

ON THE STANDARD NOMENCLATURE OF TRADITIONAL CHINESE MEDICINE

by Prof. Xie Zhufan



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About the Book

This book came into being on the basis of research on the topic of “Standard English Translation of TCM (Traditional Chinese Medicine) Nomenclature” under the auspices of the State Administration of Traditional Chinese Medicine, done by the writer. The aim of the research was to sort out the various existing English translations of TCM nomenclature, standardize the English terms and lay a foundation and offer a reference for internationalizing and standardizing all TCM nomenclature. The relevant sections of the World Health Organization have shown great interest in this work.

More than 1,000 basic TCM terms were selected for this book, and each of them was given a standard English translation. Careful analysis of the various English translations of a TCM term reveals the reason why a preferred translation was decided upon. It is expected that this book will have a great influence on the work of internationalizing and standardizing TCM nomenclature, and promoting the application and influence of TCM nomenclature worldwide.

About the Author



Dr. Xie Zhufan graduated from the Medical College of Peking University in 1946, and is a professor of both Western and Chinese medicine, honorary director of Institute of Integrative Chinese-Western Medicine, the First Clinical Medical College, Peking University. He was appointed three times as consultant on traditional medicine by the World Health Organization and was repeatedly invited to give lectures on Chinese medicine at overseas medical schools.

Among his publications in English, there are: *Chinese Acupuncture and Moxibustion*, *Traditional Chinese Internal Medicine*, *Best of Traditional Chinese Medicine*, *Practical Traditional Chinese Medicine*. Together with his colleagues he compiled *Classified Dictionary of Traditional Chinese Medicine*. He drafted a technical document on "International Standard Terminology in Acupuncture for Basic Training" for the World Health Organization (WHO). He also contributed two special papers to the publications of the WHO. He is one of the editors of *Pharmacopoeia of the People's Republic of China*. He was invited to join in the compilation of the traditional Chinese medicine part of the *Chinese-English Medical Dictionary* and won a special award from the Ministry of Health for his excellent contributions to the compilation of the dictionary.

CONTENTS

Foreword	1
Introduction	3
Brief Historical Review of TCM Terminology	4
General Considerations	5
Fundamental Theories	27
Philosophical Terms	27
Anatomical Terms	38
Physiological Terms	46
Etiological Terms	59
Pathogenetic Terms	73
Diagnostics	103
General Diagnostic Terms	103
Terms of Diagnostic Methods	107
Syndrome Names (Pattern Names)	152
Disease Names	181
Therapeutics	202
Terms of Treatment Principles	202
Pharmaceutic Terms	241
Acupuncture-Moxibustion Terms	258
Selected Classical Works	285
Bibliography	317
Annex: List of Acupuncture Points	322
Index	328
Acknowledgement	357
About the Author	358

FOREWORD

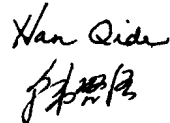
Any scientific discipline should have its special terminology. Traditional Chinese medicine (TCM) is no exception. The nomenclature of TCM was first established in the *Canon of Medicine* or even in earlier writings that are no longer extant. Over many centuries, TCM's technical vocabulary has been increased, and is familiar to Chinese medical circles. An integral system of TCM nomenclature in Chinese has existed for many years.

In recent decades, TCM has been introduced to the Western world and aroused extensive interest because of its holistic and natural approaches to healing. However, owing to the cultural gap and language barriers between the East and the West, the rendering of the technical terms of TCM into English is still in an unsettled state. One Chinese medical term often has several or even many different renderings, while the same English term may refer to different Chinese concepts. This certainly greatly hampers normal international exchanges. Both the writers (or translators) and the readers are anxious to have the international TCM terms standardized.

The author of this book, Prof. Xie Zhu-fan, has been engaged in the translation of TCM terms and writing TCM books in English for more than 20 years. To solve the above-mentioned problem, he collected a considerable amount of recently published TCM books written in English, including almost all the influential textbooks, monographs and Chinese-English TCM dictionaries, made a comparative study of the different renderings of each commonly used term in these books, and selected the most appropriate expression as the proposed standard. The comparative study was performed from various angles. First of all, the English expression had to accurately and precisely reflect the Chinese original. Secondly, the available terms were studied and compared from the grammatical, philological and etymological perspectives. Thirdly, among the qualified equivalents selection was made according to the frequency of use. The term used by more authors was considered preferable. Lastly, the expressions proposed as the standard were carefully examined from the viewpoint of Western medicine, so as to avoid either using the same wording for different concepts in Chinese and Western medicine or offering different expressions for the same phenomenon in the two systems of medicine. Furthermore, the proposed standard terminology had to meet the basic requirements of scientific nomenclature.

The rhetorical components in Chinese terms with no substantial significance have been omitted from the proposed standard. So, such a comparative study was a complex work; it needed a wide and sound knowledge of Chinese medicine, Western medicine, the English language, the classical Chinese language and Chinese history.

In his discussions, Prof. Xie gives the necessary explanations for the appropriate English equivalents to facilitate their general acceptance as the proposed standard, and makes comments on the inappropriate expressions to prevent their further use and their further causing of misunderstanding. Since the majority of the terms selected as the proposed standard are based not only on accuracy and preciseness, but also on the frequency of use (the number of users), they are likely to be generally accepted. The comments made on inappropriate expressions play an even more important role in the proposed standardization. From these comments readers can learn much about Chinese medicine, the Chinese language, and sometimes Western medicine as well. Through his discussions, Prof. Xie makes great efforts to promote cultural exchanges between the East and the West, to clear up misunderstandings resulting from seemingly literal translation without a real understanding of the Chinese medical terms (including a proper understanding of the related Chinese characters). Therefore, the scope of this book is not confined to the proposal of standard TCM nomenclature; it is actually a collection of discussions on the unique and difficult points of TCM. I believe that this book will make important contributions to the formulation of a formally recognized standard international nomenclature of TCM. In addition, readers will acquire a lot of interesting knowledge that is not easily found, or is even neglected, in standard TCM books.



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July, 2003

INTRODUCTION

Since the introduction of acupuncture to the American and European countries in the 1970s, the interest in traditional Chinese medicine (TCM) has been growing rapidly all over the world. As English is a generally recognized international language, dozens of TCM textbooks have been published in English, hundreds of seminars and conferences on TCM have been held with English as the formal language, and thousands of papers, pamphlets and popular readings written in English have come into being. Most of the technical terms used in these publications and verbal communications are translations of Chinese terms. Owing to the archaic Chinese language used in traditional medicine, as well as the abstruse ancient philosophical thinking and the unique cultural background, translation of traditional Chinese medical terms is an extremely difficult task, and the majority of the terms are translated in several or many different ways by different authors. The confusion of terms greatly hampers the correct understanding of TCM by Westerners, and so the need for TCM nomenclature to be internationalized and standardized is pressing. Such uniformity will greatly facilitate teaching, practice, research and information exchange.

In order to formulate an internationalized and standardized TCM nomenclature, it is neither necessary nor reasonable to initiate or create a new series of English translations, for many forerunners have already made great efforts and significant contributions in this field. It is possible to formulate standard TCM nomenclature on the basis of the terms now available. The major task at present is to do a comparative study of the various renderings appearing in the recent English TCM publications and select the appropriate terminology as the standard. Since most of the terms thus selected have been used by the majority of authors, these terms are apt to be generally accepted. On the other hand, some individual authors have made brilliant suggestions on certain terms. Careful analysis and comparison with other expressions may further expose the advantages of making these suggestions more acceptable.

BRIEF HISTORICAL REVIEW OF TCM TERMINOLOGY

A historical review made by Paul U. Unschuld showed that translation of Chinese medical works into Western languages can be dated back more than three hundred years.^[1] In 1682, Andreas Cleyer published, in Frankfurt, a Latin version of the Mai Jue (脈訣), a treatise on pulse diagnosis. Thereafter, a number of Chinese medical works, such as Nan Jing (難經, *Classic of Difficult Issues*), Bin Hu Mai Xue (瀕湖脈學, *Binhu's Sphygmology*), Yin Hai Jing Wei (銀海精微, *Essentials of Ophthalmology*) and Zhen Jiu Jia Yi Jing (針灸甲乙經, *Systematic Classic of Acupuncture and Moxibustion*) were translated into German or French. Ben Cao Gang Mu (本草綱目, *Compendium of Materia Medica*) was partly translated into English, German, French and Latin. In the early twentieth century, William R. Morse, dean of the Medical School and head of the Department of Anatomy and associate in surgery, West China Union University, translated part of the Yi Zong Jin Jian (醫宗金鑑, *the Golden Mirror of Medicine*, 1742, the official textbook in the Qing Dynasty) into English^[2]. The Huang Di Nei Jing (黃帝內經, *The Yellow Emperor's Internal Classic or Canon of Medicine*), the greatest medical classic extant in China, was partly translated into English by Ilza Veith and published in 1949, and a revised edition was published in 1966.^[3, 4] Needless to say, all these works involved a lot of problems concerning the translation of Chinese medical terms, and every author had to make efforts to solve these problems. Besides the translation of classical TCM works, books written in English introducing Chinese medicine also appeared many years ago. For example, William R. Morse wrote a book titled *Chinese Medicine*, and published in 1934.

In the last two decades more efforts were made in this respect. More than a dozen Chinese-English TCM dictionaries have been compiled and published. In these dictionaries, each TCM term is taken as an entry, annotated and rendered into English. Most of the dictionaries include at least 5,000 entries, covering all the commonly used terms. Besides the compilation and publication of Chinese-English TCM dictionaries, quite a few classical TCM works have been rendered into English, including the Nan Jing (難經, *Classic of Difficult Issues*, 1986), Jin Gui Yao Lue Fang Lun (金匱要略方論, *Synopsis of Prescriptions of the Golden Chamber*, 1987),

Shang Han Lun (傷寒論, *Treatise on Febrile Diseases Caused by Cold*, 1993), Ling Shu (靈樞 *the Spiritual Pivot*, 1993), Pi Wei Lun (脾胃論 *Treatise on the Spleen and Stomach*, 1993) and the full text of the Huang Di Nei Jing (*Yellow Emperor's Canon of Internal Medicine*, 1997). Meanwhile, special symposia or conferences on TCM terminologies were conducted. For example, in 1986 an international symposium on translation methodologies and terminologies was conducted in Munich under the auspices of the International Association for the Study of Traditional Asian Medicine. This symposium brought together, for the first time, Asian, European and American scholars working on the translation, editing, and analysis of ancient Chinese medical texts into contemporary languages. The participants presented many brilliant views and illustrative examples associated with terminological choices and basic translation methodologies, helpful for reaching a common understanding. However, the symposium was chiefly an exchange of experiences, and no concrete conclusions were reached.

The most fruitful meetings were organized by the World Health Organization (WHO). The WHO's initiative to stipulate standard acupuncture nomenclature began in 1980. Three working groups and one consultation meeting on the standardization of acupuncture nomenclature were organized by the WHO Regional Office for the Western Pacific in 1982, 1984, 1985 and 1987, respectively. Afterwards, a WHO scientific group meeting was held in Geneva in 1989 and *A Proposed Standard International Acupuncture Nomenclature* was published in 1991 as the report of the scientific group. In the same year, the WHO Regional Office for the Western Pacific published *Standard Acupuncture Nomenclature (Revised Edition)*. Although the standard nomenclature is confined to a limited number of acupuncture terms and the related names of internal organs, it indicates that a consensus on the standardization of English TCM terminology can be reached after exchanges of views and careful discussion

GENERAL CONSIDERATIONS

From the above discussion we can see that there is already a sound base on which an international standard nomenclature of TCM can be preliminarily established. However, it is by no means an easy task to

formulate a generally accepted standard nomenclature. The difficulty chiefly lies in the different cultural backgrounds of the East and West, and of ancient China and the modern Western world. Language barrier is one of the major reflections of different cultural backgrounds. Philosophical disparity plays a more important role. It makes the knowledge of TCM hardly be understandable from the Western perspective. Historical development has also had an impact on medical terminology. All these factors result in diversified renderings of TCM terms into English. Before starting a comparative study on the existing renderings, discussion of the following issues may be helpful. First of all, we must differentiate standard nomenclature in English from standardized translation. Although standard nomenclature of Chinese medicine should be based on the translation of the Chinese terms, they are two different affairs, and some difficulties in translation can be avoided in the nomenclature. Secondly, we have to distinguish professional technical terms from non-professional common terms. Not every word, phrase or sentence frequently encountered in the ancient and modern Chinese medical literature can be regarded as a technical term. Thirdly, standardization of the terms in Chinese is prerequisite for the standard nomenclature in English. The Chinese government and medical circles have made great efforts to standardize or unify the Chinese terminology of traditional medicine. Now, we are able to select the clinical terms from those approved by the Chinese government and the basic theoretical terms from the national Chinese textbooks. Fourthly, we should pay attention to the impact of the ancient Chinese type of writing on the medical terms. The standard nomenclature should fully reflect the unique features of Chinese medicine, but should get rid of purely linguistic influences, particularly the rhetoric influences that diversify the medical terms without academic or technical significance. Lastly, the most important issue is to define the basic requirements for the selection of standard nomenclature from the present terminologies appearing in recent publications. The standard nomenclature can only be established, provided that the terminologies precisely reflect the concept of Chinese medicine and at the same time are widely accepted through common practice.

DIFFERENCE BETWEEN STANDARDIZED TRANSLATION AND STANDARD NOMENCLATURE

Standardized translation and standard nomenclature of Chinese medi-

cine in English differ in the source of terms and quantity of glossary.

Translation involves all the terms used in ancient and modern literature. Even the alternative names and euphemisms should also be considered. For example, lip is also called “flying door” (飛門 [féi mén]); head is also called “confluence of all yang meridians” (諸陽之會 [zhū yáng zhī huì]), and has a euphemistic name: “house of intelligence” (精明之府 [jīng míng zhī fǔ]). In the translation of Chinese medical literature, all these terms should be rendered into English differently from the basic terms “lip” and “head”, but for the formulation of standard international nomenclature only “lip” and “head” are enough; it is unnecessary to take notice of the rest. This is because the standard nomenclature is prepared for those who wish to write papers and books by themselves. The writers should keep the terminology consistent throughout in order to avoid confusion.

More examples may further clarify this issue. The term 四診 [sì zhěn] is translated by different authors as “four diagnostics”, “four techniques of diagnosis”, “four diagnostic methods”, “four methods of diagnosis”, “four examinations”, “four methods of examination”, “four physical examinations”, and “four methods of physical examination”. In a word, the character 四 [sì] is translated as “four”. No one can say that the translation is wrong, but the subsequent description will be baffling, for there are five examinations, namely, examinations through looking, listening, smelling, asking and touching. The Chinese character 聞 [wén] means realization either through listening or through smelling. There is neither such a concept nor such a word in the Western world. This is one of the cultural disparities between the East and West. In translation, we should not avoid the disparity, but in formulating the standard terminology, we are not at all obliged to solve this kind of problem, for it is not related to the medicine itself; it is purely a linguistic issue. There is no doubt that the correct translation is “four examinations”, and what the translator can do is to explain why five categories of examination are called four examinations in an attached annotation. In the standard nomenclature, the problem can be easily solved: Delete the word “four” and simply call it “examinations”.

In the translation of Chinese medical terms, some scholars have made great efforts to search for English equivalents of some polysemous characters that reflect ancient Chinese culture. For example, 青 [qīng] is a character that means the color of the east, i.e., spring. Since spring is the season when plants and trees (wood) start to grow, the color of seedlings and young leaves is designated 青 [qīng]. The normal color of the east is

believed to be blue, but the young leaves and grass are green in color. In Chinese, the blue sky is called 青天 [qīng tiān], and green grass, 青草 [qīng cǎo], both attributed to 青 [qīng]. This puzzles many Westerners. According to the theory of the five elements, wood checks earth, and the color of earth is yellow. The seedling breaks through the soil in spring, so its color is intermingled with yellow, and becomes green*. That is why both blue and green are designated by the same character, 青 [qīng]. In addition, any color associated with blue can be called 青 [qīng]. In painting there are three basic colors: blue, yellow and red. Blue mixed with red is violet, and so violet belongs to 青 [qīng]. This is also true in English because another word for violet is bluish-purple. A mixture of all the three basic colors is black, and so 青 [qīng] may also refer to black, e.g., 青布 [qīng bù] "black cloth", and 青魚 [qīng yú] "black carp".

For the Chinese, there is no difficulty differentiating the meaning of the character 青 [qīng] in these commonly used words, but for the translators, it is impossible to find an English word exactly equivalent to such a polysemous character, even as far as only "blue" and "green" are concerned. To solve this problem, Nigel Wiseman and Paul Zmiewski proposed a rarely used or archaic English word that can be pressed into service and suggested the word cyan^[5]. Unfortunately, this suggestion has not been widely accepted. English-speaking people are not familiar with this word, and from the dictionaries one can only find blue or dark blue (but not green) as its meaning. This kind of puzzling issue comes from the ancient cultural background, which exerted an impact on the development of Chinese medicine but no longer plays an important role in the present practice of Chinese medicine. For translation, it may cause difficulty, but for the formulation of standard nomenclature, it is unnecessary to consider such a puzzling way of wording.

DIFFERENCE BETWEEN MEDICAL TERMS AND COMMON WORDS

A medical term is a word or phrase used to designate some definite thing or phenomenon in medicine. Chinese medical literature first appeared two thousand years ago. At that time, owing to limitation of

*“青，東方色也。凡青之屬皆從青。” “五行之理，有相生者，有相尅者，相生爲正色，相尅爲間色。…綠者青黃之雜，以木尅土故也。”（說文解字義證）

material prerequisites (e.g., bamboo slips were used for writing), conciseness was highly advocated in writing. In such a style of writing, the sentences were usually short, often composed of 3 or 4 characters. Since these sentences have been repeatedly cited in later generations, many medical professionals may regard them as medical terms. For example, “腎主骨 [shèn zhǔ gǔ]” and “腎爲水臟 [shèn wéi shuǐ zàng]” are collected in the dictionaries as entries. They are actually two complete sentences. The first sentence is composed of a subject 腎 [shèn] (kidney), a transitive verb 主 [zhǔ] and an object 骨 [gǔ] (bone), and the second sentence, a subject 腎 [shèn] (kidney), a linking verb 爲 [wéi] and a predicate 水臟 [shuǐ zàng] (water viscus). The verb 主 [zhǔ] is a common word that is rendered by different authors as “govern”, “manage”, “control”, “direct”, “be in charge of”, “take charge of”, etc. No word is more common than 爲 [wéi], which is equivalent to the English verb “be”. Among the various renderings of these two examples it is impractical and impossible to determine which rendering can be taken as a standard term, because none of them is really a medical term.

The following two examples may give a further illustration. 壯水之主, 以制陽光 [zhuàng shuǐ zhī zhǔ, yǐ zhì yáng guāng] (“strengthen the mains of water to obstruct the bright sunshine”) and 益火之源, 以消陰翳 [yì huǒ zhī yuán, yǐ xiāo yīn yì] (“supplement the source of fire to remove the cloudy shades”) are a pair of sentences that have been repeatedly cited in the Chinese medical literature because of the flowery language and matching words. They are two lines of exquisite verse, but neither the whole lines nor any of the component parts can be taken as medical terms. Even 水 [shuǐ], 火 [huǒ], 陰 [yīn], and 陽 [yáng] are used as words with double meanings. They express the principle of treating exuberant yang by replenishing yin and treating excessive yin by reinforcing yang in a lively, metaphorical way.

In conclusion, when we try to formulate a standard TCM nomenclature in English, we have to select the technical terms and exclude the common words and expressions.

DIFFERENTIATION OF CULTURE-SPECIFIC TERMS FROM GENERIC TERMS

At the International Symposium on Translation Methodologies and

Terminologies, 1986, Paul U. Unschuld made an impressive exposition on the translation of generic terms encountered in editing a commented Nan-Ching (*Classic of Difficult Issues*, ca the first century A.D.). He proposed as a rule that generic terms should be rendered as generics. He gave examples to illustrate that many terms refer to generic phenomena, and are not culture-specific. It is perfectly justifiable to render the Chinese term 血 [xuè] into English as “blood”, because both refer to the same substance. There is difference in conceptual interpretation between 血 [xuè] and blood, but “the conceptual interpretation of reality cannot be part of the translation of the generic term employed to designate this reality; otherwise, a translation would become unfeasible, if not impossible. Generic terms remain identical through the centuries and millennia, but the conceptual associations accompanying them may vary significantly in the course of time.” If the reality should be designated differently to conform to different conceptual interpretations, Western physicians could not use the term “blood”, as their concept of blood differs greatly from that of ordinary laymen.

Unschuld applied the same argument to all instances in which designations of real anatomical facts have to be rendered into English, and showed ample evidence that the organs lungs, heart, spleen, liver and kidneys were known as real, tangible entities. He further expounded that the *Canon of Medicine* and the *Classic of Difficult Issues* appear to have differed in their respective uses of the term 腎 [shèn]. “If we insist on interpretational rendering reflecting the different meanings of 腎 [shèn] in these two texts, we will find two different target terms for our translation.”^[6]

In fact, we can extend this argument to other generic phenomena. The terms designating symptoms are usually not culture-specific. Except for some metaphorical expressions, for most of these terms English equivalents can be found. The major problem is whether the equivalents are standard terms. In this connection, the recent edition of the WHO's *International Classification of Diseases*, 1998, (ICD-10) can be taken as the guide to standardization. For example, 納呆 [nà dāi] is rendered as “anorexia”, “want of appetite”, “poor appetite”, “loss of appetite”, and “torpid intake” by different authors. All these expressions can reflect the concept of the Chinese medical term. According to the frequency of usage, particularly according to ICD-10, “anorexia” (R63.0 in ICD-10) is selected. Anorexia is loss of appetite, and 納呆 [nà dāi] is also loss of appetite. We do not think