

# Asian Medical Nomenclature Debate - Position Paper

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## Position in 2001:

From *Chinese Herbal Patent Medicines, The Clinical Desk Reference* (Shya Publications, 2001), p. 1159:

## Appendix 10.

## GLOSSARY OF CHINESE MEDICAL TERMS

### 155 Terms of Energetic Physiology

“There has been significant interest by the English speaking traditional Chinese medicine (TCM) community as to which English words to use for Chinese medical terms. The Chinese medical language is very precise, and will have different words for similar concepts, such as boost, assist, nourish, or tonify. These differences are quite important to the well-trained practitioner, ultimately indicating which particular herb is required for therapy. For example, various herbs may affect *qi* in the following ways: tonify, support, secure, consume, descend, rectify, absorb, break, normalize, harmonize, warm, move, increase or correct. All of these terms are represented by different Chinese characters and may indicate the need for a specific type of medicinal herb.

Early attempts by the Chinese to translate Chinese medical terms into English were remarkably successful (for example, that of Hunan Science & Technology Press in 1981, *Bibliography* 5-2), but marred by inconsistencies and a failure of the different publishing houses to adopt a uniform standard. The early American publications of Eastland Press (*Bibliography*, 2-2, 3-4) used translations by Andy Gamble and Dan Bensky which in my mind are the best for the needs of clinicians. Regrettably, Gamble and Bensky failed to follow up with an independent dictionary or glossary. This fell to the work of the scholar Nigel Wiseman, with the help of clinicians Andy Ellis and Paul Zmiewski (*Bibliography* 4-3 and 5-4).

Wiseman endeavored to apply, in the main, one English word for one Chinese word, and his work is largely successful. I have adopted his translations for the most part, due to their consistency as well as the trend of other English language publishers to adopt Wiseman’s translations. I have refrained from using Wiseman’s translations for 38 entries, due to awkwardness or

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uncommon usage in the English language. Also, for five items I have preferred to use the original *pinyin* instead of an English rendering, including *zang fu*, *jing*, and *shen*.”

(A PDF of the complete glossary is available online at [www.aom.org](http://www.aom.org)).

## Position, 2006:

My interest in - and concerns regarding - TCM terminology revolve around my lecturing to undergraduates and practitioners as well as writing articles and books. In the early teaching days, and in translating for *Chinese Herbal Patent Medicines, The Clinical Desk Reference*, I relied exclusively on dictionaries coming from mainland China. (See Appendix A.) I have consistently maintained my belief that Chinese experts were competent in providing English translations for Chinese medical terms, despite some Western publishers’ assertion that translations should be provided by native English speakers.

I am well aware of the efforts of Nigel Wiseman and his associates to provide comprehensive dictionaries. Not only do I applaud their Herculean efforts, but I utilize their terminology as much as possible. There are two reasons for this. First is my agreement that there should be some basic consensus on English language translations of TCM terms in the hopes of creating a solid front and foundation for students and practitioners. Second is a desire to be in step with the mainstream trends promoted by the Western TCM publishing houses.

However, since the earliest introduction of “Nigel-Speak” I have strongly resisted certain words as awkward or even incomprehensible, and I have spoken out for their replacement. I list the most egregious below. On the left are Wiseman’s terms and on the right are the words I use in my own writings. (Complete comparisons are available in Appendix B.)

These translations are not so offensive as irritating, basically because they are not commonly used in clinical discourse. “Emolliates” and “downbears” for example, are not found in an English language dictionary. (Nor, for that matter, is “Herbology”.) The most disruptive to the ear is “vacuity” instead of “deficiency”, and the most unseemly: “vacuity fire effulgence”.

The attempt by some publishers to “insist” that everyone, including the Chinese, use Wiseman translations is wrong, and it emanates from intellectual snobbery. It unfortunately pits Chinese language academics against clinicians. It would be one thing if all the American scholars, teachers and publishers had a basic consensus, but when it is clear that this doesn’t exist, it is almost underhanded to approach Chinese publishers as if this were so.

The true spirit of the Chinese language is to use simple terms when explaining complex subjects. When we use unusual, uncommon, or obtuse terms we go against the Asian custom of employing simple words in simple sentences. Creating an unnatural medical language in English reminds me of

	Wiseman	Fratkin
<i>huo xue</i>	quickens the blood	invigorates blood
<i>jiang qi</i>	downbears qi	descends qi
<i>li shui</i>	disinhibits water	benefits the movement of water
<i>li xiao bian</i>	disinhibits the urine	benefits the movement of urine
<i>qian xu huo</i>	subdues frenetic vacuity fire	subdues deficiency fire
<i>qing xu re</i>	clears vacuity heat	clears deficiency heat
<i>rou gan</i>	emolliates the liver	softens the liver
<i>san jie</i>	dissipates binds	dissipates masses
<i>sheng ji</i>	engenders flesh	generates tissue
<i>sheng jin</i>	generates humors	generates fluid
<i>sheng xian</i>	raises the fallen	raises prolapse
<i>yin xu huo</i>	vacuity fire effulgence	yin deficiency fire
<i>wang dong</i>		flourishing (upwards)

the Western medical model of using Latin as a foundation, and ultimately creating a glossary and language that the common person was not meant to understand. And let us not forget the disastrous lexicon Manfred Porkert offered in his widely disseminated work of the late 1970s. This is what I mean by intellectual snobbery.

I would not like to see a Western cultural attitude applied to Oriental medicine whose cultural antecedents strived to make medical language simple. In that culture, Chinese medicine employed terms that the general population knew and used, even terms like *qi*, *xue*, *jing*, etc. Terms such as tonifying (*bu*) or draining (*xie*) are easily understood. *Xu*, commonly understood as deficiency, loses its commonness when we call it vacuity. One can make a good case why vacuity is more accurate in conceptual terms, but it is not a commonly used word in our society. Deficiency is more in keeping with the original Chinese common usage of the term, and again, in accord with the tendency of Chinese to use simple everyday words in describing medical and other scientific phenomena.

One issue at this conference is whether a standard dictionary should be imposed on writers and speakers. The different Western publishing houses (notably Eastland Press, Paradigm Publications, Blue Poppy and Churchill-Livingston) ultimately choose their own terminology, and I predict that after this conference, and perhaps because of it, they shall continue to do so. This is to say it is highly unlikely that all the publishers will adapt a standard dictionary.

Any attempt to persuade Chinese publishers, such as Foreign Language Press, etc., that English readers are expecting an allegiance to a Wiseman dictionary is wrong-headed. I hope that one result of this conference will be a clear message to the Chinese publishers that we are not in consensus on recommending the Wiseman dictionary.

Andrew Ellis, in a consultation concerning my own book's glossary, said it doesn't matter what English word is chosen as long as it is consistently used, and that Chinese characters and *pinyin* are provided so the Chinese medicine reader can identify the original term. This is the position I would also propose.

Perhaps the best or most definitive dictionary has not yet been written. Again, I still prefer the Hunan Science and Technology text (see Appendix A, 5-2), although it must certainly be out of print. More recently is the extraordinary work of Professor Xie, Zhufan in his book, "On The Standard Nomenclature of Traditional Chinese Medicine" (Foreign Language Press, Beijing). I had hoped the conference

had invited Professor Xie to take part in this panel, and I would highly recommend his book to all of the panelists. Professor Xie looks at all the English language translations (including those by Wiseman, Bensky and others) and gives reasonable explanations for his preferred English word selections. I have included some of his terms in the attached PDF file comparing Wiseman terminology with alternatives. He offers a studious explanation for his English word choices, according to both the tenets of TCM as well as linguistic considerations. His English is certainly as good as the English-language scholars who are writing on the subject.

In conclusion, I would recommend that each publishing house adapt or maintain its own consistent linguistic standards but provide, as Mr. Ellis proposed, a glossary with Chinese characters, *pinyin*, and its English translation. This would apply to English translations of medical terms as well as herbal medicines, formula names, and acupuncture points. I would hope that the various publishing houses of China, printing in English, would follow these recommendations as well.

#### APPENDIX A.

From *Chinese Herbal Patent Medicines, The Clinical Desk Reference* (Shya Publications, 2001), p.:

##### 5. BOOKS AND DICTIONARIES ON CHINESE-ENGLISH TERMINOLOGY

5-1. CHINESE-ENGLISH DICTIONARY OF TRADITIONAL CHINESE MEDICINE, Ou Ming, Editor. Guangdong Science & Technology Publishing House with Joint Publishing Co, Ltd., Hong Kong, 1988.

5-2. CHINESE-ENGLISH TERMINOLOGY OF TRADITIONAL CHINESE MEDICINE, Hunan Science & Technology Press, Hunan, 1981.

5-3. DICTIONARY OF TRADITIONAL CHINESE MEDICINE, edited by Xie and Huang, Beijing Medical College; Commercial Press Ltd., Hong Kong, 1984.

5-4. ENGLISH-CHINESE CHINESE-ENGLISH DICTIONARY OF CHINESE MEDICINE, Nigel Wiseman, Hunan Science & Technology Press, Hunan, 1995.

5-5. GLOSSARY OF CHINESE MEDICAL TERMS AND ACUPUNCTURE POINTS, Nigel Wiseman with Ken Boss, Paradigm Publications, Brookline, 1990.

5-5. MATHEWS' CHINESE-ENGLISH DICTIONARY, Revised, American Edition, Harvard University Press, Cambridge, 1931, 1993.

5-6. THE PINYIN CHINESE-ENGLISH DICTIONARY. Commercial Press, Hong Kong, 1978, 1981, 1995.

**Note:** This represents the full position paper submitted by Dr. Fratkin, but an accompanying 7 page Glossary is available online.

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the modern contributions made by western countries like France and England. But it would bring the focus back to the root culture, which ultimately is the strength of the medicine, always coming back to the source, that place where the purest medicine resides.

Ultimately people change, places change, and names change. What we hope will endure long after we are gone is the wisdom of this medicine and its power to heal. As Witter Bynner so beautifully put it in his translation of Lao Tzu's *Tao Te Ching*:

Existence is beyond the power of words

To define:

Terms may be used

But are none of them absolute...

If name be needed, wonder names them both:

From wonder into wonder

Existence opens.

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