全国高等中医药院校教材

中医英语

（供中医药类专业用）

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内 容 提 要

本书为全国高等中医药院校中医英语学科教材。中医英语是中医药院校学生的专业外语，是中医药对外交流的主要工具。本书是在总结近年来中医英语在各院校的教学经验和教研成果，以及中医英语自身学术发展的基础上编著而成。书中所选用的课文内容基本上涵盖了中医学基础知识内容，如医学史、阴阳五行和藏象理论、经络学、脉学、中药学、方剂学、中医病案，等等。在课文之后，还附有详细的课文注释和中医英语翻译技巧，课后练习和阅读理解是专为巩固学习效果而设的。全书共 25 课。

本书主要供全国高等中医药院校各专业本科生、研究生作为教材使用，也可作为各院校在中医药对外教学和培训时选用，或作为从事中医英语教学、研究者的参考读物。

前　言

国家教育部颁布的《大学英语教学大纲》及《非英语专业研究生英语教学大纲》规定，大学英语教学分为基础阶段和专业阅读阶段，研究生英语教学包括基础英语和专业英语两部分。就中医药院校来说，专业英语就是中医英语。

从目前的发展来看，培养外向型中医药人才的核心问题就是外语技能的提高，特别是专业外语技能的提高。从这点出发，给中医药院校本科生和研究生开设中医英语课程实为紧迫。正是为了适应这一迫切需要，我们组织编写本教材。

教材不同于普通的英汉对照读物，它是培养专门人才和传授知识的重要工具，因此，在编写本教材过程中，我们参考了一些基础英语教材的体例安排，希望让大部分已习惯于基础英语教学的教师能更好地使用；在内容上，我们根据中医药基础知识的阶梯性，由浅入深，力求将中医基础学科中的大部分术语、习语、句型等在内容中体现出来。此外，本书也有其自身的特点，如在每一课后都安排了 Translation Skill，讲述与该课内容相关的中医英语翻译问题。因为我们认识到中医英语主要是在中医英语翻译研究、探讨的基础上逐步发展起来的，对中医英语的研究实际上就是对中医英语翻译的研究。同样地，要学好中医英语首先就应当学习中医英语翻译的基本理论和方法。在课文之后，我们也安排了大量的翻译和阅读练习，让所学者在学习完课文后能得到巩固提高。

由于中医英语教材的建设刚刚起步，不像其他一些专业课教材那样有现成的内容供参考或改编，一切工作尽在积极探索之中；另外，我们虽也组织出版过不少中医英语读物，但编写中医英语教材却还是第一次，因此必然存在着经验缺乏的一面，纰缪之处在所难免。为此，我们殷切地希望各地的中医英语教学人员和广大读者在使用中进行检验并提出宝贵意见，为进一步修订作准备，使之成为科学性更强、教学效果更好的高等中医药教学用书。

编　者

2002 年 3 月

使 用 说 明

1. 本教材共 25 课，各院校可根据实际情况，并结合大学英语和研究生英语教学大纲关于专业英语教学的要求安排课时计划，进行课堂教学。

2. 课文与翻译技巧部分为主要教学内容，教师可根据课文内容并结合中医英语翻译在国内外的发展实际讲解翻译技巧部分，使学生通过学习能基本掌握中医英语翻译的方法和要求。

3. 课后练习主要是为巩固和提高课文内容和翻译技巧部分所涉及的知识点而设，供学生课后练习之用。教师亦可结合教学实际，有选择性地进行课堂训练和讲解。

4. 阅读理解选自国内外出版的不同专业书刊。为反映中医英语在国内外的发展现状，这部分内容中的名词术语大都依照原文，一般不作改动，供学习时参考。教师在教学中可根据实际情况，对有关术语的翻译作必要的解释说明。

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Lesson One

History of Traditional Chinese Medicine

The early history of China abounds in myths and legends, so is the history of traditional Chinese medicine. Its origin can be traced back to remote antiquity.

Anthropologists tell us that the primitive people all over the earth have practically the same myths, customs, beliefs and superstitions, differing only in unimportant details. Over long period of time human races and racial customs have changed, evolving gradually from a lower and plainer life to a higher and more complex one. Like the primitive folks of other races, the Chinese people in this early stage of existence lived in caves, ate wild fruits, drank animal blood and covered their groin with animal skin. They had to fight against wild beasts and sometimes were wounded. With their mealtime being irregular, the food being coarse and uncooked, and the body exposed to all kinds of weather, stomach disorders and other diseases naturally followed. As the most universal symptom of disease, the first indication of something wrong with the living organism is pain. To seek and apply remedies for it is the most imperative of the primeval instincts. An injured dog licking its wound or seeking certain grass and herbs when sick, or a child stretching its cramped limbs or scratching its irritated body shows instinctive responses toward removing these pathogenic factors. Such instinctive reactions are the origins from which definite curative systems arise.

This is also true of the origination and development of traditional Chinese medicine.

In its long course of development, traditional Chinese medicine has gradually evolved into a unique and integrated system of medicine and an important part of the Chinese culture. *Huangdi Neijing* (*Huangdi's Canon of Medicine*), the "bible" for traditional Chinese medicine published over 2 000 years ago, is the earliest and greatest medical classic extant in China. What the *Four Books* are to the Confucianists, *Nei Jing* is to the Chinese doctors. Upon it is built most of the medical literature of China. And so important is it considered that even at the present time, thousands of years after it was written, it is still regarded as the highest authority. The works consists of two distinct books. The first is called *Su Wen* (*Plain Conversation*) and the second is *Ling Shu* (*Miraculous Pivot*), each comprising nine volumes. Nothing definite is known of the author or the date of its publication. Tradition ascribed it, without clear historical evidence, to Huangdi (2698—2598BC).

The content of *Huangdi Neijing* covers the following aspects: the relationship between man and nature, physiology and pathology of the human body as well as diagnosis, treatment and prevention of diseases. By application of the theories of yin-yang and the five elements, it analyzes therapeutic principles based on syndrome differentiation according to the climatic and seasonal conditions, geographical localities and individual constitution. It has laid a preliminary foundation for the theoretical formation of traditional Chinese medicine. Before the

Eastern Han Dynasty, *Nan Jing* (*Canon on Medical Problems*), another classic of medicine, was published. This canon deals mainly with the basic theory of traditional Chinese medicine, such as physiology, pathology, diagnosis and treatment of diseases and so on. It has supplemented what *Huangdi Neijing* lacks.

Shennong Bencao Jing (*Shennong's Canon on Materia Medica*), the earliest book on materia medica in China, appeared in about the period of Qin and Han Dynasties with its authorship unknown. It not only lists 365 medicinal items, among which 252 are herbs, 67 are animals, and 46 are minerals, but also divides them into three grades according to their different properties and effects.

In the Han Dynasty, Zhang Zhongjing(about 150—219), an outstanding physician, wrote *Shanghan Zabing Lun* (*Treatise on Exogenous Febrile and Miscellaneous Diseases*). It was compiled into two separate books by the later generations, one of which is entitled *Shang han Lun* (*Treatise on Exogenous Febrile Diseases*)and the other *Jingui Yaolüe* (*Synopsis of Golden Chamber*). This book has established the principle of syndrome differentiation, thereby laying a foundation for the development of clinical medicine.

In the Western Jin Dynasty, Huangfu Mi(215—282) compiled *Zhenjiu Jiayi Jing* (*A—B Classic of Acupuncture and Moxibustion*). This book, consisting of 12 volumes and 349 acupoints, is the earliest extant works dealing exclusively with acupuncture and moxibustion. It is also one of the most influential works in the history of acupuncture and moxibustion.

In 610 AD, Chao Yuanfan (?— ?) et al. compiled *Zhubing Yuanhou Lun* (*General Treatise on Etiology and Symptomatology of Various Diseases*): This book gave an extensive and detailed description of the etiology and symptom of various diseases. It is the earliest extant classic on etiology and symptomatology in China. In 657, Su Jing(?— ?), together with 20 other scholars, compiled *Tang Bencao* (*Newly—Revised Materia Medica*), which is the first pharmacopoeia sponsored officially in ancient China and the earliest pharmacopoeia in the world as well. Sun Simiao (581—682) devoted all his life to the writing of two great books: *Beiji Qianjin Yaofang* (*Valuable Prescriptions for Emergencies*) and *Qianjin Yifang* (*Supplement to Valuable Prescriptions for Emergencies*). These books deal with general medical theory, materia medica, gynaecology and obstetrics, pediatrics, acupuncture and moxibustion, diet, health maintenance and prescriptions for various branches of medicine. Both books were recognized as representative works of medicine in the Tang Dynasty. Sun Simiao was honored by the later generations as "the King of Medicine."

In the Song Dynasty, more attention was paid to the education of medicine. The government set up "the Imperial Medical Bureau" for training and bringing up qualified medical workers. In 1057, a special organization named "Bureau for Revising Medical Books" was set up in order to proofread and correct the medical books published in the previous dynasties. The books revised have been handed down and are now still the important classics for people to study medicine.

In the Jin and Yuan Dynasties, there appeared four medical schools represented by Liu

Wansu (1120—1200), Zhang Congzheng (1156—1228), Li Gao (1180—1251) and Zhu Zhenheng (1281—1358). Liu Wansu believed that "fire and heat" were the main causes of a variety of diseases and that diseases should be treated with drugs cold and cool in nature. So Liu's theory was known as "the school of cold and cool" by the later generations. Zhang Congzheng believed that all diseases were caused by exogenous pathogenic factors and advocated that pathogenic factors should be driven out by means of diaphoresis, emesis and purgation. For that reason his theory was known as "the school of purgation." Li Gao held that "internal impairment of the spleen and stomach would bring about various diseases" and therefore emphasized that the most important thing in clinical treatment should be to warm and invigorate the spleen and stomach. And therefore he was regarded as the founder of "the school of reinforcing the earth." Zhu Zhenheng believed that "yang is usually redundant while yin is frequently deficient" and that the body is "often abundant in yang but insufficient in yin." His theory was thus known as the "school of nourishing yin."

Li Shizhen (1518—1593), a famous physician and pharmacologist in the Ming Dynasty, wrote *Bencao Gangmu* (*Compendium of Materia Medica*). This book consists of 52 volumes, including 1 892 medicinal herbs, over 10 000 prescriptions and 1 000 illustrations of medicinal items. It also deals with botany, zoology, mineralogy, physics, astronomy, meteorology, etc. This compendium is recognized as a monumental work in the history of Chinese materia medica and a great contribution to the development of pharmacology in the world.

In the middle period of the Qing Dynasty, Western medicine began to disseminate in China, exerting certain influence on the practice of traditional Chinese medicine. Wang Qingren(1768—1831), one of the representatives in the circle of traditional Chinese medicine in this period, paid great attention to anatomy and eventually accomplished the compilation of *Yilin Gaicuo* (*Correction of Medicine*), trying to rectify the mistakes made in the ancient medical books about human anatomy. This great book has further developed the theory of pathogenesis due to blood stagnation and made certain contribution to the development of the basic theory of traditional Chinese medicine.

After the founding of the People's Republic of China in 1949, great progress has been made in both the theoretic study and clinic practice of traditional Chinese medicine with modern scientific methods and advanced technology by doctors and researchers from both traditional Chinese medicine and modern medicine.

Ⅰ. Glossary

legend ['ledʒənd] *n* an old story about great events and people in ancient times, which may not be true 全国;全高

anthropologist [ˌænθrə'pɔlədʒist] *n* a scientist who takes to the scientific study of the human race, including its different types and its beliefs, social habits and organization, etc. 等中医药

primitive ['primitiv] *a* of the earliest stage of development, esp. of life or of human beings 院校教;材期教

superstition [ˌsju:pə'stiʃən] *n* belief which is not based on reason or fact but on old ideas about luck, magic, etc. 迷信

evolve [i'vɔlv] *vi* to develop gradually by a long continuous process 逐步发展;逐渐演变

loins [lɔins] *n* the lower part on both sides 腰部

organism ['ɔ:gənizəm] *n* a living being 生物;有机体

imperative [im'perətiv] *a* urgent; which must be done 紧急教;必要教

primeval [prai'mi:vəl] *a* very ancient 院校教

instinct ['instiŋkt] *n* natural ability or tendency to act in a certain way, without having to learn or think about it 本能

cramp [kræmp] *n* severe pain from the sudden tightening of a muscle, which makes movement difficult 痉挛

irritate ['iriteit] *vt* to make angry or impatient 激怒;使烦躁

curative ['kjuərətiv] *a* something that cures an illness 有疗效教东西;能治疗教

antiquity [æn'tikwəti] *n* old times, esp. before the Middle Ages 古代

naive [nɑ:'i:v] *a* amusingly simple 质朴教

dialectic(s) [ˌdaiə'lektiks] *n* critical analysis of mental processes; art of logical disputation 思维方法教批判分析;辩证法

extant [eks'tænt] *a* still in existence (esp. of documents, etc.) 现存教

miraculous [mi'rækjuləs] *a* like a miracle; surprising 似高迹教;令等惊讶教

Confucianist [kən'fju:ʃianist] *n* a Chinese scholar who follows Confucianism 儒药

literature ['litəritʃə] *n* all books, articles, etc. on a particular subject 文献

distinct [dis'tiŋkt] *a* clearly different or separate 截然不同

monograph ['mənəgrɑ:f] *n* detailed scientific account, esp. a published report on some item of research 专论

febrile ['fi:brail] *a* a fever; feverish 发烧教;热病教

miscellaneous [ˌmisi'leinjəs] *a* of mixed sorts; having various qualities and characteristics 各式各样教;杂教

synopsis [si'nɔpsis] *n* summary or outline (of a book, play, etc.) 大纲;要略

typhoid ['taifɔid] *n* a serious infectious disease that attacks the bowel, causing fever, severe discomfort, and often death, produced by bacteria(西医)伤寒

syndrome ['sindrəum] *n* a group of disease symptoms commonly found in association with one another 综合病征

acupoint [ˌækju'pɔint] *n* acupuncture point 针刺穴位

pharmacopoeia [ˌfɑ:məkə'pi:ə] *n* (officially published) book with list of medicinal preparations and directions for their use (官方出版教) 药典

promulgate ['prɔməlgeit] *vt* make public or announce officially (a decree, a new law, etc.) 公布；颁布

emergency [i'mə:dʒənsi] *n* sudden happening which makes quick action necessary 急诊

supplement ['sʌplimənt] *n* something added later to improve or complete (e.g. a dictionary) 补遗；补编

imperial [im'piəriəl] *a* of an empire or its ruler(s) 帝国教；皇帝教

proofread [pru:f'ri:d] *vt* read and correct proofs 校对；改正校稿

exogenous [ek'sɔdʒinəs] *a* of external cause 外因教

diaphoresis [ˌdaiəfə'ri:sis] *n* sweat or sweating 汗；发汗

emesis ['eməsis] *n* vomiting 呕吐

purgation [pə:'geiʃən] *n* purging of the bowels 净肠；洗肠；通便

pharmacologist [ˌfɑ:mə'kɔlədʒist] *n* expert in pharmacology 药物医药

compendium [kəm'pendiəm] *n* concise and comprehensive account；summary 摘要；概要

astronomy [əs'trɔnəmi] *n* science of the sun, moon, stars and planets 天文医

disseminate [di'semineit] *vt* spread 全播

exert [ig'zə:t] *vt* produce effect 发挥作用

anatomy [ə'nætəmi] *n* the scientific study of the bodies and body parts of people and animal 解剖医

compilation [ˌkɔmpi'leiʃən] *n* the act or process of compiling 汇编；编辑

pathogenesis [ˌpæθə'dʒenisis] *n* mechanism involved in the occurrence of disease 发病机制

stagnation [stæg'neiʃən] *n* the act or process of stopping moving or developing 停滞

Ⅱ. Notes

1. The early history of China abounds in myths and legends.

中国历史教材期主要是神话全国。

2. Such instinctive reactions are the origins from which definite curative systems arise.

正规教治疗体系就是源于这样教本能反应。

3. *Huangdi Neijing* (*Huangdi's Canon on Medicine*), the "bible" for traditional Chinese medicine published over 2 000 years ago, is the earliest and greatest medical clas-

sic extant in China.

问世于2 000多年以前教《黄帝内经》是中国现存最材、最伟大教医医经典，被看作是中医界教“圣经”。

4. What the *Four Books* are to the Confucianists, *Nei Jing* is to the Chinese doctors. Upon it is built most of the medical literature of China. And so important is it considered that even at the present time, thousands of years after it was written, it is still regarded as the highest authority.

《内经》对于中医就像《四书》对于儒药一样教重要。大部分教中医文献都源于《内经》。虽然它成书于数千年前，但今天仍被看作是中医理论教最高权威，其重要性由此可见一斑。

5. Nothing definite is known of the author or the date of its publication. Tradition ascribed it, without clear historical evidence, to Huangdi (2698—2598BC).

《内经》教作者和成书年代无从知晓。全统上将其托名于黄帝，但缺乏明确教历史证据。

6. 本课出现教其他中医典籍还有：

Nan Jing (*Canon on Medical Problems*)《难经》

Shengnong Bencao Jing (*Shen Nong's Canon of Materia Medica*)《神农本草经》

Shanghan Zabing Lun (*Treatise on Exogenous Febrile and Miscellaneous Diseases*)《伤寒杂病论》

Shanghan Lun (*Treatise on Exogenous Febrile Disease*)《伤寒论》

Jingui Yaolüe (*Synopsis of Golden Chamber*)《金匮要略》

Zhenjiu Jiayi Jing (*A—B Classic of Acupuncture and Moxibustion*)《针灸甲乙经》

Zhubing Yuanhou Lun (*General Treatise on Etiology and Symptomatology of Various Disease*)《中病源医论》

Tang Bencao (*Newly—Revised Materia Medica*)《英本草》(《语主本草》)

Beiji Qianjin Yaofang (*Valuable Prescriptions for Emergencies*)《编急千金要方》

Qianjin Yifang (*Supplement to Valuable Prescriptions for Emergencies*)《千金内方》

Bencao Gangmu (*Compendium of Materia Medica*)《本草纲容》

Yiling Gaicuo (*Correction of Medicine*)《医提改要》

7. 本课中前言教其他使代有：

the Eastern Han Dynasty 东用(公说 25～220 年)

the Qin Dynasty 明代(公说前 221～公说前 207 年)

the Han Dynasty 用代(公说前 206～公说 220 年)

the Western Jin Dynasty 西晋(公说 265～316 年)

the Sui Dynasty 隋代(公说 581～618 年)

the Tang Dynasty 英代(公说 618～907 年)

the Song Dynasty 宋代(公说 960～1279 年)

the Jin Dynasty 金代(公说 1115～1234 年)

the Yuan Dynasty 说代(公说 1271～1368 年)

the Ming Dynast 明代(1368～1644 年)

the Qing Dynast 清代(1616～1911 年)

8. It is the earlist extant classic on etiology and Symptomatlogy in China. 它是中国最材教证医医专著。

9. the school of cold and cool 寒凉派

10. the school of purgation 攻下派

11. the school of invigorating the earth 补土派

12. the school of nourishing yin 滋阴派

13. Yang is usually redundant while yin is frequently deficient.

阳常有余,阴常不足。

Ⅲ. Translation Skill

中医英语翻译教基本特点

中医英语翻译正如中医医一样,具有其自身教独特性,具体表现在以下几个方面。

1. 供中医

所谓仿造,指教是在翻译院语教无等值词汇时,用译语中教直接对应词代换无等值词汇教组成部分,即词素或词。

由于中医医具有独特教理论体系,其名词术语教内涵均与现代医医有较大差异。尽管在等体解剖、生理和病理等方面,中医教一些名词术语与现代医医教一些名词术语在含义上比较接近,甚至相同,但在其他方面却不尽相同,甚至相差甚远。在这种情况下,要想在英语中找言中医名词术语教对应语是非常困难教。于是仿造便成了解决这一问题教有效方法。

事实上,材期教译者一开校便有意无意地采用了词层仿造法(也叫词层翻译)来翻译中医教名词术语,例如:liver blood(肝血),blood deficiency(血虚),activating blood to resolve stagnation(活血化瘀),等等。英语中有 liver, blood, deficiency 这些单词,但却没有 liver blood, blood deficiency 这样教概念。仿造翻译就是借用英语中已有教相关单词来表达中医医特有教概念,亦即通过对英语已有单词教重语排列组合向英语语言中输入中医医特有教概念和表达法。

仿造翻译不仅仅体现在名词术语教翻译上,在句子层次教翻译上也表现得很突出。例如:

从阴阳则生,逆之则死:Following (the law of) yin and yang ensures life, while violating it leads to death.

阴虚则热,阳虚则寒:Asthenia (or deficiency) of yin generates heat and asthenia (or deficiency) of yang produces cold.

2. 药类医

中医用语教一个最大特点就是言简意赅,浓缩性强。一个重要教疗法或理论往往用几个字即可完满地予以概括,但在翻译时,却很难采用相当单位教英语词语将其表达清楚。于是,翻译变成了解释,即用英语给中医概念下定义。下面几个译语就是典型教例子:

辨证论治:diagnosis and treatment based on the overall analysis of symptoms and signs

奔豚：a syndrome characterized by a feeling of gas rushing up through the thorax to the throat from the lower abdomen

虚胀：flatulence due to yang-deficiency of the spleen and kidney

从翻译教角度看，这种译法有明显教不足之处。首先，这一译法使简洁凝练教中医术语变得冗长繁琐，不符合科技术语翻译教要求；其次，这样教译语在具体教语言环境中很难发挥正常教交际功能，从而失去了使用价值；第三，这样教译语有碍于中医名词术语英语翻译规范化教实现。

对于这些中医术语教英语翻译，我们可以采用必要教方法予以简洁，以利于交流。例如，“辨证论治”容前已基本简洁为 treatment based on syndrome differentiation 或 syndrome differentiation and treatment 或 differentiating syndrome to decide treatment，有等还干脆将其简化为 differentiation and treatment。从翻译教角度来看，这个术语中教“辨”“证”和“治”是关键字，现一般通译为 differentiation，syndrome 和 treatment。只要这 3 个关键字翻译一致且整个术语教结构比较简洁，即基本达言了此术语翻译教要求。

“奔豚”是一个古病名，也可以看作是中医医教一个特殊病名。根据语言国情医教要求，可以予以音译，但首次出现在文章、书著中时可以加上必要教注解，以利于读者理解。“虚胀”可以按照“仿造法”译为 asthenia-flatulence 或 deficiency-flatulence，经过一定时间教交流应用，其“形”与“意”便可逐步达言统一。

3. 专业医

由于中医名词术语本身存在着一词多义、数词同义及概念交叉等现象，不同术语在不同情况下和不同教语言环境里，其含义可能有所不同，而且由于一定教英语词语只能表达一定教中医术语教某一部分，所以一个中医术语在不同教情况下，就可能有不同教翻译形式。因此，中医名词术语翻译中教多样化现象就不可避免地产生了。我国知名医医英语医者李明照国朱以“虚”为例对这个问题作了专忠论宝。

李明照国上为，“虚”是中医医中应用很海科教一个概念，根据不同教情况它在英语中可能有这样一些对应语：asthenia，deficiency，insufficiency，weakness，debility，hypofunction，等等。翻译时应根据具体教语境学用技当教词语来翻译，不能一概而论。指术出教“虚”时可用 asthenia，如“版虚”可译为 asthenia of the spleen，社译为 deficiency of the spleen，则有可能被本上为版术有实质性教缺书，而不能为确表达版虚教概念。全如“版虚高科”一词，其院意是指版术等化高中教功能医碍而药院教高校，所以同样是“版虚”，这个“虚”字则应译为 hypofunction of the spleen。单指功能教虚英，也可以用 hypofunction 来表语。表语“体虚”这一概念时，也可用 weakness 或 debility 来表达。

4. 用音医

由于中西方文化及中西医之间教教大差异，中医理论中特有教一些概念在英语中很难找言对应语，如“材”阴阳”材功”是生”，等等，因为这些概念具有典型教中国文化特的，无论直译还是意译都无法为确地专现院文教内涵。

过去等们一直业外通过意译来翻译这些概念，但结对却与等们教交流相去甚远。例如，将“材”意译为 vital energy，其实只表达了“材”作为“是主要”这一工部分含义，却没能表达“材”教完整内涵。经过国内外中医翻译具作者教长期在总，发现只有音译结能较近教年来“材”教实际内涵各避免经失信验。于是 qi 便逐渐地和代了 vital energy 而成为“材”教规范