

A Practical Dictionary of Chinese Medicine

Second Edition

Nigel Wiseman

Feng Ye

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A Practical Dictionary of Chinese Medicine is an original work compiled from the Chinese sources cited in the bibliography. Please see the Compilers' Preface for details.

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Foreword by Hen-Hong Chang

The transmission and development of Chinese medicine has a style of its own; reference works have been few. Since the founding of the Republic of China, the burgeoning of schools has brought change in education methods and in knowledge itself. In the early years of the Republic, Hsieh Kuan of the Shanghai Chinese Medical School compiled *The Comprehensive Chinese Medical Dictionary* (*zhōng yī dà cí diǎn*). His work, as some would have it, was an answer to the challenge of modern sciences, yet from a broader perspective, it was “following Heaven and responding to Man”—a natural response to the changing times. Seventy years later, Wiseman and Feng’s English dictionary represents a new milestone in the development of Chinese medicine.

The creation of dictionaries is the work of “rectifying the names.” When the names are not right, discourse is foiled. Academic study must have a common language. However, in Chinese medicine, with its vast academic history, it is exceedingly difficult to establish a common language. Nigel Wiseman, by his own account, has poured ten years of sweat into his research on the subject. He journeyed east to obtain the scriptures and fathomed the riddle of words in the magic books. It takes little to imagine his assiduity. The author’s powerful command of English is a call to study, and his insistent expression of the hope that Western students will take up the study of Chinese so as to be able to “enter the hall and behold the wonders within” is an admonition that naturally springs from deep inquiry, and is one mark of his sincerity and rigor.

Any academic discipline that moves onto the world stage receives worldwide contributions and challenges that infuse it with life and promote its transformation through development. This is implicit in Kuhn’s notion of paradigms in the evolution of science. This English dictionary of Chinese medicine is a brave start in the progression from a common language to a world language. What is more, in its scope and in the standards it sets, it will reflect the sophistication of Chinese medicine after its reception in the West, which with persevering innovative effort will undergo constant development. Scholars should view this book as a bridge and, even more, as a path.

Hen-Hong Chang

China Medical College, Taiwan, Summer 1997

Compilers' Preface

The dictionary has an important and thus far undeveloped role to play in the expansion of Western knowledge of Chinese Medicine. In compiling the present work, we set ourselves the somewhat daunting task of making a dictionary that would be useful to practitioners, students, and teachers of Chinese medicine in the English-speaking world, whether or not they know Chinese or are familiar with the terminology presented.

Over recent decades, a number of English dictionaries of Chinese medicine have appeared, but in general they have not been popular. Chinese-English translator's lists have naturally only attracted the interest of the limited usership for whom they have been intended. Dictionaries containing definitions and other information in English have apparently failed to provide teachers, students, and practitioners not possessing linguistic access to Chinese texts with a useful tool to learn about Chinese medical concepts. Owing to the current lack of standardization of Chinese medical terminology in English, terms are difficult to access, and given the lack of useful information provided, even a successful lookup is poorly rewarded.

Deficiencies of particular bilingual dictionaries of Chinese medicine published to date may account for their lack of popularity, but they do not explain why the dictionary has not been developed to perform the role that it nowadays regularly plays in the interlingual transmission of specialist knowledge in other fields. In the interlingual context, the specialist dictionary, in addition to being able to provide definitions and other information about concepts as regular monolingual specialist dictionaries, also performs the function of establishing relationships between source-language and target-language terms—those intended principally for translators, indeed, serving only this function. The bilingual specialist dictionary has played an important role in the transmission of Western scientific and technical knowledge to non-Western communities. However, it has apparently not been identified as a useful tool for acquiring Chinese medical knowledge.

The lack of importance accorded to the bilingual dictionary in Chinese medicine is one sign that the recipient community is currently not geared to large-scale transmission of knowledge from China. Little attention has been paid to learning Chinese, which would give more students of Chinese medicine access to primary texts, and create more potential translators. Chinese medical texts translated from Chinese are still outnumbered by texts written by Westerners without access to primary texts, who use English terms at their face value without being able to consider whether they represent original

concepts. A substantial proportion of the literature translated and compiled from primary sources is the work of Chinese people, whose command of English is forgivably limited and who very often take a "conservative" approach of translating terms with the nearest Western medical equivalents. Greater accuracy in translation and greater conformity in the presentation of Chinese medical information can only be achieved by a thoroughgoing, informed debate. So far, unfortunately, few people have seen value in such a debate, and even fewer have made any contribution to it.

Failure to come to grips with the linguistic problems facing the transmission of Chinese medical knowledge is rooted in various misconceptions of the nature of Chinese medicine and the possibilities for its adoption in the West. Chinese medicine has been identified, in contrast to Western medicine, as a holistic and natural medicine that puts healer-patient interaction firmly in the foreground. With this, Chinese medicine is tacitly assumed to have little of the complex detail and "book knowledge" seen in Western medicine (e.g., the huge complexity of modern anatomical knowledge, of which any doctor in his career only uses a minor portion), and that, unlike Western medicine, it does not need and therefore does not have a large and complex technical vocabulary. These conceptions derive not so much from actual evidence as from expectations of a desirable alternative to Western medicine. In actual fact, the learning of Chinese medicine traditionally involved much book learning, including the memorization of classical texts, and the Chinese terminology that has amassed over two thousand years is colossal (the larger dictionaries of Chinese medicine compiled in this century contain up to 40,000 or more entries).

The freedom that has generally been allowed for the practice of acupuncture and Chinese medicine in the West has allowed the possibility for professionalization, which has—somewhat precociously—encouraged many to assume that training provided by Western schools of acupuncture and Chinese medicine is comprehensive, if not practically complete. Yet, given, among other things, the absence of full translations of classical texts (texts which, despite modernization of Chinese medical education in China, still constitute a major part of modern curricula there), such an assumption is indefensible.

The issues surrounding the accurate transmission of original Chinese medical knowledge have been eclipsed by the argument that a premodern medicine of a distant culture must undergo adaptation before it can be of use to modern Western

society. Yet, until the West has a comprehensive understanding of Chinese medicine, which can be gained only through attention to such issues, no debate concerning possible or desirable adaptations can be well informed or democratic.

All of these misconceptions exist only because of the language barrier, which not only prevents Chinese medicine from advancing beyond its initial stage of transmission westward, but also deprives the majority of Western teachers, students and practitioners of the ability to assess how much knowledge has been transmitted and how much remains to be made available.

The key to acquiring Chinese medical knowledge—as indeed any foreign body of knowledge—lies in mastering the language that has traditionally served as the vehicle of transmission from one generation to the next. Without this key, the recipient community is prey to the tendency to form ideas about Chinese medicine not from direct knowledge of it, but from expectations prompted by a 20th-century Western world view. The work of investigating Chinese terminology, developing a rational approach to translation, and presenting terminology in dictionary format form a necessary first step toward developing a language of Chinese medicine in English that is designed to ensure maximum fidelity in the translation of original texts. Ideally, such an effort should go hand in hand with the development of Chinese-language teaching to enable more students to escape the tangle of words and meanings that unavoidably results from an unsystematic approach to translation.

If there is any justification for the view that the westward transmission of Chinese medical knowledge can dispense with any attempt to ensure terminological parity through the creation of bilingual glossaries and foreign-language dictionaries, it must lie in the traditional inattention to the terminology of Chinese medicine in China. Indeed, Chinese medicine traditionally never developed its own specialist lexicography. The reasons for this are to be sought in the nature of the expression of Chinese medical concepts in language and in the nature of Chinese medical knowledge itself.

In the traditional conception, derived from classical Chinese, the single character constitutes the basic element of meaning corresponding to our notion of a "word" (loosely defined as a string of letters demarcated by space). Unlike the modern Western sciences that have created new "words" in profusion, often combining Latin and Greek word-roots, Chinese medicine uses few "words" that are not to be found in general dictionaries, and consequently the notion of a technical term as a word formally distinct from any word used in the ordinary language never arose. Most of the terms of Chinese medicine are ordinary words used in spe-

cial senses and in combinations unfamiliar to the lay. Unsurprisingly, the first dictionary of Chinese medicine did not appear until the notion developed in general lexicography in China—apparently as a result of Western influence—that combinations of characters constituted "words." The 中国中医大辞典 *Zhōngguó Zhōngyī Dàcídiǎn* (*Comprehensive Dictionary of Chinese Medicine*) compiled under the editorship of Xiè Guān (谢观), which contains single-character and multiple-character terms, appeared six years after the 辞源 *Cí Yuán*, which is generally taken to be the first dictionary to include combinations of characters as entries.

An equally if not more important reason for the traditional absence of dictionaries of Chinese medicine lies in the lack of integration of its knowledge. In the pure and applied sciences of the modern age, knowledge is constantly revised and expanded by the community of researchers as a whole on the basis of an agreed methodology. The unequivocal linguistic expression of knowledge at any given time is ensured by terminological rigor oriented to the (not always achieved) ideal of a single term denoting one and no other concept. Within this framework, a technical dictionary displaying all terms together with precise definitions provides both a key to understanding terms and a standard for their usage. As Paul U. Unschuld has demonstrated, Chinese medicine at no time in its entire history developed an agreed methodology for determining reliable knowledge. It continually gave birth to new ideas, but never laid older ones permanently to rest. Because authority was always considered to lie in particular authors and works, certain concepts—and hence certain terms—continued to appear in literature, ensuring great continuity of thought down to the present. Consequently, in modern texts, many terms are used as they were in much-revered early texts such as the 黄帝内经 *Huáng Dì Nèi Jīng* or the 伤寒论 *Shāng Hán Lùn*. Nevertheless, many terms were used again and again in different senses, and a single idea accrued different linguistic expressions. Terms were, as already said, composed of the lexical material of the ordinary language, and were interpreted against the background of context. No urge ever arose to isolate terms from context and give clear definitions of the concepts they represent (as in a dictionary), let alone to standardize their usage. Yet, somewhat paradoxically, the failure to link terms to clearly define concepts in some respects raised the importance of the term above that of the concept, turning the word into a concept in itself. In the literary tradition that is based on the doctrines of the early medical classics, there is a certain slavery to words, which is evinced by the eternal annotation and re-annotation of ancient texts. It might surprise some Westerners that in some Chinese medical traditions

there is actually much more "book knowledge" involved in the process of learning Chinese medicine than there is in learning Western medicine.

The traditional absence of Chinese medical dictionaries cannot be taken to mean that Chinese medicine does not possess a terminology, that is, a set of words and expressions that either do not exist in the ordinary language or are used in senses unfamiliar to the lay. The existence of concepts such as the 三焦 *sān jiāo*, 'triple burner', 痹 *bì*, 'impediment', 马勃 *mǎ bó*, 'puffball', and 一贯煎 *yī guān jiān*, 'All-the-Way-Through Brew', which are just as obscure to lay Chinese as the English equivalents are to lay English speakers, is certain evidence of this fact. The belief widely held among Westerners that Chinese medicine does not really possess a terminology beyond a handful of specialist terms cannot be substantiated. In the modern age, the word "terminology" is associated with certain notions that have arisen in the modern sciences and technologies, namely that every term should have a clear, concise and unequivocal definition and that each concept should be represented by a single term not used to denote any other concept. Chinese medicine traditionally never perceived the need for this degree of rationalization; writers tended to define only those terms that were not self-explanatory in context, and rarely paid attention to the possibility that they might be using terms differently from other writers. Yet this in no way lessens the technical, that is, non-lay, status of words and word meanings in the language of Chinese medicine. Especially in highly-revered texts, where the concept attached to the word may be unclear, the word takes on importance that it is not accorded in the modern sciences.

Recognition of the technical status of Chinese medical terms explains why Chinese medical lexicography, despite its traditional absence, has undergone considerable development during this century. With the new importance given to Chinese medicine in the People's Republic (PRC), dictionary-making activity has increased. Over recent years, there has been a veritable profusion of Chinese medical dictionaries, the largest one, similar in size to Xiè Guān's, being the 中医大辞典 *Zhōngyī Dàcídiǎn* (*Dictionary of Chinese Medicine*), which finally appeared in 1995 after publication of a trial version (*Zhōngyī Dàcídiǎn, Shìyòngběn*) and a concise version 简明中医辞典 *Jiǎnmíng Zhōngyī Cídiǎn* (*Concise Dictionary of Chinese Medicine*). Numerous other general dictionaries as well as single-character dictionaries and specialist dictionaries of acupuncture, warm disease (温病 *wēn bìng*), manipulation (推拿 *tuī ná*), and so on, have also been published. In addition, there are a number of dictionaries and concordances on particular classical works such as 黄帝内经 *Huángdì Nèijīng* and the 伤寒论

Shānghánlùn, reflecting a continuing preoccupation with words in the absence of clearly defined concepts. Furthermore, given the priority accorded by the PRC Government to the internationalization of Chinese medicine, PRC scholars have also created a number of bilingual dictionaries of Chinese medicine.

Chinese medical dictionaries are not merely an additional tool in the study of traditional Chinese medicine. They are part of the change that Chinese medicine has undergone in the modern era. With the decreasing reliance on classical texts in the teaching of Chinese medicine during recent decades, the dictionary helps to maintain a link by indicating the source and usage of terms in classical literature—a function that could be further developed. In the long-term process of conceptual rationalization that the principles of modern science have unleashed, it may also contribute to a new standardized usage of Chinese medical terms that would reduce the polysemy of the past. However, the stride in this direction falters since it would entail a break with the past insofar as new definitions would fail to reflect the more varied usage of the past.

As has already been noted, bilingual dictionaries perform the important function of pegging target-language terms to source-language terms. During the initial transmission of knowledge from one culture to another, when target-language equivalents have not been standardized or have not been devised for source-language terms, the bilingual dictionary most naturally serves a normative function, making a set of target-language equivalents for source-language terms available to all translators. Insofar as translators adopt these terms, it encourages the standardization of the target-language terms; insofar as translators reject the terms and offer rational alternatives, the target-language terminology is refined. It is for this reason that we began our terminological work 15 years ago with the creation of a bilingual list of terms. The list was first published by Paradigm Publications in 1990 under the title of *A Glossary of Chinese Medical Points and Acupuncture Points*, and a very much revised version with the addition of drug and formula names was published in China by Hunan Science and Technology Press under the title of *An English-Chinese Chinese-English Dictionary of Chinese Medicine*. The computer database from which both publications have been generated continues to be revised and expanded for future editions. Because the absence of a unified English terminology of Chinese medicine is not only due to chance differences in choice of terms but also to completely different approaches to translation, both of the above-mentioned publications have accorded

considerable introductory space to the discussion of translation principles and term choices.

Until terminological conventions are established in the target-language (in our case, English), any attempt to devise an English-language dictionary of Chinese medicine intended for users with no knowledge of the source language, that serves the general functions of specialist dictionaries, such as providing definitions and other information, encounters accessing difficulties. When alphabetical order of English terms is chosen, a reader who knows a given concept by one name may fail to access it if it is listed under a name with which she or he is not familiar. The alternative is the thematic order, whereby items are arranged according to subject matter. In theory, the thematic order is seemingly preferable since it presupposes less knowledge on the part of the user. This probably explains why makers of bilingual dictionaries of Chinese medicine have invariably chosen it. In practice, however, the concepts of Chinese medicine do not form a closely integrated conceptual system; the task of devising a logical thematic order is problematic, perhaps impossible, especially when larger numbers of terms are included (to date, most bilingual dictionaries of Chinese medicine have been very small). The thematic order of course can be supplemented by an index of foreign-language (in our case English) equivalents, which would be useful insofar as the English terms are familiar to readers. However, bilingual dictionaries of Chinese medicine published to date lack English term indexes. On the other hand, since Chinese indexes are often included, the intended readership is clearly not foreign readers without linguistic access to primary texts, but rather people with linguistic access to primary texts wishing to translate or create texts for a Western readership.

The disadvantage of the alphabetical order has not been proven by practice. Chinese medicine has a large and complex terminology, but many key concepts such as organs, body parts, and disease-causing entities are not only relatively standardized in translation, but also form the first element in a vast number of terms. For example, entries beginning with 'liver', 'heart', 'spleen', 'wind', 'cold', 'vacuity', 'repletion', and so forth, comprise a significant share of terms.

In devising the present dictionary, we have rejected any attempt to categorize concepts, and have sought to overcome the difficulty of accessing by providing copious references (printed in SMALL CAPITALS). For example, under the entry header 'eye', there are numerous references to terms denoting parts of the eye, eye signs, and eye diseases. Users familiar with Chinese terms or researching concepts in texts that have provided Pinyin transliterations may access definitions through the Pinyin index entries.

Any chosen arrangement of terms has its defects. However, a factor that is probably more important than choice of order in determining utility of the dictionary is the nature and amount of the information contained. Although term definitions are the main item of information in most dictionaries, these are not the only interest of clinicians. In the present dictionary, therefore, we have maximized rewards for consultation by including large amounts of clinical information. For example, disease term entries provide signs and possible treatments, and term entries denoting physiological functions indicate symptoms that arise when the said function fails. We hope that this information will encourage the use of this dictionary, and thereby enable it to perform its function of increasing awareness of terminological issues among users.

We have rejected the completely bilingual format whereby all information in the entry is provided in Chinese as well as English. This format is observed in a number of bilingual dictionaries produced in the PRC, in which definitions and clinical information tend to be written in a modernized idiom of Chinese to minimize translation problems. We take the view that the traditional expression and terminology can be duplicated in English, even if this involves coining new terms. When, as in this work, all terms, or at least all the major and potentially problematic terms that appear in the definitions and clinical information are included as separate entries, the value of including original Chinese text declines.

Given the present state of transmission, an English dictionary as comprehensive as the large monolingual dictionaries would be of limited utility, since it would contain too many terms unfamiliar to readers. We have limited our selection to fewer than 6,000 terms commonly used in modern literature. In selecting terms, emphasis has been placed, for example, on modern pattern identification, and in fact we have included many patterns that have not yet appeared in Chinese monolingual dictionaries. Our selection of terms nonetheless is wide enough to embrace many terms of lower frequency literature, notably a substantial inventory of disease categories much neglected in English literature published to date. It is hoped that copious clinical information and interreferencing between entries will encourage readers to look beyond the bounds of their current focus into the broader realm of Chinese medical concepts. Ideally, readers will find this dictionary to be not only a book of definitions of terms, but an encyclopedic dictionary that invites browsing.

The decision to accommodate a Western focus of interest has led to one novelty not seen in monolingual dictionaries. Most Chinese dictionaries include treatments for pathological states, but these are mostly medicinal therapies, and acupuncture.

ture treatments are rarely given, reflecting the much greater importance accorded to drug therapy than to acupuncture in China. Since Westerners have a greater interest in acupuncture, we have included treatments given in modern acupuncture literature. In so doing, we may be courting the danger of giving the false impression that Chinese medicine is a single body of theory with two distinct treatment modalities for each pathological state, but at the present time an English dictionary that failed to take account of this Western focus of interest would probably attract fewer potential users.

The information under entries has been gathered from numerous sources (the texts consulted are listed at end of each entry). This information is not necessarily a translation of a particular text. Definitions have sometimes been conformed to modern terminological conventions when Chinese definitions are unclear or insufficient. This is the most significant area in which we have prioritized comprehension over fidelity to a specific Chinese text. Key concepts given little or no coverage in Chinese dictionaries have been explained from our own research. Detailed information given in source texts (especially textbooks containing large amounts of detailed information) has often been compressed for the sake of brevity. Information has been reorganized to comply with the format adopted in the present text. Medicinal formulas likely to be more familiar to readers have in some cases been substituted for more obscure ones. Generally, however, we have tried to ensure that the information given is expressed in the terminology of Chinese medicine, so that even English text created by the authors could be easily and meaningfully translated into Chinese.

Finally, mention should be made of translation issues. We have discussed these in detail in previous works, but given the normative nature of this dictionary, it is fitting to sketch here the basic approach adopted in the selection of English terms.

Many terms in Chinese medicine are simple everyday words used in their primary senses, with very close equivalents in everyday English. Examples of such close equivalents can be seen in physiology (眼 *yǎn*, eye; 鼻 *bí*, nose; 心 *xīn*, heart; 涎 *xián*, drool; 尿 *niào*, urine); in pathology (风 *fēng*, wind; 寒 *hán*, cold; 热 *rè*, heat); and in treatment (清 *qīng*, clear; 泻 *xiè*, drain).

Once equivalents for basic words have been chosen, many compounds can be constructed in English much as they are in Chinese. Thus, 'clear heat and drain fire' is a word-for-word literal translation of 清热泻火 *qīng rè xiè huǒ* (only the word 'and' being added in English); 'liver fire flaming upward' is a literal translation of 肝火上炎 *gān huǒ shàng yán*. (For more about the translation of single characters, see Single Characters with English Equivalents on page xiii.)

Some terms are everyday Chinese words used in extended senses, whose English equivalents do not share same literal meaning. For example, 崩 *bēng*, literally 'collapse', 'landslide', is used in medicine to denote heavy non-menstrual discharge of blood via the vagina, which in everyday English is commonly referred to as 'flooding'. In some, but not many, cases, a Chinese term composed of more than one character has a ready-made English expression of different composition. For example, 麻木 *má mù*, whose English equivalent is 'numbness' literally means 'linen and wood' (presumably from the numbing effect of linen clothing and the insensitivity of wood). The Chinese 带下 *dài xià*, translated in this text as 'vaginal discharge', literally means 'below the belt' (and originally referred to all gynecological diseases).

Some Chinese terms that have no ready-made equivalents can be translated etymologically. For example, 疔 *dīng* is a disease (疔), in this case a lesion, that, having a small head on the surface of the body and a long root penetrating the flesh, is likened to a nail or clove (丁). This is rendered in this text as 'clove sore' ('nail' having been rejected because, having two specific meanings in English, fingernails and iron nails, it is ambiguous). By the same procedure, 痿 *wēi*, denoting any condition characterized by atony, wasting, and in severe cases, paralysis of the limbs is rendered as 'wilting' since the character is none other than 萎 *wēi*, wilting or withering [of plants], rewritten with the sickness signifier 疒 *chuáng* instead of the grass signifier 艹 *cǎo*.

We have avoided translations of terms that might encourage readers to attach any modern Western ideas to them. Thus, for example, we render 风火眼 *fēng huǒ yǎn* as 'wind-fire eye' rather than as 'acute conjunctivitis' as many PRC translators have proposed. This literal translation preserves for the Western reader the Chinese medical etiology of the disease and avoids the impression that Chinese medicine has either the anatomical concept of the conjunctiva or the pathological concept of inflammation ('-itis'), as well as obviating the need to establish whether *fēng huǒ yǎn* corresponds in all cases to the Western medical notion of conjunctivitis. Terms used in Western medicine have only been chosen where they per se reflect no uniquely Western medical view. For example, we have chosen 'strangury' to render 淋 *lín*, as the English term, like the Chinese, means 'dripping'.

We have rejected not only term translations that introduce Western medical connotations but also any terms that might invite interference of ideas alien to Chinese medicine. We translate 泻 *xiè*, an acupuncture stimulus used to treat repletion patterns, as 'to drain'. The commonly used 'sedate' implies a notion that is not only alien to Chinese

medicine since it rests on the interpretation of *qi* as some kind of energy, but also confuses the learner's understanding of the concept because its connotations of quiescence and non-movement are precisely opposite those of the Chinese *xiè*.

In a few cases, either for want of a better word or in deference to current usage among English speakers, we have adopted an unsatisfactory translation. For example, we have rendered 穴 *xué* as 'point' rather than by a more literal translation such as 'hole'. We have rendered 証 *zhèng* as 'pattern' or 'sign' depending on the context, rather than by a literal rendering such as 'evidence'.

A common method of dealing with the seemingly untranslatable is to borrow a word from the foreign language. In translation from English to Chinese, this naturally takes the form of representing a Chinese sound in the English alphabet. We have adopted transcriptions only where they are already established in the English language or where no English word or words can cover the meaning of the original term adequately. Thus, we have adopted yin-yang and *qi* (previously *chi*, or, according to Wade-Giles Romanization, *ch'i*), which entered our language centuries ago, but we have otherwise resorted to Pinyin transcriptions sparingly. Although many Chinese medical translators and writers use Pinyin transliterations for 精 *jīng* and 神 *shén*, we believe that 'essence' and 'spirit' reflect the meaning of the Chinese terms more adequately than 'jing' and 'shen', which without clear definitions are meaningless to English speakers.

This maximally word-for-word literal approach to translation has two great advantages that it does not necessarily possess in other realms of translation (e.g., literary). First, it ensures faithful English equivalents that shed light on the Chinese understanding of the concept(s) they represent and that cover the various senses in which the original terms might be used. Second, such an approach provides an English terminology that can be mastered easily by translators by memorizing the equivalents of key Chinese characters. It is well worth noting that the translation of Western medical terminology into Chinese has adopted a similar approach in having standard Chinese translations for Greek and Latin morphemes used in compound terms.

Finally, we would point out some term changes. Ideally, a terminology is devised and then adhered to, without chopping and changing. However, adequate terms are not always found immediately, so that errors have to be corrected and improvements made. Since we began compiling this dictionary we have found superior choices for many terms. Insofar as the concepts in question are as yet largely unfamiliar to English writers or are not represented by any well-established English term, this should cause readers little inconvenience. We have, for ex-

ample, substituted 'excrescence' for 'outcrop' as our rendering of 贅肉 *nū ròu* since it is a more meaningful expression in the pathological context, and 'center burner' for 'middle burner' as our translation of 中焦 *zhōng jiāo* since 'center' is the word that best renders 中 *zhōng* in most contexts. We have replaced 'deep pulse' with 'sunken pulse' because 沉 has the primary meaning of sink and because this pulse is traditionally described as like a stone cast into the water. 'Sunken', rather than 'deep', is the natural opposite of 'floating', so that 'sunken pulse' better expresses the relationship of this pulse to the 'floating pulse'. For 消渴 *xiāo kě*, we have changed 'wasting-thirst' to 'dispersion thirst' since we have not found any traditional explanations of the term that interpret 消 *xiāo* as 消瘦, emaciation or wasting. Traditional commentators argue that *xiāo* refers to the dispersion (or disappearance) of grain and water that causes increased intake of food and fluids.

The boldest term change we have made is the substitution of 'heat (effusion)' for 'fever' in the rendering of (发)热 *(fā) rè*. The primary meaning of 热 *rè* is heat. In Chinese medicine, the term can denote both a manifestation of sickness or a cause of disease. As a manifestation of sickness, it can mean objectively palpable heat or heat that is only felt subjectively. Heat is a manifestation of disease (wind-cold can manifest in palpable heat), and naturally invites us to equate it with our word 'fever'. However, the word 'fever' in its lay usage tends to refer to palpable excessive bodily heat occurring in acute diseases (notably influenza); patients suffering from chronic illness in which there is palpable heat are more commonly described in English as 'hot' rather than 'feverish'. The technical modern medical usage of 'fever' as denoting a higher than normal body temperature has no correspondence in Chinese medicine since it is measured in the interior of the body (oral cavity or anus), taking no account of body surface temperature or the patient's subjective feelings, precisely the factors on which the Chinese medical judgment is based. The exclusion of the word 'fever' from an English-language medical text might contradict the notion of using clear, simple language wherever possible. Nevertheless, the notion of fever is to some extent culturally defined. Chinese describes hot states of the body in terms of 'heat' and sometimes specifically as 'heat effusion' (giving off heat), and Chinese medicine's particular attention to hot states that we might not describe as 'fever' either in lay or modern medical language calls for the more generic concept of *rè* to be reflected in translation as 'heat'. The choice of term is not without clinical significance, since an English-speaking learner or practitioner of Chinese medicine who applies a narrow definition to a common English term (one for which he supplies

his own definition when reading) might fail to categorize a patient as suffering from 'fever' where a Chinese person reading (*fā*) *rè* would not.

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A Guide to the Use of This Dictionary

1. Entry Headers

Each English entry term, or entry header, is printed in bold letters flush with the left-hand margin of each column. It is followed by the original Chinese term and Pinyin transliteration.

arched-back rigidity 角弓反张 *jiǎo gōng fǎn zhāng*:

Where the English term is an equivalent for two or more variant Chinese terms, the Chinese variants are also given.

ear acupuncture 耳针 *ěr zhēn*, 耳针疗法 *ěr zhēn liǎo fǎ*:

2. Arrangement of Entries

The entries are arranged in alphabetical order of the letters, regardless of space, hyphen, or punctuation that may occur between letters, and regardless of upper and lower case.

dry lips	qi-moving technique
dry mouth	Qin
dryness	Qing
dryness damage cough	qi occlusion

Homographs and English terms serving as equivalents for distinct Chinese terms are listed separately, preceded by a superscript number.

¹**moxa** 艾叶 *ài yè*: The prepared leaves of mugwort (*ài yè*) used in the technique of moxibustion, and...

²**moxa** 艾灸 *ài jiǔ*: *vb. moxaing, moxaed.* To perform moxibustion; to treat with moxibustion.

¹**depression** 郁 *yù*: Stagnation; reduced activity.

²**depression** 宛宛 *wǎn wǎn*: A concavity or indentation, as in the surface of the body.

¹**needle** 针 *zhēn*, 鍼 *zhēn*: *n.* Any instrument, usually of metal, used to puncture the skin and flesh in acupuncture...

²**needle** 针 *zhēn*, 鍼 *zhēn*, 刺 *cì*: *vb. trans.* To puncture with a needle as in acupuncture. *vb. intrans.* To perform acupuncture. ◇ *Chin zhēn*, to needle; *cì*, to prick, stab.

¹**scab** 痂 *jiā*: The crust that forms over a wound and protects it until the flesh has grown back. [43:355]

²**scab** 疥 *jiè*, 疥疮 *jiè chuāng*: A disease characterized by small papules the size of a pinhead that are associated with insufferable penetrating itching...

3. Information under Main Entries

The entry header may be followed by a synonym or synonyms.

dryness evil invading the lung 燥邪犯肺 *zào xié fàn fèi*: *Synonym: dryness qi damaging the lung.*

Synonyms marked as (*obs*) (obsolete) are terms previously, but no longer used by the compilers.

controlling vessel 任脉 *rèn mài*: *Synonym: conception vessel (obs).* Abbreviation: CV.

In some cases, it might be followed by a book title in which the term was first noted.

strangury 淋 *lín*: From *Elementary Questions (sù wèn, liù yuán zhèng jì dà lùn)*. A disease pattern characterized by...

After any synonyms and source books comes the definition. Multiple definitions are highlighted in bold Arabic numerals, 1., 2., 3., etc.

mammary toxin sore 乳毒 *rǔ dú*: **1.** A boil of the breast unassociated with pregnancy or breast-feeding. **2.** A postpartum MAMMARY WELLING-ABSCESS. [26:377]

Definitions are often followed by clinical information. Large amounts of information are often broken down into sections, e.g., Pathway, Method, Application, etc. Modern medical equivalents of pathological states (which are often only rough) are given under **WMC** (Western medical correspondences). Therapeutic information is introduced with **MED** (Medication), **ACU** (Acupuncture), and occasionally **TRT** (Treatment).

Where a pattern analysis is given, the pattern name often appears in bold type.

abdominal pain 腹痛 *fù tòng*: Pain in the stomach duct, in the umbilical region, in the smaller abdomen, or in the lesser abdomen. Abdominal pain is attributable to external contraction of one of the six excesses... **Cold** pain is pain that is exacerbated by exposure to cold and likes warmth, and... **Heat** pain is pain that...

4. Cross References

References to other entries are set in SMALL CAPITALS. A term written in small capitals can be found as an individual entry.

bladder damp-heat bloody urine 膀胱湿热尿血 *páng guāng shī rè niào xuè*: *Synonym: lower burner damp-heat bloody urine.* BLOODY URINE attributed to bladder damp-heat.

See introduces references to terms that relate to the originating term in different ways.

1. It refers to an entry containing the definition of the originating entry.

sound of cicadas in the ear 耳作蝉鸣 *ěr zuò chán míng*: See TINNITUS.

2. It refers to more specific or more generic terms.

malodor 臭气 *chòu qì*: Any unpleasant or offensive odor. See ANIMAL ODOR; FISHY SMELL; PUTRID SMELL; FOUL SMELL. [48:284]

3. It refers to an entry that provides more information about the term or related concepts.

See also indicates another term whose relationship with the originating term is more tangential.

Compare provides a reference to terms of similar, but distinct meaning, or to terms of opposite meaning.

smaller abdomen 小腹 *xiǎo fù*: Lower abdomen, i.e., the part of the abdomen below the navel is referred to as the smaller abdomen. Compare LESSER ABDOMEN.

scant menstruation 月经过少 *yuè jīng guò shǎo*: Smaller menstrual flow (in some cases reduced to spotting) or shorter menstrual period than normal... Compare PROFUSE MENSTRUATION.

References are often given in tables.

5. Word Origins and Meanings

Explanations of word origins have been provided for some terms, and are introduced by ◊. The etymology of Chinese terms (introduced by CHIN) has been given where it illuminates a concept (especially one that is represented by a new coinage in English), or where literal meaning of the English term differs from that of the Chinese (e.g., *xué*, unlike the English point, meaning a hole or cave). English etymologies (Eng) have been given in a few cases to elucidate difficult words (e.g., cholera, glans) or to explain translation choices (e.g., scab, glomus).

6. Abbreviations

Word-classes of English terms have been abbreviated as follows:

<i>n.</i>	noun (or noun phrase)
<i>vb.</i>	verb (or verb phrase)
<i>pp.</i>	past participle
<i>adj.</i>	adjective
<i>prep.</i>	preposition
<i>comb.</i>	combining form
<i>root</i>	word-root
<i>pl.</i>	plural

The word-class of a term is given where it is not clear from the context, and for terms that are used in distinct word-classes (e.g., *clear* as an adjective and as a noun).

NB: signals a note by the compilers. Very often it signals a problem in defining the term in question or interpreting the concept.

Gk. Greek

F.	French
L.	Latin
Jap.	Japanese
MF.	French
Du.	Dutch
Swed.	Swedish
⊕	apply moxibustion

Channel Name Abbreviations

BL	bladder (channel)	LR	liver (ch.)
CV	controlling (vessel)	LU	lung (ch.)
GB	gallbladder (ch.)	PC	pericardium (ch.)
GIV	girdling (ves.)	SI	small intestine (ch.)
GV	governing (ves.)	SP	spleen (ch.)
HT	heart (ch.)	ST	stomach (ch.)
KI	kidney (ch.)	TB	triple burner (ch.)
LI	large intestine (ch.)		

7. The Names of Medicinals, Formulas, and Points

Medicinals are referred to by English names, with Pinyin enclosed in parenthesis. In lists of medicinals, the Chinese terms are also provided. English names, chosen in preference to Latin pharmaceutical names for their brevity and their ease of spelling and pronunciation, are common names (e.g., pear peel, oyster shell, stinkbug, earthworm), simplified Latin names (e.g., angelica, crataegus, veratrum, coptis), or, rarely, literal translations of the Chinese (e.g., dragon bone).

Names of formulas are written in English with a parenthesized Pinyin transliteration.

Acupuncture point names follow a similar format. Channel points are written in alphanumeric code, with Pinyin transliteration and English rendering in parenthesis. Non-channel points are given in their English rendering with Pinyin in parenthesis. The alphanumeric codes are those used in other works by the compilers. They largely coincide with the alphanumeric codes proposed by the World Health Organization, but not in cases where the WHO term goes against the translation principles applied in this text (e.g., TE, triple energizer).

8. Bibliographic References

References to sources translated or consulted are given at the end of each entry in brackets, e.g., [26:98] which means page 98 of [chen] in the bibliography at the end of the book.

The index can be used to locate Chinese (Pinyin) terms, Latin, biomedical and acupoint nomenclature. English entries are not included and may be directly accessed alphabetically in the text.