

高等院校本科生和研究生用协编教材

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中医药英语

SPECIALIZED ENGLISH
FOR
TRADITIONAL CHINESE MEDICINE



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SPECIALIZED ENGLISH FOR TRADITIONAL CHINESE MEDICINE

A Textbook for Senior TCM Undergraduates and Postgraduates

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前 言

随着我国改革开放方针的实行,中国传统医学(简称中医学)的价值和优势已为外国及国际医学界所共享,并逐渐得到承认。目前,一个研究和应用中医药的世界性热潮正在兴起。面对中医学现代化和国际化的必然趋势,正在大学学习而将于21世纪工作的中医药大学生必须熟练地掌握外语,特别是英语。他们应具备与国外同行进行专业交流的能力。然而,仅仅学习公共英语是不够的,因为在中医学中使用的英语明显不同于在西医学中使用的英语,前者应用了许多自己特有的术语及其英语表达方式。因而大多数中医院校毕业生乃至研究生,即使通过了大学英语六级考试,也不能顺利地阅读、写作、翻译中医药论文。为此,我们决定投入时间和精力,开设实用的专业英语课程——中医药英语。

近三年来,湖北中医学院和其他一些兄弟院校对高年级本科生和研究生讲授了中医药的专业英语课,其教学效果非常令人满意。为了拓展这门课程的深度和广度,充分发挥其教学功能,湖北、南京、广西、辽宁和成都等五所中医药院校着手在完善湖北中医学院试用教材《中医药专业英语》的基础上,协力合编一部新的教科书。因此,可以说这部教科书,在一定程度上汇集了来自这五所院校的编者们的中医药专业英语的教学经验及学术研究成果。

本教科书由中医基本理论、中医临床会话和中医药应用文写作三部分组成。在本书的帮助下,学习者将能掌握和应用常见中医药术语、词组、句型的准确英语表达。他们也将学会在具体的中医诊疗场合下适当的英语对话,培养自己流畅而正确地写作、翻译中医药应用文的能力。附于本书末的是第一部分课文的汉语译文和依据英语字母顺序排列的常用中医药术语表。可以期待,成功地完成本课程的教学后,学习者将能获得从事中医药对外交流的必要能力。本教材的授课以60至80学时为宜,各部分内容的课时分配则要视学生专业而定,例如,医学专业学生第二部分的课时可多一些,药学专业第三部分的课时应适当增加。

开设本课程和编写本教材都是在五所院校行政领导的指导和支持下进行的。感谢来自美国的教育学硕士、整体医学教育家霍莉·豪斯女士,她对本书原稿的语言及中医药专业术语的英译进行了必要的修改。为了本书能如此顺利的出版,我们也要感谢人民卫生出版社及本书的责任编辑李燕萍女士。此外,我们还要感谢那些其著作被本书部分地引用过的学者,其中,引用较多的书籍有:

汉英医学大词典, 人民卫生出版社1987年出版;

临床会话, 高等教育出版社1991年出版;

汉英中医药分类词典, 科学出版社1994年出版;

中医基础理论，武汉大学出版社 1996 年出版；

汉英双解中医大辞典，人民卫生出版社 1997 年出版。

鉴于中医药的英语翻译尚无公认的标准，而我们的教学实践仍然处于初期阶段。本书可能存在某些缺点或错误。因此，热诚欢迎任何建设性的批评和建议，以有助于我们进一步改进和修订。

成肇智

写于 1999 年 10 月

Preface

In keeping with our country's policy of reform and opening to the world, information regarding the value and advantages of traditional Chinese medicine (abbreviated TCM) has been generously shared and is gradually being recognized by foreign countries and the international medical circle. There is presently a worldwide surge of studying and applying TCM in the making. Facing an inevitable trend of modernization and internationalization of TCM, the undergraduates presently studying in the TCM universities who will work in the 21st Century must have a good command of foreign languages, especially English. They would then have the ability to participate in professional exchanges with their foreign colleagues. However, it is not enough for them to study only common English, because the English used in TCM differs considerably from that used in modern Western medicine. TCM employs many of its own unique terms and English expressions. Consequently, most graduates or even postgraduates of the TCM universities have been unable to read, write, and translate TCM papers in English without difficulty, even though they have passed the examination of CEB 6. For this reason, we have decided to invest our time and effort to design a unique and practical course in TCM Specialized English.

For the last three years, Hubei College of TCM and some others of the same kind initially have taught the course TCM Specialized English to the senior undergraduates and postgraduates, and the teaching results are extremely satisfactory. In order to further enhance the depth and relevance of the course, the TCM colleges and universities of Hubei, Nanjing, Guangxi, Liaoning and Chengdu have together set about compiling a new textbook based on revision of the trial edition of Specialized English for Traditional Chinese Medicine written by Hubei College of TCM. So this text book perhaps collects the teaching experiences and the related learned research achievements of TCM specialized English obtained by the compilers coming from the five units to a certain extent.

The textbook consists of three parts, namely, TCM Basic Theory, TCM Clinical Conversations, and TCM Practical Writing Guide. With the aid of this book, the learners will be able to grasp and employ the precise English expressions of commonly used TCM terms, phrases, and sentences. They will also learn the appropriate English dialogues used in the specific TCM diagnosing-treating and develop the ability to write and translate TCM practical writings smoothly and accurately. Attached to the end of the

book is the Chinese translations of the text in part one and the vocabulary of TCM seen in this book according to the order of letters of the English alphabet. It is suggested that the textbook should be taught in 60 or 80 teaching hours, and the time of each part of the text will be decided according to the students' specialties. For example, the students in medical specialty should take much time to study the second part, whereas those in pharmacological specialty would have much time to study the third part. It can be expected that the learners will gain the necessary competence for engaging in TCM foreign exchanges after successfully completing the course.

Both teaching the course and compiling this book have come under the guidance and support of the administration of the five colleges and universities. Acknowledgment should be given to Ms. Holly Howes, M. Ed. and holistic health educator from the United States, for her work on the revision of the manuscript of the book for both language and English TCM terminology. We also are grateful to the People's Medical Publishing House as well as the executive editor, Ms. Li Yan-ping, for such a smooth publication of the book. In addition, we would like to thank the scholars whose works are partially quoted in this textbook. The reference books most frequently quoted are as follows:

The Chinese-English Medical Dictionary, published by The People's Medical Publishing House in 1987;

Clinical Dialogue, published by Higher Education Press in 1991;

Chinese-English Classified Dictionary of Traditional Chinese Medicine and Pharmacology, published by Science Press in 1994;

The Basic Theories of Traditional Chinese Medicine, published by Wuhan University Press in 1996;

Chinese-English Dictionary of Traditional Chinese Medicine, published by The People's Medical Publishing House in 1997.

Since the English translation of TCM does not have a universally accepted standard yet and our teaching practice is still in an initial stage, there may be some oversights or errors in the textbook. Therefore, any constructive criticism and suggestions would be warmly welcome, as they will assist us with further improvement and revision.

Professor Cheng Zhao-zhi
September, 1999

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Part 1 TCM Basic Theory

Section 1 An Introduction to Traditional Chinese Medicine

1.1 What is TCM

Traditional Chinese Medicine, abbreviated to TCM, is a scientific summary of the rich experiences of the Chinese nation's struggle against disease for thousands of years. It is one of the oldest and strongest traditional medical systems in the history of the world. Deeply influenced by the thoughts of ancient Chinese philosophy and culture, TCM applies dialectical thinking to research on the laws of a human being's life activities from a macroscopic and systematic point of view. Over the course of many centuries, TCM has gradually formed a unique theoretical system and diagnosing-treating techniques, which have made an indelible and substantial contribution to both the health and prosperity of the Chinese people. Therefore, Chairman Mao Ze-dong said, "Traditional Chinese Medicine is a great treasure-house and should be explored and improved diligently." As a result of its distinctly Oriental style and remarkable therapeutic effect, TCM has not only enjoyed an excellent reputation in China and Eastern Asia, but also in the rest of the world. It is expected that TCM will play a more and more important role by contributing to the health and longevity of mankind in the twenty-first century.

1.2 Concise history of TCM

The origin of TCM may be traced back to remote antiquity, but it is universally acknowledged that TCM theory was formally recorded from the time of the Warring States to the Qin and Han Dynasties, or from approximately the 5th century BC to the 2nd century AD. During that period, the four great classics of TCM, i. e., Huangdi Neijing (The Yellow Emperor's Internal Canon of Medicine), Nanjing (Classic on Medical Problems), Shanghan Zabing Lun (Treatise on Exogenous Febrile and Miscellaneous Diseases), and Shennong Bencao Jing (Shennong's Herbal Classic) were written. Their creation marked the establishment of the TCM theoretical system. Huangdi Neijing, abbreviated to Neijing, is the first medical classic extant in China, and was later issued in the form of two books, Suwen (Inquiring into the Origin of Life and Disease) and Lingshu (The Efficacious Pivot for Acupuncture). The former chiefly discusses the

basic laws of the human body's normal and abnormal life activities, while the latter mainly elucidates the doctrine of the meridian, as well as the essential techniques of acupuncture and moxibustion. Nanjing provides some explanations and makes additional remarks on the more difficult and complicated topics in Neijing and the other ancient medical works. Shanghan Zabing Lun is an immortal masterpiece of TCM clinical medicine, which was written by Zhang Ji, an outstanding physician of the Eastern Han Dynasty. It was later revised and divided into two works, Shanghan Lun (Treatise on Exogenous Febrile Diseases) and Jinkui Yaolue (Synopsis of Prescriptions in the Golden Chamber). The former elaborates on the diagnostic and therapeutic principles and methods of exogenous febrile diseases using the system of Six Meridians, and the latter outlines the main clinical points of miscellaneous endogenous diseases on the basis of the theory of the Zangfu-organs. Finally, Shennong Bencao Jing is the earliest monograph on materia medica in China, in which the fundamental knowledge of traditional Chinese pharmacy and 365 Chinese drugs are concisely interpreted. These early classics laid a solid foundation for the development of TCM and later improvements in both theory and practice.

The TCM theoretical system has been continuously replenished and developed since the emergence of the four great classics. The Pulse Classic, written by Wang Xi of the Jin Dynasty (c. 300 AD), systematizes the theory of ancient sphygmology. A-B Classic of Acupuncture and Moxibustion, compiled by Huangfu Mi, shows the achievements of acupuncture and moxibustion up to the Jin Dynasty. The General Treatise on the Pathogenesis and Symptoms of All Diseases, compiled by Chao Yuan-fang et al in the Sui Dynasty (c. 600 AD), is the earliest TCM monograph on pathology and symptomatology. The Newly Revised Materia Medica, edited by Su Jing et al in the Tang Dynasty (c. 600-900 AD), is thought of as the first pharmacopoeia in China, as well as in the world. Prescriptions Worth a Thousand Gold, written by Sun Si-miao, and The Medical Secrets of an Official, compiled by Wang Tao, are both examples of great comprehensive medical literature published during the Tang Dynasty. In the Song Dynasty (c. 900-1200 AD), Key to Diagnostics and Therapeutics of Children's Diseases, written by Qian Yi, and The Complete Effective Prescriptions for Women, written by Chen Zi-ming, are the important works on TCM pediatrics and gynecology/obstetrics respectively.

There had been many academic arguments among the various TCM schools during the Jin, Yuan, Ming, and Qing Dynasties (c. 1200-1900 AD). For example, Liu Wan-su stressed the pathogenesis of fire-heat and usually used the cold-cool drugs and recipes. Zhang Cong-zheng advocated the expelling pathogens through diaphoresis, emesis, and purgation to treat diseases. Li Gao held, "Most diseases result from impair-

ment of the spleen and stomach", and thus promoted tonifying the spleen and stomach to reinforce Qi and elevate Yang. Zhu Zhen-heng expressed the viewpoint that Yang is ever in excess while Yin is ever in deficiency and emphasized the method of nourishing Yin to subdue pathogenic fire. These four physicians were later named "four great medical specialists in the Jin and Yuan Dynasties", and their academic schools are respectively called the "Cold-cool School", the "Expelling Pathogen School", the "Strengthening the Earth School", and the "Nourishing Yin School". In addition, there were two famous medical schools during the Ming and Qing Dynasties (c. 1400-1900 AD), namely the "Warming-tonifying School", which regarded Zhang Jie-bin and Zhao Xian-ke as the representative figures; and the "Epidemic Febrile Disease School" which took Wu You-xing and Ye Gui as its leading experts. It should be pointed out that the Compendium of Materia Medica, written by Li Shi-zhen, is a comprehensive summarization of Chinese pharmacology prior to the 17th century that had a profound and lasting influence upon the pharmacological circle of China and even the rest of the world. TCM, however, underwent a period of decline following the last phase of the Qing Dynasty (c. 1900AD). Fortunately, it received vigorous rejuvenation and further enhancement under the direction of the government after the founding of the People's Republic of China in 1949.

1.3 Basic features of TCM

Drawing upon the nature of the society and culture of ancient China, TCM possesses its own unique features in all aspects of its theory and practice in comparison with western medicine and other Oriental medicines. Generally speaking, TCM is mainly characterized by the concept of holism and Bianzheng Lunzhi.

Holism is a philosophical viewpoint, which emphasizes the unity and integrity of a thing. The scholars of ancient China applied it to understand and research life activities of human beings. They thought highly of the human body's unity and integrity, as well as the connection between man and his external environment.

The concept of holism in TCM involves two main ideas: the human body as an indivisible organic whole, and its a close connection with the environment. First, TCM believes that the human body's vital activities take the five Zang-organs as their core. Due to various functional and material relationships, they link the six Fu-organs, five body constituents, five sense organs, nine orifices, four limbs, and trunk to form an organic whole. The united and harmonious life activities of the entire body can be performed because of the dominant actions of the five Zang-organs upon the essence, Qi, and mind. Consequently, any local disorder of the body would be considered in light of the pathological changes of the whole body, especially the five Zang-organs. Therapeu-

tically, TCM eliminates local therapies aimed at partial pathology as in, "giving only analgesic for pain regardless of the general pathogenesis of a patient". TCM advocates treatment based on the condition of the human body as an organic whole. For example, an illness of the ear such as tinnitus and deafness, is often seen as the manifestation of a deficiency of the kidney-essence or damp-heat in the liver and gallbladder instead of as a local disorder of the ear. A satisfactory effect can be gained by complementing the kidney-essence or removing damp-heat from the liver and gallbladder.

Meanwhile, the natural and social environments, which affect the human body's vital activities in multiple ways, must also be considered. The occurrence, development, and final outcome of the human body's diseases are closely related to changes in the environment. For instance, abnormal climates, unfavorable geographical surroundings, violent social upheaval, worsening economy, descending living standards, meeting with misfortune, and so on, all can lead to the occurrence or aggravation of illness. Any of these events can bring on dysfunction of the Zangfu-organs and meridians, which would cause impairment of both the body and mind. For this reason, TCM diagnosis and treatment always gives careful consideration to the influences from both the natural and social environments.

Bianzheng Lunzhi, abbreviated as BZLZ, is thought of as the chief principle for recognizing and managing disease in TCM, and it also reflects the fundamental law of TCM clinical practice. So-called "Bianzheng" refers to differentiating and analyzing all the clinical presentations as evidenced by the symptoms and signs in order to ascertain the pathogenesis of a disease. This information is collected through the four examination techniques of TCM, which are looking, listening-smelling, asking, and palpating. The pathogenesis, which is the chief conclusion of TCM diagnosis, consists mainly of the pathogen, nature, position, and tendency of a disease at its present stage. So-called "Lunzhi" signifies determining an appropriate therapeutic principle and method according to the conclusion of "Bianzheng", i. e., aiming at the pathogenesis. Therefore, "Bianzheng" is to ascertain the pathogenesis, and "Lunzhi" is to treat based upon the pathogenesis. Thus the pathogenesis is a key link in the TCM diagnosing-treating process, and the crux of "Bianzheng Lunzhi" may be expressed concisely as "treatment aimed at the pathogenesis ascertained".

Bianzheng Lunzhi is different from both the symptomatic treatment and the etiologic treatment. It may be shown that the same disease can be treated with different therapeutic rules due to different pathogeneses appearing in the same disease, and different diseases can be treated with the same therapeutic rule due to the same pathogenesis occurring in different diseases. For example, three patients may be suffering from peptic ulcer but are diagnosed to have three different pathogeneses. The first may have defi-

ciency-cold of the spleen-stomach, the second damp-heat accumulated in the stomach, and the third depressed liver-Qi attacking the stomach. The first should be treated by warming-strengthening the spleen-stomach, the second by eliminating damp-heat from the stomach, and the third by smoothing the liver-Qi to normalize the stomach. Three other patients contracting lumbago, edema, and diarrhea but having an identical pathogenesis of insufficiency of the kidney-Yang, should all be treated with warming-invigorating the kidney-Yang. It is therefore clear that Bianzheng Lunzhi requires a TCM physician to keep the clinical presentations, pathogenesis, therapeutic rule, and prescription consistent while diagnosing and treating disease. This is one of the major aspects of TCM basic theory.

Word list

- | | |
|--------------------------|------------------------------|
| 1. abbreviate v. 缩写 | 2. macroscopic adj. 宏观的 |
| 3. indelible adj. 不可磨灭的 | 4. reputation n. 声誉, 声望 |
| 5. longevity n. 长寿 | 6. antiquity n. 古代 |
| 7. classics n. 经典著作 | 8. canon n. 准则, 圣经 |
| 9. exogenous n. 外感的 | 10. miscellaneous adj. 混杂的 |
| 11. herbal adj. 草本的, 本草的 | 12. extant adj. 现存的 |
| 13. acupuncture n. 针刺疗法 | 14. moxibustion n. 艾灸 |
| 15. immortal adj. 永垂不朽的 | 16. masterpiece n. 杰作 |
| 17. synopsis n. 概略 | 18. chamber n. 密室 |
| 19. endogenous adj. 内生的 | 20. meridian n. 经络 |
| 21. Zangfu-organs n. 脏腑 | 22. sphygmology n. 脉学 |
| 23. pathogenesis n. 病机 | 24. symptomatology n. 证候学 |
| 25. pharmacopoeia n. 药典 | 26. pediatrics n. 儿科学 |
| 27. gynecology n. 妇科学 | 28. obstetrics n. 产科学 |
| 29. diaphoresis n. 发汗 | 30. emesis n. 涌吐 |
| 31. purgation n. 泻下 | 32. rejuvenation n. 振兴, 复活 |
| 33. holism n. 整体论 | 34. analgesic n. 止痛剂 |
| 35. tinnitus n. 耳鸣 | 36. upheaval n. 动乱 |
| 37. pathogen n. 病邪 | 38. crux n. 关键, 要领 |
| 39. tonify v. 补养 | 40. peptic adj. 消化性的 |
| 41. lumbago n. 腰痛 | 42. edema n. 水肿 |
| 43. diarrhea n. 泄泻 | 44. consistent adj. 一致的, 连贯的 |

Notes

1. traditional Chinese medicine (TCM) 中医学。有时为了强调中药学的内涵,

也可译成 traditional Chinese medicine and pharmacy。

2. dialectical thinking 辩证思维。
3. distinctly Oriental style 典型的东方风格(东方特色)。
4. the Warring States 战国,指秦朝以前的战国时期。
5. Huangdi Neijing 黄帝内经,简称内经。
6. Nanjing 难经。
7. Shanghan Zabing Lun 伤寒杂病论。
8. Shennong's Herbal Classic 神农本草经。
9. TCM theoretical system 中医学理论体系。
10. Suwen 素问。
11. Lingshu 灵枢(经)。
12. exogenous febrile diseases 外感热病,即广义的伤寒病。
13. Jingkui Yaolue 金匱要略。
13. endogenous miscellaneous diseases 内伤杂病。
14. materia medica 药学。
15. The Pulse Classic 脉经。
16. A-B Classic of Acupuncture and Moxibustion 针灸甲乙经。
17. General Treatise on the Pathogeneses and Symptoms of All Diseases 诸病源候论。
18. Newly Revised Materia Medica 新修本草。
19. The Prescriptions Worth a Thousand Gold 千金方。
20. The Medical Secretes of an Official 外台秘要。
21. Key to Diagnostics and Therapeutics of Children's Diseases 小儿药证直诀
22. The Complete Effective Prescriptions for Women 妇人大全良方。
23. reinforce Qi and elevate Yang 益气升阳。
24. Yang is ever in excess while Yin is ever in deficiency 阳常有余而阴常不足。
25. four major medical specialists in the Jin and Yuan Dynasties 金元四大家。
26. epidemic febrile diseases 温病(温热病)。
27. Compendium of Materia Medica 本草纲目。
28. conception of holism 整体观念。
29. Bianzheng Lunzhi 辨证论治。
30. think highly of 重视,很看重。
31. the human body's vital activities take the five Zang-organs as their core 人体的生命活动以五脏为核心。
32. the six Fu-organs 六腑。
33. the five sense organs and nine orifices 五官九窍。
34. essence, Qi and mind 精、气和神。