

■ 大学英语应用提高阶段专业英语系列教材

■ 总主编 方廷钰 丁年青

新世纪 中医英语教程 下册 (学生用书)

New Century TCM English Course Book 2 Student's Book

主 编 施蕴中



上海外语教育出版社
SHANGHAI FOREIGN LANGUAGE EDUCATION PRESS

- 责任编辑 陶 怡
- 封面设计 高德荣

随着我国加入世贸组织，经济全球化的进程日益加快，国际间的文化、学术交流日趋频繁。中医药学作为世界医学宝库的一个重要组成部分，得到了世界各国的广泛认可和推崇。为了加快中医药学走向世界的进程，培养更多既懂中医又懂中医英语的人才，中华中医药学会翻译分会组织了国内十余所中医药院校的中医英语专家、教授，花了三年多时间编写成了这本《新世纪中医英语教程》，供中医院校大学三年级学生或研究生使用。

本书具有如下特点：

内容丰富，涉及面广

内容覆盖主要的中医理论和临床实践，包括阴阳五行、脏腑、气血津液、治则治法、诊断、中药、方剂、针灸、推拿等。

语言地道，文体多样

为保证语言质量，本教程的全部课文均为英美学者的原文；课文包括多种文体，有论文、新闻采访、演讲、记叙文等。

安排合理，难度适宜

本书分为上下两册，每册均自成系统，教师可以根据自己的实际情况合理灵活地安排教学。每个单元包含有课文、补充读物、听力材料各一篇以及各种练习，所列词汇基本基于《大学英语教学大纲词汇表》(2000)四级词汇以上。

**新世纪
中医英语教程** 下册
(学生用书)
**New Century
TCM English Course
Book 2** Student's Book

ISBN 7-81095-928-X



9 787810 959285 >

定价：16.00 元

■ 大学英语应用提高阶段专业英语系列教材

■ 总主编 方延钰 丁年青

新世纪 中医英语教程 (下册) (学生用书)

New Century TCM English Course Book 2 Student's Book

主 编 施蕴中
副主编 黄月中 徐海女
编 者 (按姓名汉语拼音顺序排列)
范 波 彭爱和 万静然
吴让科 许 静 寻建英
张登峰 张 继 张 欣
审 校 李红时

图书在版编目(CIP)数据

新世纪中医英语教程. 下册, 学生用书 / 施蕴中主编.

—上海: 上海外语教育出版社, 2006

(大学英语应用提高阶段专业英语系列教材)

ISBN 7-81095-928-X

I. 新… II. 施… III. 中医学-英语-中医学院
-教材 IV. H31

中国版本图书馆 CIP 数据核字(2005)第 155970 号

出版发行: 上海外语教育出版社

(上海外国语大学内) 邮编: 200083

电 话: 021-65425300 (总机)

电子邮箱: bookinfo@sflep.com.cn

网 址: <http://www.sflep.com.cn> <http://www.sflep.com>

责任编辑: 陶 怡

印 刷: 上海市印刷四厂

经 销: 新华书店上海发行所

开 本: 787×960 1/16 印张 11.5 字数 253 千字

版 次: 2006 年 2 月第 1 版 2006 年 2 月第 1 次印刷

印 数: 5 000 册

书 号: ISBN 7-81095-928-X / H · 361

定 价: 16.00 元

本版图书如有印装质量问题, 可向本社调换

《新世纪中医英语教程》编委会名单

编委会主任：谢建群(上海中医药大学)

(中华中医药学会翻译分会主任委员)

编委会副主任：丁年青(上海中医药大学)

(中华中医药学会翻译分会副主任委员兼秘书长)

方廷钰(北京中医药大学)

(中华中医药学会翻译分会副主任委员)

编委会成员：(按姓名汉语拼音顺序排列)

陈葆蓉(河南中医学院)

陈 峰(北京中医药大学)

范 波(云南中医学院)

黄嘉陵(成都中医药大学)

黄国琪(上海中医药大学)

黄月中(广州中医药大学)

李 磊(浙江中医学院)

彭爱和(湖南中医学院)

施蕴中(南京中医药大学)

吴让科(南方医科大学)

徐海女(南京中医药大学)

寻建英(山东中医药大学)

张登峰(陕西中医学院)

李红时(上海水产大学)[特邀]

前言

随着我国加入世贸组织,经济全球化的进程日益加快,国际间的文化、学术交流日益频繁,中医药作为世界医学宝库的一个重要组成部分,得到了世界各国的广泛认可和推崇。世界卫生组织早就意识到中国传统医学在防病治病中所发挥的重要作用,并不遗余力地将其推广。近年来,包括美国在内的以现代医学为主流的发达国家,也逐步认识到中国传统医学在世界医疗保健事业中的作用,针灸已为许多国家所了解和认识,并纳入医疗保险的范畴。

为使中医学能够更快地为西方社会所了解和认识,让中医学在国际卫生保健事业中发挥更大的作用,打通语言壁垒已成当务之急。改革开放以来,国内出版界出版了不少中医英语教材,为大学中医英语教学做出了一定的贡献。为了加速中医药走向世界的进程,培养更多既懂中医又懂中医英语的人才,中华中医药学会翻译分会组织了国内十余所中医药院校中医英语专家、教授,花了三年多时间编写出了这部《新世纪中医英语教程》,供中医院校大学三年级学生或研究生使用。

本书具备以下特点:

1. 内容力图覆盖主要的中医理论和临床实践,包括阴阳五行、脏腑、气血津液、病因、病机、辨证施治、治则治法、诊断、中药、方剂、针灸、推拿、太极拳和安全用药等。
2. 为保证语言质量,本教程的全部素材选自英美学者的原文,文体力求多样化,包括论文、采访、演讲、新闻、公文、记叙文等。
3. 由于中医英语形成的历史较短,尚有许多不确定因素,本书力图反映这一事实,有意识地保留了一些同一内容的多种翻译,以便学生在学习时能够辨别其译文的优劣。所以在使用本书时,要用有所鉴别的眼光看待译文,将课堂教学与课外资料的运用结合起来,以调动学生学习的主动性。
4. 本书分上下两册,各自自成系统,教师可以根据自己的教学时间以及实际情况合理地安排教学。每个单元配有课文、补充阅读、听力材料各一篇以及各种练习。听力还配有录音磁带。
5. 本册词汇表中用▲表示《大学英语教学大纲词汇表》(2000年)所列六级词汇,*为《大学英语教学大纲词汇表》(2000年)所列四级词汇。总词汇表中所标的(1A)表示本词汇出自第一单元的课文;(2B)表示出自第二单元的补充阅读;而(3C)则出自第三单元的听力材料。
6. 本书配有《教师用书》,供教学参考使用。

特别需要说明的是,本书仅是一本中医英语语言教材,不是中医教材,切不可把文中涉及的中医理论、临床实践作为诊断和治疗疾病的根据。编写中难免有不当或错误之处,敬请使用本书的读者批评指正。

编者

Contents

UNIT ONE Perspectives on Traditional Chinese Medicine 1

Text: Traditional Medicine (TM) and Complementary and Alternative Medicine (CAM)

Supplementary Reading: Metamorphosis of Chinese Herbal Medicine

Spot Dictation: My Experience at a Chinese Hospital

UNIT TWO Acupuncture(2) 17

Text: An Interview on Acupuncture

Supplementary Reading: ABC of Acupuncture

Spot Dictation: Research Evidence and Safety of Acupuncture

UNIT THREE Massage 33

Text: Massage Therapies

Supplementary Reading: Learning Some Techniques of Massage

Spot Dictation: The Great Value of Touch

UNIT FOUR Tai Chi Chuan 47

Text: The Gentle Way to Fitness

Supplementary Reading: Fitness for Old People and Tai Chi Chuan

Spot Dictation: Tai Chi Chuan: Effects on Blood Pressure

UNIT FIVE Formula and Preparation Form 61

Text: Composition of Formulas

Supplementary Reading: Preparation Forms of Formula

Spot Dictation: Formula Modification

UNIT SIX Herbal Medicine 76

Text: Properties and Actions of Chinese Herbal Medicine

Supplementary Reading: Prepared Medicine

Spot Dictation: Description of Medicinal Plants

UNIT SEVEN SARS and Traditional Chinese Medicine 90

Text: Diagnosis and Treatment Strategies of SARS

Supplementary Reading: Prevention and Treatment of SARS by Traditional
Chinese Medicine

Spot Dictation: Chinese Medicine Plays an Important Role

UNIT EIGHT Malaria and Artemisia 105

Text: Malaria and Artemisinin

Supplementary Reading: Artemisinin

Spot Dictation: Malaria Facts

UNIT NINE Safety of Traditional Chinese Medicine 120

Text: Safe Use of Herbal Medicine

Supplementary Reading: Prohibiting Sale of Ephedra-Containing Dietary Supplements

Spot Dictation: News: Chinese Medicines for Slimming Cause Health Problems

UNIT TEN Battling Pain 136

Text: Battling Back Pain

Supplementary Reading: Pattern Differentiation of Lumbago and Herbal Therapy
for Pain

Spot Dictation: Lower Back Pain

附录 1 总词汇表 149

附录 2 中医药词汇索引 170

UNIT ONE

Perspectives on Traditional Chinese Medicine

Warm-Up

Directions: Search the Internet, academic journals and monographs for information on differences between traditional Chinese medicine and biomedicine. In class, work in pairs for five minutes. Tell each other what you think are the major differences between traditional Chinese medicine and biomedical medicine. List at least three differences you know. Then give a report in your class. You may compare, for example, the ways to make diagnoses, the therapies to deal with a medical condition, the philosophies guiding the practice, herbs used to treat patients, and the features of the terms used in both systems of medicines.

Introduction

Traditional Chinese medicine (TCM) has a history of thousands of years, during which it has absorbed nutrition from different systems of medicines in the world. Nowadays with social and economic development, it is even more important for TCM to communicate with other medicines in the world so that it can benefit the Chinese people and people all over the world. In this Unit, you are going to learn about traditional Chinese medicine as it is seen from different perspectives. Try to understand the message, reflect on it, and also observe how some TCM terms are given in the English language.

Text

Traditional Medicine⁽¹⁾ (TM) and Complementary and Alternative Medicine⁽²⁾ (CAM)

What Is Traditional Medicine?

“Traditional medicine” is a comprehensive term used to refer both to TM systems such as traditional Chinese medicine, **Indian ayurveda and Arabic unani medicine**¹, and to various forms of **indigenous medicine**⁽³⁾. TM therapies include **medication therapies**⁽⁴⁾ — if they involve use of herbal medicines, animal parts and/or minerals — and nonmedication therapies — if they are carried out primarily without the use of medication, as in the case of acupuncture, **manual therapies**² and **spiritual therapies**³. In countries where the dominant health care system is based on **allopathic medicine**⁽⁵⁾, or where TM has not been incorporated into the **national health care system**⁽⁶⁾, TM is often termed “complementary,” “alternative” or “non-conventional” medicine⁵⁽⁷⁾.

Widespread and growing use

TM is widely used and of rapidly growing health system and economic importance. In Africa up to 80% of the population uses TM to help meet their **health care**⁽⁸⁾ needs. In Asia and Latin America, populations continue to use TM as a result of historical circumstances and cultural beliefs. In China, TM accounts for around 40% of all health care delivered.

Meanwhile, in many developed countries, CAM is becoming more and more popular. The percentage of the population which has used CAM at least once is 48% in Australia, 70% in Canada, 42% in USA, 38% in Belgium and 75% in France.

In many parts of the world expenditure on TM/CAM is not only significant, but growing rapidly. In Malaysia, an estimated US \$500 million is spent annually on this type of health care, compared to about US \$300 million on allopathic medicine. In the USA, total 1997 out-of-pocket CAM expenditure was estimated at US \$2,700 million. In Australia, Canada and the United Kingdom, annual CAM expenditure is estimated at US \$80 million, US \$2,400 million and US \$2,300 million respectively.

Uncritical enthusiasm versus uninformed skepticism

Many TM/CAM providers seek continued — or increased — recognition and support for

their field. At the same time, many allopathic medicine professionals, even those in countries with a strong history of TM, express strong reservations and often frank disbelief about the purported benefits of TM/CAM. Regulators wrestle with questions of safety and efficacy of traditional herbal medicines, while many industry groups and consumers resist any health policy developments that could limit access to TM/CAM therapies. Reports of powerful immunostimulant effects for some traditional medicines raise hope among HIV-infected individuals, but others worry that the use of such “cures” will mislead people living with HIV/AIDS and delay treatment with “proven” therapies.

So together with the growing use of TM/CAM, demand has grown for evidence on the safety, efficacy and quality of TM/CAM products and practices. Interestingly, much of the scientific literature for TM/CAM uses methodologies comparable to those used to support many modern surgical procedures: individual case reports and patient series, with no control or even comparison group. Nevertheless, scientific evidence from randomized clinical trials is strong for many uses of acupuncture, for some herbal medicines, and for some of the manual therapies.

In general, however, increased use of TM/CAM has not been accompanied by an increase in the quantity, quality and accessibility of clinical evidence to support TM/CAM claims.

Challenges in developing TM/CAM potential

To maximize the potential of TM/CAM as a source of health care, a number of issues must first be tackled. They relate to: policy; safety, efficacy and quality; access; and rational use.

Policy: basis of sound action in TM/CAM

Relatively few countries have developed a policy on TM and/or CAM — only 25 of WHO’s 191 Member States. Yet such a policy provides a sound basis for defining the role of TM/CAM in national health care delivery, ensuring that the necessary regulatory and legal mechanisms are created for promoting and maintaining good practice, that access is equitable, and that the **authenticity, safety and efficacy**⁽⁹⁾ of therapies are assured. It can also help to ensure sufficient provision of financial resources for research, education and training.

In fact, many developed countries are now seeing that CAM issues concerning safety and quality, licensing of providers and standards of training, and priorities for research, can best be tackled within a national policy framework. The need for a national policy is most urgent, however, in those developing countries where TM has not yet been inte-

grated into the national health care system, even though much of their population depends on TM for health care.

An increased number of national policies **would have the added benefit of facilitating work on global issues⁶** such as development and implementation of internationally accepted norms and standards for research into safety and efficacy of TM/CAM, **sustainable use of⁽¹⁰⁾** medicinal plants, and protection and equitable use of the knowledge of indigenous and traditional medicine.

Safety, efficacy and quality: crucial to extending TM/CAM care

TM/CAM practices have developed within different cultures in different regions. So there has been no parallel development of standards and methods — either national or international — for evaluating them.

Evaluation of TM/CAM products is also problematic. This is especially true of herbal medicines, the effectiveness and quality of which can be influenced by numerous factors. Unsurprisingly, research into TM/CAM has been inadequate, resulting in paucity of data and inadequate development of methodology. This in turn has slowed development of regulation and legislation for TM/CAM.

National surveillance systems to monitor and evaluate **adverse events⁽¹¹⁾** are also rare. So although many TM/CAM therapies have promising potential, and are increasingly used, many of them are untested and their use not monitored. As a result, knowledge of their potential side effects is limited. This makes identification of the safest and most effective therapies, and promotion of their rational use more difficult. If TM/CAM is to be promoted as a source of health care, efforts to promote its rational use, and identification of the safest and most effective therapies will be crucial.

Access: making TM/CAM available and affordable

Although many populations in developing countries are reported as depending heavily on TM to help meet their health care needs, precise data are lacking. Quantitative research to ascertain levels of existing access (both financial and geographic), and qualitative research to clarify constraints to extending such access, are called for. The focus should be on treatments for those diseases which represent the greatest burden for poor populations.

Also, if access is to be increased substantially, the natural resource base upon which certain products and therapies depends must be protected. Raw materials for herbal medicines, for instance, are sometimes over-harvested from wild plant populations.

Another major challenge concerns intellectual property and patent rights. The eco-

conomic benefits that can accrue from large-scale application of TM knowledge can be substantial. Questions about how best these benefits can be shared between innovators and the holders of TM knowledge have not yet been resolved though.

Rational use: ensuring appropriateness and cost-effectiveness

Rational use of TM/CAM has many aspects, including: qualification and licensing of providers; proper use of products of assured quality; good communication between TM/CAM providers, allopathic practitioners and patients; and provision of scientific information and guidance for the public.

Challenges in education and training are at least twofold. Firstly, ensuring that the knowledge, qualifications and training of TM/CAM providers are adequate. Secondly, using training to ensure that TM/CAM providers and allopathic practitioners understand and appreciate the complementarity of the types of health care they offer.

Proper use of products of assured quality could also do much to reduce risks associated with TM/CAM products such as herbal medicines. However, regulation and registration of herbal medicines are not well developed in most countries, and the quality of herbal products sold is generally not guaranteed.

More work is also needed to raise awareness of when use of TM/CAM is appropriate (and cost-effective) and when it is not advised, and why care should be taken when using TM/CAM products.

(1,284 words)

(Taken from *WHO Traditional Medicine Strategy 2002 – 2005*.)

New Words

indigenous /ɪnˈdɪdʒɪnəs/ *adj.* belonging naturally (to a place), native 本地的, 土产的, 土生土长的

* **therapy** /ˈθerəpi/ *n.* 治疗, 疗法

medication /ˌmedɪˈkeɪʃən/ *n.* 药物治疗

allopathic /æləˈpæθɪk/ *adj.* of or relating to the practice of allopathy 对抗疗法的, 对抗医学的

▲ **incorporate (into)** /ɪnˈkɔːpəreɪt/ *v.* to make something part of a whole, include 合并, 包含, 纳入

complementary /ˌkɒmplɪmentəri/ *adj.* combining well to form a balanced whole 互补的

▲ **expenditure** /ɪk'spendɪtʃə/ *n.* 花费

annually /ˈænjʊəli/ *adv.* yearly, happening every year 每年地

uncritical /ˌʌnˈkrɪtɪkəl/ *adj.* without judging whether something is right or wrong 不加批判的, 不加鉴别的

▲ **versus** /vɜːsəs/ *prep.* (*Latin*) = vs. against (sb./sth.) 对, 相对于

skepticism /ˈskeptɪsɪzəm/ *n.* 怀疑(的态度), 怀疑主义

purported /pəˈpɔːtəd/ *adj.* (only before noun, *formal*) said by some people to be real or true, but not proved to be real or true 声称的, 伪称的

wrestle (with) /ˈresl/ *v.* to struggle to deal with or overcome something 奋力对付

efficacy /ˈefɪkəsi/ *n.* 功效, (药的)效力, 效能

immunostimulant /ˌɪmjʊnəʊstɪmjələnt/ *adj.* stimulating an immune response 增强免疫力的, 提高免疫力的

HIV /etʃ aɪ ˈviː/ *n.* 人类免疫缺损病毒, 艾滋病病毒

surgical /sɜːdʒɪkəl/ *adj.* of, by or for surgery 外科的, 外科手术的

randomize /ˈrændəmaɪz/ *v.* to choose people or things for a test or experiment in a random way 随机取样

maximize /ˈmæksɪmaɪz/ *vt.* to make something as large as possible 使增加到最大限度

regulatory /ˈregjʊlətəri/ *adj.* controlled by rule 管理的

equitable /ˈekwɪtəbl/ *adj.* fair and just, reasonable 公正的, 合理的

authenticity /ɔːθenˈtɪsəti/ *n.* 真实性, 可靠性, 地道

▲ **facilitate** /fəˈsɪlɪteɪt/ *v.* to make something easy or less important 使(某事物)容易或困难较少

implementation /ˌɪmplɪmenˈteɪʃən/ *n.* 实施, 执行

sustainable /səˈsteɪnəbl/ *adj.* capable of continuing for a long time at the same level 可持续(发展/使用/……)的

problematic /ˌprɒbləˈmætɪk/ *adj.* involving or causing problems 有问题的, 存在问题的

unsurprisingly /ˌʌnsəˈpraɪzɪŋli/ *adv.* in a way that you expected 不出所料

inadequate /ɪnəˈdɪkwɪt/ *adj.* not enough or not good enough for a particular purpose 不充分的, 不足的

paucity (of) /ˈpɔːsəti/ *n.* 缺乏

▲ **adverse** /ədˈvɜːs/ *adj.* negative, unpleasant, or harmful 不利的, 有害的

▲ **promising** /ˈprɒmɪsɪŋ/ *adj.* likely to be successful or very good 有前途的, 有希望的, 大有可为的

identification /aɪˌdentɪfɪˈkeɪʃən/ *n.* 识别, 验明, 确认

affordable /əfɔːdəbl/ *adj.* able to do something with enough money, time, space, etc. for a specified purpose 买得起的, 负担得起的

lacking /ˈlækɪŋ/ *adj.* (never before noun) not existing or not available 缺少的, 不足的, 没有的

▲ **quantitative** /ˈkwɒntɪtətɪv/ *adj.* (*formal*) involving amount, or involving measuring things as amount 数量的

▲ **ascertain** /æsəˈteɪn/ *v.* to discover something so that one is certain, get to know 查明, 弄清, 确定

geographic /dʒɪˈɒɡræfɪk/ *adj.* relating to an area or place, or its geography 地理的, 地区的

▲ **qualitative** /ˈkwɒlɪtətɪv/ *adj.* (*formal*) of the quality of something 质量的, 关于质量的

constraint /kənˈstreɪnt/ *n.* 约束, 限制

substantially /səbˈstænjəli/ *adv.* by a large amount or degree 大量地, 重大地, 相当数量地

patent /ˈpæʃənt/ *n.* 专利

▲ **accrue** /əˈkruː/ *v.* (*formal*) to gradually increase in amount 逐渐积累

innovator /ˈnəʊveɪtə/ *n.* 革新者, 创新者

holder /ˈhəʊldə/ *n.* 持有者, 拥有者

appropriateness /əˈprəʊpɪrɪtnɪs/ *n.* 适合, 恰当, 相称

cost-effectiveness /kɒst ɪfektɪvnis/ *n.* 成本效益, 花费的有效性

twofold /tuːfəʊld/ *adj.* twice as much or as many, consisting of two parts 两倍的, 有两部分的, 双重的

complementarity /kɒmplɪmentærəti/ *n.* 互补性

Notes

1. Indian ayurveda and Arabic unani medicine: 印度医学和阿拉伯医学。

Indian ayurveda medicine: also called Ayurvedic medicine, a traditional system of medicine from India.

Arabic unani medicine: Unani medicine is ancient Greek medicine that has evolved within the Muslim world for the past 13 centuries. “Unani” is the Arabic word for “Greek.”

2. manual therapies: 手法治疗。

Manual therapies include a host of techniques that focus primarily on bones and

joints, the soft tissues and the circulatory and lymphatic systems. Examples of manual therapies include chiropractic, osteopathic manipulation, and massage therapy. Chinese therapeutic massage, or *tui na*, is also a manual therapy.

3. spiritual therapies: 精神疗法。

4. allopathic medicine: 对抗医学。

It is also called modern medicine, or Western medicine. The term “allopathic” comes from the Greek word *allos* (different) and *pathein* (disease, suffering) and thus implying the use of drugs whose effects are different from those of the disease being treated.

5. “non-conventional” medicine: 非常规医学。

conventional medicine = Western medicine, modern medicine, allopathic medicine 常规医学

6. would have the added benefit of facilitating work on global issues: 将有利于许多全球性问题的解决。

Subject-Related Words and Expressions

In this text, the following phrases are used to express some concepts in traditional Chinese medicine. It is important to note that they are not the only way to translate those terms. How to translate the terms are still under discussion.

1. traditional medicine 传统医学
2. complementary and alternative medicine 补充替代医学
3. indigenous medicine 民间医学
4. medication therapy 药物治疗
5. allopathic medicine 对抗医学
6. the national health care system 国家医疗体系
7. non-conventional medicine 非常规医学
8. health care 医疗保健
9. authenticity, safety and efficacy 地道、安全、有效
10. sustainable use of ... 可持续使用……
11. adverse events 不良反应

Exercises

I. Questions for Discussion

1. How important is TM/CAM? In what aspects can its role be best shown? Give some examples.
2. What are the current attitudes towards TM/CAM?
3. What problems inhibit the further development of TM/CAM at the moment? Which one is the basis according to the author?
4. How tough is the issue of safety, efficacy and quality? Explain.
5. How many of those issues mentioned about TM/CAM apply to traditional Chinese medicine in particular? What is the best solution?

II. Translation

(A) Translate the following sentences into Chinese.

1. "Traditional medicine" is a comprehensive term used to refer both to TM systems such as traditional Chinese medicine, Indian ayurveda and Arabic unani medicine, and to various forms of indigenous medicine.
2. Scientific evidence from randomized clinical trials is strong for many uses of acupuncture, for some herbal medicines, and for some of the manual therapies.
3. An increased number of national policies would have the added benefit of facilitating work on global issues.
4. Quantitative research to ascertain levels of existing access (both financial and geographic), and qualitative research to clarify constraints to extending such access, are called for.
5. Questions about how best these benefits can be shared between innovators and the holders of TM knowledge have not yet been resolved though.

(B) Translate the following sentences into English.

1. 传统医学疗法包括药物治疗(涉及使用植物药、动物药、矿物药)和非药物治疗(基本不使用药物,如针灸、手法、精神疗法)。
2. 在中国,传统医学大约占全部医疗保健服务的 40%。
3. 传统医学/补充替代医学是在不同地区、不同文化中发展而成的。
4. 对传统医学/补充替代医学产品的评价也存在问题。
5. 通过培训使得传统医学/补充替代医学提供者和对抗医学实施者双方都知道并理解,他们所提供的不同医疗手段之间具有互补性。