

Xie Fang & Xie Zhufan

TALKING TO PATIENTS



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History Taking in
Chinese Medicine



FOREIGN LANGUAGES PRESS

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Xie Zhufan, born in 1924, is an emeritus professor of traditional Chinese medicine and integrative medicine at the Peking University First Medical School. He was appointed eleven times by the WHO as a temporary or short-term consultant of traditional medicine during the period 1985-2005. In addition, he has been invited as a consultant by numerous research institutes and universities, such as the

NIH and East-West Medical Center at UCLA.

As one of his research interests, Prof. Xie has contributed many publications to the field of bridging academic communication between Eastern and Western medicine. Among his many books on TCM in English, the most popular are *Traditional Chinese Internal Medicine*, co-authored with Prof. Liao Jiazhen, and *Practical Traditional Chinese Medicine*. The former has also been translated into the German language, and published in Germany, and the latter has been translated into the Portuguese and Italian languages, and published in Brazil and Italy, respectively.

Professor Xie has compiled the first Chinese-English glossary of TCM, and is regarded as “the leading core among the experts” in the establishment of the standard WHO English TCM terminology.



Xie Fang, born in 1966 in Beijing, is a researcher in the field of pharmaceuticals. Graduated from the College of Pharmaceutical Sciences, Peking University Health Science Center, he continued his postgraduate study at The State University of New York and received his Ph.D. degree there. After postdoctoral studies at the University of Montreal, he joined the La Jolla Pharmaceutical Company

as a research scientist.

Xie Fang started to study Chinese medical theory under the guidance of Prof. Xie Zhufan in 2008. His research interests include the interpretation of Chinese medicine using modern concepts and bridging academic communication between Eastern and Western medicine.

In collaboration with Professor Xie, he wrote *Contemporary Introduction to Traditional Chinese Medicine* (in English) and *Talking Freely About TCM Topics — Qi* (漫话中医——气, in Chinese). The former is highly regarded as “presenting an extremely handy and practical tool of the highest professional standards for Western readers of our time.”

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Foreword

With the rapid development of communication and transportation technologies, geographic distance is no more an insurmountable barrier to the exchange of ideas between people in different regions of the world. Modern communication has more or less covered all the places where there are human inhabitants. With telephone or Internet connection, people can communicate with each other spontaneously. Transportation tools such as planes, cars, trains and ships can take us to almost every corner of the world to meet people, and talk to them face to face. The convenience of communication has encouraged people to crave ever-higher levels of communication. In fact, in-depth cultural and

ideational communication has become a necessity of life in modern times. However, when people really get serious about a different ideation or culture, they might have to confront the really big barrier — a gap in mentality. Language, which is supposed to be a bridge of communication, has become so crucial that it needs to be maintained, updated or even rebuilt, in order to overcome the gap.

Traditional Chinese medicine (TCM) is a treasure which has safeguarded the survival and prosperity of the Chinese nation from generation to generation. It has long been the vehicle for ancient Chinese philosophical ideas and experiences in the prevention and treatment of diseases, but remains to be fully cultivated. It is incumbent on us to demonstrate the strength of TCM to the rest of the world and promote the relevant cultural exchanges so as to make TCM accessible and beneficial to more people. Among many approaches, the most direct one is to create an environment for TCM doctors to treat more patients with different cultural backgrounds, and allow them to regain their health via TCM. Many licensed TCM doctors have opened clinics worldwide, and people have come to China from dif-

ferent regions of the world, seeking TCM treatment. Under such circumstances, communication between TCM doctors and patients has become the key to the success of not only the treatment but, more importantly, cultural exchanges. This book is intended to help doctors communicate with patients in appropriate English.

TCM, which originated several thousand years ago, has been inherited along with its old-fashioned or even outdated language expressions. TCM terms and habits of expression first developed during the periods of the *Internal Classic* (5th~3rd centuries BC) and *Treatise on Cold Damage Diseases* (196~204 AD), and most of them are still current. Many terms which might have been household words or phrases in ancient times have been either abandoned or given new meanings during the long historic evolution of the Chinese language. Indeed, these terms are often puzzling even to modern Chinese, not to mention those who were raised with different cultural backgrounds. So, interpretation of these expressions in languages other than Chinese is definitely a tremendous challenge.

For the past 30 years milestone achievements have

been made in the field of translation of TCM terminology. A standard TCM nomenclature has been established, and many TCM classics and textbooks have been translated into English. However, there is still a missing link in the communication between doctors and patients: The ways of expression and terms used in textbooks cannot be used directly in conversation with patients who do not understand TCM or who simply have no medical knowledge at all. Doctors need to convert these traditional technical terms into modern colloquial words. So, while the standardization of English translations of TCM terminologies provides a reference for communication among TCM professionals, the efforts we have made in this book are aimed at establishing a reference for communication between professionals and nonprofessionals. In other words, we are trying to supply this missing link.

As everyone knows, the first thing to do for any doctor faced with a patient is to collect information related to the latter's illness. In TCM inspection, listening-smelling, inquiry and palpation—the so-called four examinations—are the means to collect such information. Inquiry, equivalent to

medical history taking in Western medicine, is an important approach for collecting information about symptoms. However, the information achieved via inquiry may very likely be subjective, and patients with different cultural backgrounds may describe the very same symptom differently. They may either perceive the same symptom from different angles, or describe it with different habitual expressions. In particular, the Chinese have established a tradition of symptom description which may conflict with those of people from other parts of the world. Some expressions are difficult to understand for Westerners. For example, 渴不欲饮(kě bù yù yǐn), which literally means “thirst with no desire to drink,” does not seem to make any sense at all, because in English the word *thirst* already denotes the feeling of wanting a drink. However, such an expression is a traditional TCM technical term, and TCM doctors know that *thirst* in this case actually refers to dryness in the mouth. As an important symptomatic description of pattern identification, 五心烦热(wǔ xīn fán rè) *vexing feverish sensation in the palms of the hands, soles of the feet and chest* is another confusing term for Westerners. In Western medicine, fever

is defined as a body temperature above 37.2°C or 99°F. Local fever may appear in the case of inflammation, and thus is always accompanied by swelling and pain. How can one have a feverish sensation involving five localities far away from each other without actual rise of body temperature?

Obviously, it is very difficult to establish an effective communication between TCM doctors and patients if both hold on to their own habits or traditions. Some sort of converter is needed, so that different expressions can be converted into a version readily understandable to both. On the one hand, symptoms have to be converted in language that a TCM doctor uses daily for diagnoses. On the other, the patient needs to know what his or her doctor is asking about.

Only in this way can doctors obtain accurate and useful information from their patients. However, conversion of the way of describing illnesses and symptoms from one culture to another is indeed a tough task which involves in-depth understanding and accurate comprehension of both TCM and Western medicine, as well as other cultural aspects such as linguistics and logics. Therefore, some mis-

takes and errors in this book are unavoidable. Nevertheless, we hope that it may bring more professionals in the field to help us refine and expand our work in the future.

We have selected 75 illnesses and symptoms that meet the following criteria simultaneously: a) those that are commonly complained of by patients in the course of general TCM practice; b) those that can be effectively treated with TCM; and c) those that require inquiry as the major approach to pattern identification (clinical diagnosis required for TCM treatment).

In order to make this book practical and handy, we have categorized those selected illnesses and symptoms in accordance with *Ten Inquires in Rhyme*, a modified version of the *Chapter of Ten Inquiries in Complete Works of Jingyue* (1640):

“Cold and heat, and then sweats; head and body, urine, feces;

Food and drink, chest and belly; deafness, dry mouth classified clearly;

Chronic illness and then its causes; take medicine and see what changes;

Menstrual period is a must for women, late, early,
hypo or hyper should be determined;

Questions on illnesses of children, smallpox and mea-
sles to be detected before they happen!"

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