Elucidation), *Qing Long Tang* (青龙散 Blue Long Decoction) is explained as follows: “The ancient people believe that the Long is the superior one among animals with scales, capable of bringing rain to irrigate crops. *Qing Long* (青龙 Blue Long) symbolizes the East which pertains to wood in *Wuxing* (五行 five elements), and the blue colour symbolizes growth of all plants. The prescription was so named by the ancient people to indicate its function in dissipating exogenous pathological factors and warming the viscera to expel phlegm”. *Bai Hu Tang* (白虎 White Tiger) is explained in this way: “*Bai Hu* symbolizes West in five directions and gold in *Wuxing* (五行 five elements). The prescription was so named to indicate its function in clearing away heat”. In addition, *Shi Xiao San Shi Xiao* (失笑 burst into laughter) is explained as follows: “This prescription is very effective in easing pain and eliminating stasis by promoting blood circulation immediately after the prescription is taken. Usually the patient is cured without realizing it, therefore, blurting into laughter”.

The titles of such prescriptions, to some extent, also bear cultural background implications, and thus cannot be literally translated into foreign languages. Unfortunately, in the current TCM journals and dictionaries these titles have all been translated literally into English, creating much confusion. The above three titles, for instance, have been respectively translated into White Tiger Decoction, Blue Dragon Decoction and Powder for Lost Smiles. This way of translation has not only failed to explain clearly the meaning implied, but also has created some misunderstandings. The readers would be led to conclude that White Tiger Decoction is a sort of medicine that cures a white tiger or that is obtained from a white tiger. And Powder for Lost Smiles would most probably be taken as the medicine for mimetic paralysis of distress.

Then, how can we deal with such words or titles with a cultural background implied in translation? In Western languages, this problem is solved by borrowing the word in question solely. Because of the reason commonly known, we cannot adopt such a method in our translation from Chinese into English or English into Chinese. The only way possible is transliteration, for example, transliterating *Yin* (阴) and *Yang* (阳) into yin and yang, *Qi* (气) into Qi, *Bai Hu Tang* (白虎汤 White Tiger Decoction) and *Qing Long Tang* (青龙散 Blue Long Decoction) into Baihu Decoction and Qinglong Decoction respectively.

Maybe some people will ask: “Is this sort of translation acceptable to foreigners?” The

answer is certainly “yes!” Several years ago, the World Health Organization approved the standardization of the names of meridians and acupoints, in which all the names of meridians and acupoints were transliterated. Besides, the transliterated forms of *Yin* (阴) and *Yang* (阳) have already been accepted all over the world and have even found their place in Webster’s Dictionary.

Actually, people have long observed the phenomenon of a cultural background implication in language. Xuan Zang (玄奘, 602—662 AD), a great Buddhist and translator in the Tang Dynasty in China (618—907 AD), for example, put forward in his translation of Buddhist Scripture the so-called “Five Non-translatable Categories”: ① Mysterious ones; ② Polysemic ones; ③ Non-existent in China; ④ Following the customary saying; and ⑤ Non-translatable ones. Xuan Zang’s “Non-translatable Categories” actually means transliteration. However, his theory about transliteration was opposed in the past, accused of betraying the aim of translation and regarded as nonsense. Our experience in translating TCM seems to indicate that the prevailing criticism over Xuan Zang’s theory is lopsided. In terms of TCM translation, “Five Non-translatable Categories” is quite reasonable and practical. It is precisely because such words as *Yin* (阴) and *Yang* (阳), *Wuxing* (五行) and *Qi* (气) etc. are polysemic that we insist they be transliterated. Take *Qi* (气) for example. In TCM theory there are many kinds of *Qi*. How can we translate all these *Qi*? They have been previously all translated into “vital energy”, which, honestly speaking, is not very clear in meaning or distinct in concept. So we suggest that they be transliterated into *qi*. Therefore, *Zong Qi* (宗气) is primordial *qi* and *Xian Tian Zi Qi* (先天之气) is congenital *qi*, for example.

On the whole, it is reasonable to transliterate terms of TCM with the implication of a Chinese cultural background. However, what should be emphasized here is that there is only a small number of such terms in TCM. Currently in the TCM translation field, there is an ever increasing tendency to overuse transliteration. Some people take transliteration as a straw to clutch at. Whenever there is a difficult point in translation, then transliteration is resorted to. Objectively speaking, transliteration is not something desirable. It will inevitably create some difficulty in the readers’ understanding and more or less affect the transferring of information. Therefore, transliteration should only be used as a last resort.

In the past decades, TCM has witnessed its rapid dissemination outside China, mainly owing to the magic work of acupuncture and the discovery of some specific properties and functions of certain Chinese medicinal herbs. The scientific exchange between Chinese and Western medical professionals have thus intensified, which has further promoted the development of TCM translation into Western languages, mainly English.

Since the 1970s, translators both in China and in the Western countries have made extensive study in the field of TCM translation, including the lexicology, semantics and

grammar of TCM language as well as the standardization of TCM terminology translation. As a result of these studies, several influential Chinese-English dictionaries of TCM have been published in both China and some western countries. These dictionaries have solved certain problems in the translation of TCM. However, they have failed to stop the confusions prevailing over the field of TCM translation. In fact, they have, to some extent, even intensified the confusions because the English translation of TCM terms in one dictionary are different from another, making it difficult for the readers to understand.

The confusions aroused in the translation of TCM are mainly due to the anarchism prevailing over the TCM translation field. This prevailing anarchism makes it difficult for the translators to agree with each other in their practice. To solve such a problem requires common principles to guide the translating practice. This introductory chapter, therefore, attempts to propose three common principles. Needless to say, this is just a preliminary study. Further investigations have to be made into both the theory and practice of TCM translation so as to get rid of the confusions completely.

Chapter 2

Terms About Body Constituents

The terms concerning body constituents in traditional Chinese medicine (TCM), comparatively speaking, are somewhat limited because the components of human body are limited. Altogether there are only 29 included in WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region (abbreviated as WPRO Standard), and 48 included in International Standard Chinese-English Basic Nomenclature of Chinese Medicine compiled by World Federation of Chinese Medicine Societies (abbreviated as WFCMS Standard).

Compared with the terms of the basic theory of traditional Chinese medicine, the terms concerning body constituents are quite specific in referent and concrete in connotation. It is generally agreed that the terms of body constituents are easier to understand and translate. That is why the English translation of these terms in the two international standards is, on the whole, quite similar to each other and the current practice. However, subtle differences still can be found in some cases, which is, objectively speaking, quite normal. In the current translation practice, different translators may follow different methods and have different ideas about how to translate the concepts and terms concerning body constituents.

In view of the two international standards and in the light of the theory and practice discussed in the book entitled *International Standardization of English Translation of Traditional Chinese Medicine: Study of Theory, Summarization of Practice and Exploration of Methods*, this chapter tries to briefly analyze the English translation of the terms concerning body constituents. In order to make it easier for readers to understand how these terms are understood and translated in these two international standards, the related definitions, according to the descriptions in WPRO Standard, are provided as reference.

形体 *body constituent*: a collective term for skin, vessels, flesh, sinews and bones

The Chinese term 形体 is composed of two characters, in which 形 means “body” or “physical part” while 体 means part or constituent. In the current translation practice, this Chinese term is sometimes translated as “body parts”, which is almost the same as “body constituents”.

皮毛 *skin and body hair*: a collective term for the skin and its fine hair

The Chinese term 皮毛 literally means skin and body hair. In fact it just refers to the external part of the body, similar to another Chinese term 体表 which means superficies of the body. Thus in the current translation practice, this term is also liberally rendered as external part of the body or superficial part of the body. Comparatively speaking, to translate it as “skin and body hair” sounds more natural because it is identical to the original Chinese term in both meaning and structure. In WFCMS Standard, there is no such an entry as 形体, but the term 形 is included, which is translated as physique.

腠理 *interstices*: a term referring to the striae of the skin, muscles and viscera, and also to the tissue between the skin and muscles

The so-called 腠理 refers to the vein and texture of muscles and space between skin and muscles, which serve as one of the passages for qi and blood to flow and body fluid to discharge. The translation of 腠理 varies greatly in current practice. Some translators have rendered it as interstitial space, others as striae and still others as space between skin and muscles. In WFCMS Standard, it is translated as striae and interstice, an integral way and a new trial of translation. These different translations have all revealed some basic meanings of this special term, but are still in need of further improvement so as to make it easier to standardize in international communication.

玄府 *mysterious mansion*: another name for sweat pore. It is so named because it is too minute to be visible

The so-called 玄府 is another name for sweat pore. That is why it is so translated in WFCMS Standard. In Chinese, 玄 means dark and mysterious and 府 means house or palace. Sweat pores are too minute to be visible and their mechanism is too mysterious to reveal. That is why they are called 玄府. So if 玄府 is simply put into sweat pore, the special implication in the original term can hardly be revealed. In view of cultural background and information revelation, translating 玄府 as mysterious mansion in WPRO Standard seems to be more objective and acceptable.

气门 *qi gate*: another name for sweat pore

The so-called 气门 is another name for sweat pore. To translate it as qi gate sounds quite complicated and abstruse, making it very easily to be confused with the special concept of qi in the basic theory of traditional Chinese medicine. If it is rendered as sweat pore, it sounds quite specific and clear, but readers will be deprived of the possibility to understand the rich and unique system of Chinese medical lexicology.

赤白肉际 *border between*: the skin boundary between the palm or sole (red in color) and the back of the hand or foot (white in color), respectively

Just as the definition suggests, 赤白肉际 bears specific referent and therefore can be translated clearly and concisely. In the current translation practice, this term is also frequently rendered as dorsoventral boundary of the hand or foot. Semantically speaking, the