

# Asian Medical Nomenclature Debates Position Paper

By Miki Shima, OMD, LAc



## General Background

Asian medicine began to take root in the United States after President Nixon visited China in 1970 and observed an appendectomy being performed using

acupuncture anesthesia. This news shocked the American people. (Veterinarians were the first to utilize acupuncture as a method of analgesia.) Quickly after Nixon's visit to China, the State of Nevada and the State of California both began to license acupuncturists in the mid-1970's, and a few state-approved acupuncture schools were established. Due to scarcity of English acupuncture literature, schools were forced to use English textbooks from China which were insufficient. However, since then, an increasing number of books on Asian medicine have been written in English and some translations of medical classics have been also published.

About 15 years ago, Bob Flaws and Honora Wolfe of Blue Poppy Press hosted a small, private brainstorming workshop in Colorado where this "terminology and translation debate" began, and the Consortium for Oriental Medical Publishers (COMP) was formed. Hitherto, our profession at the national level has failed to discuss this important issue. After calling this to the attention of the AAOM, its leadership agreed to sponsor a panel discussion on the subject and asked experts to be panelists. Each of the panelists was to write a position paper on the "terminology and translation" prior to the debate.

## Definition and Concept of Translation

The most classic definition of *translation* in modern applied linguistics states that translation is "the reproduction of the closest natural equivalent of the source language message (Newmark 34)." It further states that, "Teaching such a necessary but tricky subject as translation which is at once a skill, a science, an art and an area of taste must be discussed." (137). In each of these definitions, translation can be considered an oral or written transfer of a message from one language to another. For purposes of this article and the debate at large, let us consider the scope of "translation concepts" to "a written transfer of a message from a source language to a target language."

*"Teaching Translation requires several areas of discipline for one to become a skilled, professional translator. Moreover, in "specialized translation" one needs not only training in the language of that particular profession but also in-depth knowledge of the field."*

## Typologies of Translation

R. Roberts categorized written translation in his article "Towards a Typology of Translations", Hieronymus Complutensis, *El Mondo de la Traduction*, Vol. 1, 1995, pp. 61-79) into "human translation," "machine translation" and "computer assisted translation." Again, this article is limited to "human translation" from a "source text" to a "target text." "Human translation", which shall be referred to simply as "translation" from now on, focuses on the relationship between the source text Source Text and the Target Text. Using J. Delisle's classification in his *Lanalyse du discours comme une méthode de traduction: Initiation à la traduction française de texts pragmatiques anglais* (Ottawa, Canada; University of Ottawa Press, 1980, pp. 29-34), we can further subdivide the Source Text-Target Text translation processes into a) "pragmatic translation", b) "general translation", and c) "specialized translation". "Pragmatic translation" is usually used in literature translation like that of novels. "General translation" requires little specific knowledge of any field and is used in translation of daily conversation, magazines, newspapers, etc. "Specialized translation" demands a great deal of expertise of a particular field and translation of Asian medical literature belongs to this category. In any of those three modalities of translation, the Target Text translator must be a native speaker of that particular language. Especially in the case of "specialized translation", the translator must have extensive knowledge of his / her Source Text language. In other words, an English translator of Chinese medical literature must be a native speaker of the English language but must also be extremely knowledgeable about the Chinese language and, in particular, Chinese medical language. To reiterate Newmark's comments in his "Textbook of Translation," translation is a) the reproduction of b) the closest, c) natural equivalent of d) the source language message and teaching such a necessary but tricky subject such as translation which is at once e) a skill, f) a science, and g) an art and h) an area of taste must be discussed". And so, our discussion of these 8 aspects of Newmark's definition of "translation" begins.

## Translation as Reproduction

On translation as a "product", Newmark states that "It is not possible to obtain any figures about the quantity and the areas of the total mass of translation" (Ibid, Ibid. p. 16). This means that a "product" of a translation cannot be precisely calculated. For example, the "product" for  $H = \sum [f(x) + f(y)]$  in calculus cannot be accurately translated by the Product Rule in differential equations. Translation as "RE-production" becomes even harder, because the translator as a "RE-producer" must produce a new product from a Source Text into a Target Text. Therefore, the "quantity" of translation as a "product" is not determinable in any manner, and any estimation will not be precise. It is the quality of translation that matters, and the quantity of "product of translation" is a secondary issue.

## Finding the "Closest" Equivalent"

Between any combination of Source Text-Target Text translation, there always exist both matched and unmatched zones of semantics. In the case of Chinese-English semantics, there is such a small area of overlapping "semantemes" that it is virtually impossible to find a word-to-word correlation. For example, "hú shàn" in Chinese medical terms has "hú" and "shàn" as its components. "Hú" or "fox" has many translations which overlap in a large area in the Chinese cultural context, but overlap in only a small area in the English context (i.e. "fox" denotes an animal). Likewise, "shàn", a name for certain types of lower abdominal pain in Chinese culture, has many definitions in Chinese, whereas in English there is only one, "mounting." When those two words are put together - "hú shàn", Nigel Wiseman, for example, in his "A Practical Dictionary of Chinese Medicine" (N. Wiseman et F. Ye, Paradigm Publications, Brookline, MA, 1998, pp. 399-400: "Practical Dictionary" from now on) translates it as "foxy mounting" as the "closest equivalent" to "hú shàn". However, the Chinese language is extremely "context sensitive" due to its complete lack of verbal conjugation, article and noun conjugation by gender and number, absence of articles before presentation of nouns, and so on. Therefore, "hú shàn" must be translated in the context of

its Source Text, rather than being translated, as in “A Practical Dictionary, without any context at all.

### Finding Natural Equivalents

This puts emphasis on “natural equivalents” between a Source Text and a Target Text. For example, in the case of “foxy mounting,” the Target Text is not “natural” because no such compound “naturally” exists in English at all. Therefore it cannot “naturally” mean anything. If a patient comes to a doctor in China, complaining of “hú shàng”, the doctor would “naturally” know what the patient is talking about. However, if an American patient presents to an acupuncturist in Chicago, for example, and says that she has “foxy mounting”, the practitioner would have no idea what that complaint is. This is a clear case of “literal, unnatural equivalent” based on mechanically putting the semantic associations of the two words together in Chinese culture regardless of the context and historical background. If the translator fails to find the most “natural equivalents” between a Source Text and a Target Text, he / she fails to convey the precise meanings from the Source Text to the Target Text. Therefore, the translator must find the most “natural equivalents” between a Source Text and a Target Text in order to carry out successful translation. The type of incorrect, unnatural translation described above often occurs in Asian medical translation when a) there is no pluralism in word selection and b) there is no fixed set of term that allows for flexibility to subtle nuances in semantics. Nigel Wiseman’s “Practical Dictionary” contains both of those components and, although it is a glossary of Chinese medical terms, its word-to-word rigidity falls short of providing accurate Asian medical translation into English. This is not Wiseman’s fault, and it is not my intent to reflect poorly on his impressive work. It is simply impossible to find “natural” equivalents at all between the two languages.

### Teaching Translation as a Skill

It requires several areas of discipline for one to become a skilled, professional translator. Moreover, in “specialized translation” one needs not only training in the language of that particular profession but also in-depth knowledge of the field. For example, in the case of translating Asian medical literature, one needs not only linguistic, theoretical training but also clinical experience in order to translate it correctly. One without the other often produces translators who are unable to produce professional translation. Take, for example, a translation of a Chinese book on herbal medicine, which often contains herbs that are not available

in the United States. A translator trained in language only would render the book clinically useless. If, however, the translator is also a current practitioner of Chinese herbal medicine, he / she can suggest substitution in the form of footnotes. Therefore, in order to teach Chinese medical translation as a professional skill, a translator needs to be not only a scholar of Chinese medical language, but also a practitioner of Chinese medicine with knowledge of current legal and clinical medical situations.

### Teaching Translation as a Science

Teaching translation as a “pure” science requires Machine Translation or Computer Assisted Translation. Although this paper limits itself to Human Translation, it must be noted here that Machine Translation and Computer Assisted Translation also require human intervention called “programming”. Based on theories of transformational-generative grammar by N. Chomsky (cf. *Knowledge of language*, New York: Praeger, 1986., *Language and problems of knowledge: the Managua lectures.*, Cambridge, MA: MIT Press, 1988; *The minimalist program*, Cambridge, MA: MIT Press, 1995; etc.) and various computer language by IBM, Xerox and others, programming for Machine Translation and Computer Assisted Translation have made progress by leaps and bounds in the past 30 years. They are being tested and utilized internationally by MSN, Microsoft, Google, Yahoo, and others on the Internet, but such translation still remains far from perfect and there are a great number of technical difficulties to be worked out. In the future, our profession may rely increasingly on Machine Translation and Computer Assisted Translation in order to obtain a “rough” transmission of semantics, which would be helpful for educational and clinical purposes. However, that “rough” transmission of semantics may be very misleading and will always need to be verified by Human Translation.

### Teaching Translation as an Art

This is the highest level of training for “the reproduction of the closest natural equivalent of the source language message” (Ibid, Ibid., p.34). In order to achieve translation as an art, one requires all afore-mentioned training and experience. I must state, however, that in all honesty, there are only handful of individuals in the United State who are capable of teaching such an art.

### Teaching “Taste” in Translation

The last but certainly not least significant issue in translation is that of “taste” (or perhaps more accurately stated, “style”) in translation. In Asian medical translation, this is a significant problem as every trans-

lator seems to choose his / her style of translation arbitrarily, depending on how he / she feels about the style of English in order to transfer the closest, most natural semantics and connotations of a Source Text to a Target Text. The Chinese people have had quite a historical transformation from pre-Han Chinese all the way to modern Chinese, thus it is extremely hard to choose a “style” to reflect not only diachronic changes of the language but also synchronic changes in the Chinese medical culture throughout its history. As more and more Asian medical texts are translated into English, Western scholars will accumulate their knowledge and experience which will help them choose a singular “style” to reflect the appropriate historical and medical context. This will facilitate proper translation of the Asian language Source Texts to English language Target Texts.

### Serious Problems of Word-to-Word Standardization of Terminology in Asian Medical Translation

It should by now be obvious that word-to-word standardization is impossible due to the aforementioned aspects of “specialized translation” in the field of Oriental medicine. Let us return to “shàn”, which is translated as “mounting” in the “Practical Dictionary” (p. 399-400). It is true that the character “山(shàn) has two radicals, one denoting a disease (疝) and the other meaning a mountain (山). However, there is no word called “mounting” that denotes disease in the English language, according to Webster’s Third New International Dictionary, G&C Merriam Company, Springfield, MA, 1981, pp. 1476-1478. Additionally, while there exists a mountain radical in the word “shan”, there is no “natural equivalent” to “shàn” in the Target Text. The “Practical Dictionary” has “Seven Mountings (shàn), which consist of “FOXY MOUNTING (hú shàn); COLD MOUNTING (hán shàn); WATER MOUNTING (shui shàn); QI MOUNTING (qì shàn); BULGING MOUNTING (tuí shàn); PROMINENT MOUNTING (kuí shàn); BLOOD MOUNTING (xuè shàn); and SINEW MOUNTING (jīn shàn). (Ibid., p. 400). There are no legitimate English words for all the disease names in modern American English. No acupuncturists will see a patient who presents with “foxy mounting” or “cold mounting”, etc., which does not make the “Practical Dictionary” very practical in the modern acupuncture clinic. If this type of word-to-word, or more precisely “semateme-to-semateme” translation, is to ever be established as the “standard,” our profession would neither be useful to the public nor accepted by the mainstream medicine.

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## Serious Problems of Cross-Cultural Changes in Semantics in Asian Medical Terminology

There are numerous words that have been borrowed by the Japanese language from Chinese during the last 1300 years. These have somewhat different semantics and often completely different meanings. For example, in the traditional *Mai Jing* (*The Pulse Classics* by Wang Shu-he), there are Shi (excess, replete, full, etc) and Xu (deficient, vacuous, empty, etc.). Those words were imported into the Japanese acupuncture as Jitsu and Kyo respectively, and are often used in very different ways from the Chinese. There is such a diagnosis as "Jin Jitsu" (Shen Shi) or "Kidney excess, Kidney repletion, Kidney fullness, etc." in Japanese acupuncture which is even not registered as a term in Wiseman's "Practical Dictionary". In fact, this concept of "Kidney excess" does not even exist in TCM. However, Japanese acupuncturists commonly use it when the Kidney pulse is full and strong. Another example can be found in a book called "*Shaku Ju Chiryō*" (*Treatment of Shallow and Deep Stagnation*) by S. Kobayashi (Ido-no-Nippon-Sha, Ltd., Yokosuka, Japan, 2001). "Shaku" is "ji" in Chinese, which originally means "a type of abdominal

lump" ("Practical Dictionary", p. 3). "Ju" is also defined as "a kind of abdominal lump" (Ibid, Ibid, p.240). However, S. Kobayashi uses "Shaku Ju" or "Ji Ju" as deep and shallow stagnation of Qi and Blood respectively and is not referring to lumps at all – in the abdomen or anywhere else. These are good examples of cross-cultural transformation of semantics, and it cannot be solved by application of a "standardized approach" in translation. There are so many cases of such transformation of Chinese medical terms in Japanese linguistic situations that I cannot even begin to describe how impossible it is for Japanese translators to use the word-to-word translation method, because all of the semantics have been transformed or, perhaps more accurately, transferred from Chinese to Japanese.

## Possible Future Direction of Terminology and Translation

As briefly discussed above, "translation" and "terminology" have multi-faceted problems and issues associated with them. Asian medical translation into English in the West only seriously began 30 years ago and is still in its infancy. Therefore, it is quite premature for our profession to reach such an ideal and lofty height that translation is "the reproduction of the closest natural equivalent of the source language message" and can be carried out on a regular basis.

In order to achieve that goal, I strongly urge the AAOM to be the national organization where the discussion on terminology and translation can be continued on a regular (i.e. at least annual) basis. I also urge the AAOM to establish a database of Chinese medical terminology in Chinese, Japanese, Korean and English in the spirit of pluralism in medical translation between English and the three Asian languages.

## Conclusion

Due to the fact that this is the first national convention to discuss such a subject, I highly recommend that the AAOM add a "terminology-translation section" to its Website not only as a part of its membership drive but also as a place for qualified scholars and translators to post their opinions on each medical term. I also urge the AAOM to establish "criteria of qualification" for scholars and translators of those three languages and to assign a scholarly member to each of the three cohorts to facilitate communication among them

**Note:** This is the full position paper submitted by Dr. Shima.

Miki Shima, OMD, LAc, was born in Tokyo in 1946, and is a native speaker of Japanese. He began studying English at 12, Chinese at 15, Hebrew at 17, and French at 19. Dr. Shima graduated from Waseda University, Tokyo with a Bachelor's degree in French Linguistics, from University of Michigan with a Master's degree in General Linguistics and from American Graduate School of Oriental Medicine with Doctorate Degree of Oriental Medicine in 1985. He has lawfully practiced acupuncture in the State of California since 1979. He was appointed to the State Acupuncture Examining Committee by Gov. Edmund Brown in 1982 and served for 7 years, was elected President of the California Acupuncture Association (now CSOMA) in 1988, and received the "Life-time Achievement Award" from the AAOM in 2004. Dr. Shima has published "*Medical I Ching*" and "*Channel Divergences*" (with Charles Chace) and is currently translating "*Qi Jing Ba Mai Kao*" by Li Shizhen with Charles Chace. He has published 16 sets of clinical videotapes and two sets of clinical CD's.

Relevant to this article, Dr. Shima is a professional linguist, trained to analyze syntactic structures, phonetics, phonology, semantics, semiotics, etc. of any given language, and has analyzed 11 languages in the past. He has been a perpetual student of medical Japanese and Chinese for the last 40 years.

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