Arguments for the Adoption of a Standard Translational Terminology In the Study & Practice of Chinese Medicine In the English-speaking World

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"The Argument: There are a number of reasons for adopting a standard English language terminology for Chinese medicine. First and foremost is to learn more technically accurate, and, therefore, more clinically effective Chinese medicine."

The Problem

Over the last 800 years, but especially during the last 30 or more years, the English language terminology of acupuncture and Chinese medicine has grown in an unplanned, haphazard way. Practitioners, teachers, students, authors, and translators have been left to their own devices to adopt or create whatever terms they like regardless of their linguistic accuracy and faithfulness to the medicine as described and expressed in Chinese. This has led to a veritable Tower of Babel within the study and practice of Chinese medicine in the West in general and in North America in particular.

My long experience in this field leads me to believe that the single greatest impediment to the learning and skillful practice of Chinese medicine in the West as it was created and is practiced in China is the lack of a linguistically accurate, standard English language translational terminology for this medicine. This problem is highlighted by the fact that such a linguistically accurate, standard English language Chinese medical terminology has existed for more than 20 years. Unfortunately, because there is no equivalent of Latin and Greek academic terms in Chinese, few Western students and practitioners of Chinese medicine have understood that this medicine does, in fact, have a standard professional terminology. Nevertheless, this is most definitely the case.

The first Westerner to recognize that Chinese medicine does have a standard technical professional terminology was Jean-Pierre Abel-Rémusat, 1788-1832. He was a practitioner of Western medicine who learned to read Chinese and Manchurian in order to study Chinese medicine. Abel- Rémusat eventually gave up the practice of medicine to become a sinologist. He became the first professor of Chinese at the Collège de France and wrote from the 1810's through the 1840's. According to Abel-Rémusat,

> "In China, as in Europe, science has a technical language – expressions and twists – of which a knowledge, albeit extensive, of the general language does not give perfect understanding." [1]

When criticizing another European translator who did not understand the technical meanings of this technical Chinese medical language, Abel-Rémusat says the following:

> "Boym, a stranger to the art of healing, has followed the literal sense of the words in translating books of medicine... he at most often translated without understanding, and I ask which of our theoretical works would not run the risk of being disfigured in passing through the hands of a similar interpreter."[2]

Unfortunately, this insight gained no practical headway in the West for another 100 years.

In the 20th century, it was Prof. Manfred Porkert of the University of Munich who first championed the fact that Chinese medicine has a technical terminology, one which must be studied and learned on its own terms. Nathan Sivin, a Chinese medical sinologist at the University of Pennsylvania, in his Foreword to Prof. Porkert's *The Theoretical Foundations of Chinese Medicine: Systematic Correspondences*, states: "[Dr. Porkert] has earned the gratitude of every student of Chinese thought... by systematically addressing for the first time the precise meanings of the many fundamental technical terms of Chinese philosophy..." By technical terms in Chinese medicine, Prof. Porkert meant "expressions that have been used consistently and unequivocally by all authorities of the science – if not at all times, at least through many centuries." However, being of the "old school" of European academics, Dr. Porkert suggested Latin for the creation of a standard pan-Western Chinese medical translational terminology. "Our normative terminology thus is different from previous attempts in that it takes into full account the inductive and synthetic mode of cognition that underlies Chinese technical terminology, and as a rule renders each technical term by a single Latin equivalent that can be used consistently and logically in writing about all the disciplines of Chinese medicine..."[3]

Because Latin is as much of a foreign language to most Westerners, acupuncturists and practitioners of Chinese medicine have, nevertheless, recognized that Chinese medicine does have and use professional rerminology in Chinese. Dr. Porkert's term choices were never adopted outside his own limited circle of students and admirers. Nevertheless, the fact that Chinese medicine does have and does use a technical professional terminology in Chinese continues to be an important recognition by Western scholars of this medicine. For instance, Prof. Sivin, in his *Traditional Medicine in Contemporary China*, says:

> This traditional [Chinese medical] terminology, which evolved gradually over more than two millennia, is not accommodated in English without a good deal of thought... In order to translate or even explain[,] one must therefore create a technical vocabulary in English.

Within professionally practiced Chinese medicine in China, there are thousands of technical terms. Although these terms are all Chinese language words (unlike the Greek and Latinate terms of Western medicine), in China, students of Chinese medicine must be taught and learn the technical meanings of these terms when used in a Chinese medical context. The plethora of such technical professional terminology is reflected in the existence of numerous Chinese language dictionaries of the terms of Chinese medicine available in People's Republic of China and the Republic of China (Taiwan). For instance, the *Jian Ming Zhong Yi Ci Dian (A Concise Dictionary of Chinese Medicine)* published by People's Health & Hygiene Press in Beijing in 1986 is 1022 pages long and contains 1,130,000 characters discussing approximately 9700 entries covering every aspect of Chinese medicine.

The Argument

There are a number of reasons for adopting a standard English language terminology for Chinese medicine. First and foremost is to learn more technically accurate, and, therefore, more clinically effective Chinese medicine. Chinese medicine was created and refined in China over a period of not less than 2,500 years of recorded history. Those of us who practice Chinese medicine in the West believe that this medicine has indeed been time-tested over the last two millennia. Therefore, we presume that our practice of Chinese medicine is both safe and effective. For this presumption to be correct, we need to practice this medicine as the Chinese practitioners do. If we practice differently, we can no longer say that what we are doing is safe and effective based on the long history of clinical practice.

The logic of Chinese medicine is based on the logic of the Chinese language. Chinese is the language in which this medicine was created, and Chinese is structured very differently from English and other Indo-European languages. We think in language terms, and the language we think in affects the very way we think and the way we see and interpret the world. If one really wants to understand Chinese medicine, then one must be able to read the Chinese medical literature in Chinese. Barring that, one must at least be able to read the Chinese medical literature in an English language translation which captures the logic and technical precision of that literature as closely and as accurately as possible.

Much of the *de facto* English language terminology of Chinese medicine is imprecise at best, if not simply wrong. This can either obscure the logic and technical clarity within the Chinese original or actually convey a false meaning or impression. For example, in the late 16th century, Matteo Ricci translated *wu xing*(五行)as the "five elements," thus warping the European understanding of this theory for more than 500 years. Prof. Porkert used the term "phase" instead of element. Hi interpreted the Chinese medical concept as one of phases of birth, growth, maturation, and decline, while the word "element" conveys something material and static. Yet one can hear of 21st century students and practitioners of Chinese medicine talking blithely about the five elements at every turn. Another common mistake is the traditional Chinese medical term *fa re*(发热). When used in a Western medical sense, this Chinese term is translated as fever. However, when used in a traditional Chinese medical sense, it should be translated as "emission of heat." A patient may be said to have *fa re* with or without an elevated body temperature. This Chinese medical concept is based solely on a combination of externally observed signs and internally experienced symptoms. whereas, to have a fever, body temperature must be above 98.6º F (37º C). And how many translations have we read of *shang han*(伤寒), damage [due to] cold, as "typhoid?" Such an erroneous, over-particular translation of this technical term narrows the diagnostic and prescriptive system based on this key concept to the point of uselessness in contemporary clinical practice.

While the above terms are some of the most egregious, there are many other, more subtle mistakes in the ad hoc English language terminology of Chinese medicine. For instance, the term huo *xue* (活血) is often translated into English as "to invigorate the blood." In English, "vigor" is a synonym for active force or strength. Therefore, "invigorate" means to strengthen. However, *xue* (血) or blood in Chinese medicine is a material substance which "nourishes and constructs." It does not act with force or strength. Acting with force or strength (*li,* 力 in Chinese) is an attribute of qi. Hence, to use the word "invigorate" blurs the fundamental yin-yang dichotomy between the qi and the blood, qi being active and having force or strength, blood being a material used to nourish and construct. A more technically correct translation is "to quicken the blood." In English, the word "quicken" has two meanings: 1) to make move faster, and 2) to bring to life. The treatment principle huo xue is the treatment principle for remedying blood stasis. A synonym of blood stasis is dead blood, *si xue* (死血). However, static blood is also blood that is not moving freely. Therefore, to quicken the blood captures both these meanings without introducing any other, erroneous meaning. Further, now we understand why the blood must be quickened to eliminate blood stasis that hinders the engenderment of new or fresh, living blood.

Another erroneous term commonly used is "sedate" for the Chinese *xie* (泻). Sedate comes from the Latin sedere, "to sit." Therefore, to sedate means to make something sit in place. However, the Chinese *xie* means to drain off some evil qi that has been "sitting" in a place it should not be. The fact of its "sitting there" is what is pathological. Thus, "to sedate" is absolutely and fundamentally the wrong idea which corrupts a correct understanding of the flow of qi and blood through the channels and vessels of the body. Or take *xie's* polar opposite, *bu*(补). In the early 20th century, Soulie De Morant coined the medicalized word "tonify." This word does not exist in standard English dictionaries, but worse than that, if it did mean something in a medical sense, it would mean to make tight, as in toning a muscle. The Chinese medical terms means "to add to" or "supplement," not to make anything tight or firm.

As a teacher of Chinese medicine on the national and international level, I am frequently told that I explain Chinese medicine so clearly and so logically. However, when I teach Chinese medicine in English, I primarily translate what the Chinese themselves write and say, but I use a standard English language translational terminology that comes as close as possible to capturing the meaning and logic of the Chinese language in English. Hopefully, my clarity as a teacher is due to my using a standard translational terminology which is as correct and accurate in English as possible and faithfully conveys the technical implications of the original Chinese. Further, I can also say that the adoption of this terminology has also significantly helped me improve the technical application of Chinese medicine in clinic, thus resulting in better therapeutic outcomes for my patients.

Another reason for adopting a standard English language translational terminology is to facilitate communication within our profession and allow cross-referencing of information. Right now, teachers and practitioners of Chinese medicine are free to use any words they like. However, how does one know that one teacher's slippery pulse is another teacher's rolling pulse is another teacher's sliding pulse is another teacher's gliding pulse? Further, how can we know the original Chinese term the teacher has in mind or is referencing, remembering that the Chinese term is our ultimate standard of reference? In order for members of this profession to accurately and easily exchange information from peer to peer, we need to all be using the same terms referenced to the same Chinese originals. Until or unless we do, our classes, meetings, and our literature will be a Tower of Babel whose information cannot be cross-referenced.

With the growing recognition and acceptance of Chinese medicine in the larger world around us, other parties such as governmental and regulatory agencies, third party payers (insurance companies), CAM group practices, hospital administrators, and other potential employers rely on us to use a standard professional terminology.

All these outside agencies and constituencies need to be able to compare apples to apples. If practitioners use different English terms for the same original Chinese medical concept, these outside agencies will be left comparing apples to oranges. In that case, they may decide that trying to integrate Chinese medicine into the larger health care infrastructure in the West is either impossible or not worth the effort.

A standard professional terminology is also needed to research and access information digitally. Computers (at least for now) are absolutely literal when it comes to searching a database. Google, Yahoo, and MSN will only bring up search results that contain the exact word or words included in the search parameters. That means that, if I use to term "slippery pulse," the search engine will not return any of the sites that contain the terms "sliding pulse" or "rolling pulse." This implies that I may miss a lot of useful information I may want to find about this topic. Digital information retrieval demands the use of a standard terminology. To fail to adopt such a standard terminology will consign this profession to the equivalent of the Dark Ages in terms of computer-aided research.

Additionally, a standard terminology is needed that is makes it easier for speakers, writers, teachers, and publishers to disseminate information on Chinese medicine. This is a small niche market, and there is not much leeway for success in this market in terms of time, energy, and money invested.

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Writers do not have to reinvent their own terminology and then wonder whether that terminology will agree with other books already available in the marketplace. , publishers will not have to include a glossary in the back of every book they publish, nor will they have to wonder how their books will segue with the already published literature. Adoption of a standard translational terminology would allow writers, teachers, translators, editors, and publishers to "plug and play."

Lastly, the use of a standard translational terminology pegged to the Chinese originals also makes it easier to learn to read the Chinese language literature *in Chinese*. In this case, one would only use a single dictionary or glossary to learn the meanings of the main words and compound terms. Since reading the Chinese medical literature in Chinese results in the best and most accurate understanding of the technical practice of this medicine in clinic, this final reason should not be overlooked or undervalued.

References

1. Abel-Rémusat, Jean Pierre, quoted by Linda L. Barnes, *Needles, Herbs, Gods and Ghosts: China Healing and the West to 1848*, Harvard University Press, Cambridge, MA, 2005, p. 248
2. *Ibid.*, p. 248-249
3. Sivin, Nathan, Foreword, *The Theoretical Foundations of Chinese Medicine: Systematic Correspondences*, Manfred Porkert, The MIT Press, Cambridge, MA, 1974, p. xiii
4. Porkert, Manfred, *op. cit.*, p. 6
5. *Ibid.*, p. 7
6. Sivin, Nathan, *Traditional Medicine in Contemporary China*, Center for Chinese Studies, University of Michigan, 1987, p. xxv

Note: This excerpt has been taken from the full position paper submitted by this author. This comprehensive document can be accessed at www.aaom.org. Attendees of the Asian Medical Nomenclature Debates – October 19 2006, the Wigwam Resort and Spa – 8:00 AM – 5:30 PM, Litchfield Park (Phoenix) AZ, will receive a binder of all position papers submitted.

Bob Flaws, DiplAc, DiplCH, FNAAOM, RegAc [UK], is one of our profession's most prolific writers on Chinese medicine in English. Author, translator, and editor of over 100 books and scores of articles in professional journals and general magazines, Bob regularly teaches around the world. Other credits include being a founder and past president of the Acupuncture Association of Colorado, a Fellow and past Governor of the National Academy of Acupuncture & Oriental medicine and past editor of their journal, a Fellow of the Register of Chinese Herbal Medicine (UK), a founder of the Council of Oriental Medical Publishers, and editor in chief of Blue Poppy Press, Inc.