

CONSIDERATIONS FOR THE TRANSLATION OF TRADITIONAL CHINESE MEDICINE INTO ENGLISH

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I. Introduction and Overview

The effective study of Chinese medicine depends upon a firm grasp of the concepts that form the basis of clinical practice. Achieving this understanding requires books which are translated from Chinese, or which are written about traditional Chinese medicine to use a specific terminology that correctly portrays the meaning of the original Chinese. Since the early 1970's when acupuncture, and to a lesser extent Chinese herbal therapeutics, became more visible as a distinctive form of professional practice in the United States, a need for textual resources has had to be addressed both here and abroad. Most students and practitioners of traditional Chinese medicine outside of Asia do not have access to texts in Chinese. Thus, what they are able to study, learn and

understand about the practice of traditional Chinese medicine is primarily based on English, French or German language texts. In this article I will examine the translation of traditional Chinese medicine texts and how the terminology used affects the nature of what students and practitioners of traditional Chinese medicine in the United States can learn and understand about the medicine which they practice. I will discuss traditional Chinese medicine texts in a very specific sense, that is, as exemplars of the traditional medical system which has been introduced to the United States from China, and not the many other forms of medicine which have grown out of traditional Chinese medicine. I will limit my discussion to texts currently available in English, some of which are translations from German or French. This paper and my views come from my perspective as a medical anthropologist, sinologist and student of Chinese language and medicine.

The terminological issues that are exposed in texts by Chinese and non-Chinese authors and translators are somewhat different. Chinese writers and translators in modern China are generally informed by two views concerning the translation of traditional Chinese medicine texts. The first view is that the language and theory of traditional Chinese medicine is so inherently Chinese that rendering traditional Chinese medicine texts into English requires substantial interpretation or simplification. The other view is that because Chinese medicine is possessed of a scientific nature which supports its transmission internationally, the language of translation should be derived from the Chinese understanding of "western" medical language.

Texts and translations by non-Chinese authors writing about traditional Chinese medicine, present slightly different, though related problems. The first problem stems from a commonly held view that although a term may not adequately convey the meaning of the Chinese character, because the English word is already in common usage, or "in order to provide a more readable style" (Maciocia 1989, p. xiv) it should remain as the term of choice. The other problem is that over the years a variety of terms have been used to translate any one Chinese character. Combined with a lack of appropriate glossing and referencing, this has created a situation where it is difficult for either an English or Chinese speaker to understand that all of several terms may refer to the same character, that in fact, the terms do not represent different ideas.

Although driven by different considerations, the terminological choices made by both Chinese and non-Chinese authors and translators of

traditional Chinese medicine have greatly affected what students and practitioners learn and understand about traditional Chinese medicine. Some authors make decisions based on extensive linguistic research, others choose a term because it sounds good, because it is what has been used before, and so has become the accepted norm or because it is the western medicine translation of the concept. No matter how or why decisions are made they will affect the quality and usefulness of a textbook, a matter which makes the topic of terminology and standardization one that has recently become more important to American publishers, authors and educators.

II. The Problem of Simplification

Many of the texts in English published in China have the problem of inconsistency and inaccuracy. However, an additional, equally important a problem besets these texts. This is the simplification of ideas for the foreign reader. *Chinese Acupuncture and Moxibustion*, a text published by the Foreign Languages Press for use throughout China in classes for foreigners is a greatly simplified discussion of acupuncture theory and point location. The compilers looked at the basic texts on acupuncture in Chinese and, based on some idea of what foreigners could understand, determined what was and was not important to include in the text. In the United States, this book is not generally used as a primary theory textbook, but rather as a standard for point location. When the book is not used as a primary text, the simplification in and of itself is not a block to effective learning. When this text serves as the primary text for a training program, as it does for the "advanced courses" offered under the auspices of WHO, it gives the student the impression that there really is not much complexity to the theory of traditional Chinese medicine, and that theory is not all that relevant to practice.

The more recently published 12 volume *Practical English-Chinese Library of Traditional Chinese Medicine* at least acknowledges that in the original Chinese, fundamental theory, diagnosis, acupuncture and treatment each exist as individual texts and that slightly more theory might be useful for the practitioner. But, when these texts are compared with texts of the same title in Chinese, a great deal of highly relevant information has been left out. This is a larger problem in a series like the *Library* because it is designed to provide a comprehensive and thorough discussion of the theory of traditional Chinese medicine. Publishing by the Shanghai College of Traditional Chinese Medicine Publishing House, the same publishing house which produces the 32 standard

textbooks for 5-year colleges of traditional Chinese medicine in China, the library can be and often is perceived to be a translation of the Chinese textbooks by students looking for sources of information on traditional Chinese medicine. The student who depends upon these texts as their standard for knowledge will be sorely lacking.

Many Chinese translations use relatively simple language to translate ideas which are often very complex. It is important to remember that the Chinese language is a character based language, and each character can have multiple meanings. However, in traditional Chinese medical texts, there is a clear-cut technical language that is used to convey ideas. When this language is translated into biomedical terms, into terms which carry explicit connotations in English, or the language is simplified for the "foreigner" to understand, much of the meaning of the Chinese term is lost.

III. Westernization of Traditional Chinese Medicine Terms

The other terminological choice that many translators have chosen to make is to translate traditional Chinese medicine signs, symptoms or syndromes into "western" medicine signs, symptoms or diseases. For example, most of the texts coming out of China have translated the character *shan* simply as hernia, *yong* simply as abscess, and *lin* simply as dysuria. If however, one looks at the meaning of the characters and the contexts where each can be used, it becomes clear that these terms in fact have much more meaning than is contained in the English translation. *Shan* includes the idea of hernia, but also can describe "any of various diseases characterized by pain or swelling of the abdomen or scrotum". (Wiseman, 1991; p. 460). *Yong* also has a much broader definition than just abscess, a definition which when it is translated as abscess causes it to lose its meaning in traditional Chinese medicine. *Lin*, like *yong* and *shan* is broader than just dysuria and includes concepts like urinary tract infections, stones in the urine, gonorrhea and more, all of which are lost when the term is translated as dysuria.

IV. Translation of Traditions and Chinese Medicine

The third issue which I will address is the lack of use of a readily available standardized glossary. The failure to utilize such a standard means that within one book, a single term may be translated in different ways, and, between books, characters will certainly be translated differently. Naturally this creates a good deal of confusion for students

who are unaware of the underlying terminological and cultural issues and so are unable to realize that the words "sedate," "reduce" and "drain" all refer back to the same character in Chinese. Neither would the English-speaking student of traditional Chinese medicine know that one or the other of the terms might not actually convey the range of meaning offered by the character itself, nor that a linguistic choice might have been made because the author felt that the connotation of the English word more accurately expressed his or her idea of how traditional Chinese medicine works.

In the past 10 to 15 years, a large number of books have been written or translated in the West by individuals who are native English speakers with a knowledge of Chinese and traditional Chinese medicine. While some might think that such translations would not be as good as those done by native Chinese speakers, this is not the case. One of the first rules of professional translation is that a translator translates from a learned language into a native language. Because the native speaker knows the nuances of their own language much better than a non-native speaker, it is easier for such a translator to use language which may not be commonly used but which contains the nuances of the original. Unfortunately, many English speaking translators have fallen prey to the pitfall of using simple or inaccurate language or non-standardized terminology.

The debate surrounding translation of traditional Chinese medicine texts consists of two positions. It is argued that if the language of a translation requires explanation then it is not a good translation. In other words, texts should be translated into language which is readily accessible and understandable to the average reader. The counter argument is that in China, the language of traditional Chinese medicine is highly technical and it is the job of the teacher to help students to gain access to the language. This second position emphasizes that the English language contains vocabulary which comes extremely close to the nuances of the Chinese, and that this more technical vocabulary should be used in translation. Because this vocabulary may initially be more difficult for the student to comprehend, teachers should offer insight into the language so that the student can understand the concepts that are being conveyed. To help translators and educators have access to the vocabulary it is necessary to use a standardized glossary and dictionary to support the translating and teaching processes. In this way, if a character is always translated in the same way, the teacher and the

student will quickly gain mastery of the technical language of Chinese medicine. If it is necessary, for specific reasons, to translate a term with some other vocabulary than that expressed in the glossary used, then this must be carefully explained and footnoted so that everyone is aware of why specific choices are made.

In the United States, translators, authors and publishers of traditional Chinese medicine texts have begun to become much more aware of the need for careful translation and glossing of terms. Perhaps the first author to cogently discuss terminology and the need for precision and consistency in the translation of traditional Chinese medicine was Manfred Porkert. In the 1974 English version of his text *The Theoretical Foundations of Chinese Medicine*, Porkert clearly discussed the difference between a literary, a flexible and a normative translation and called for the use of normative translations in traditional Chinese medicine. He recognized that "such an invariant combination of terms in two languages is prone to obscure subtle shades of meaning and allusion" but suggested that to remedy this "care must be taken when choosing a normative equivalent that all contexts are examined in which the original term is used with different nuances of meaning." He goes on to say that "the choice of a normative equivalent is determined solely by semantic, etymological and grammatical criteria." (Porkert 1974 p. 6)

Porkert clearly understands the issues surrounding translation as well as the complexity of traditional Chinese medicine. Unfortunately, the technical language which he chose to use is so difficult and unwieldy that many students and practitioners can not even get through the book, much less begin to use his language in their practice or in interactions with physicians or other health care practitioners. This is especially true for Chinese practitioners using English to teach traditional Chinese medicine.

Porkert's work does, however, pinpoint what has continued to be a topic of discussion among authors and translators: that is, what terminology is linguistically appropriate yet also readable and usable in conversations in the larger world of health care? To date, the only individual to produce a systematic, thoroughly researched and readily available terminological gloss of traditional Chinese medicine terms is Nigel Wiseman. The 1990 publication of Wiseman's *Glossary of Chinese Medical Terms and Acupuncture Points* is based on the same linguistic and translation guidelines as Porkert's work. Creating a standard terminology is an evolutionary process. With the publication of this glossary, scholars of

traditional Chinese medicine and Chinese language have had a base to use to contribute to the ongoing discussion and evolution of a standardized terminology. A new edition of the glossary, including changes and additions by many people has recently been published in China and there is discussion about putting the glossary on electronic media so that the evolutionary discussion can continue and the glossary can be available to a wider range of interested individuals.

Wiseman, like Porkert, has been criticized for what some practitioners perceive to be cumbersome and complicated language, although his language is much more readily accessible. His response, quite simply is that "the use of a less frequently used English word makes readers stop and think before they jump to unjustified conclusions based on Western ideas or notions associated with individual English words...", an argument which is highly relevant when discussing the nuances and subtleties of traditional Chinese medicine. Wiseman's linguistic choices are not set in stone, nor does he reject well supported critiques of his choices, but as he states, "failure to reflect the concepts and distinctions of the original Chinese, failure to use terms consistently, and failure to relate terminological choices to the Chinese language are entirely unacceptable because these practices violate the integrity of Chinese medicine" (Wiseman 1990, p. xlvi). Wiseman's words echo Porkert's of over 20 years ago.

V. Translation and the Loss of the Signified

That a word is a representation or signifier of an idea is clearly understood by linguists. Unfortunately, this is not so clearly understood by practitioners of traditional Chinese medicine. Over the years many different English words have been used to represent a single character from a traditional Chinese medicine text. If the words had been properly glossed and the reader could return to the original, this would not pose a problem. However, when multiple terms are used and the reader has no way to determine what the original term was, he then has no way of understanding that each of the terms represent the same idea. Not only does the meaning of the original character get lost in the shuffle, but new ideas emerge and become a part of the corpus of information that makes up traditional Chinese medicine for the English speaker. Anthropologically this is an extremely interesting phenomenon. From the point of view of a clinician however, it can change the nature of a clinically significant idea and create a great deal of confusion.

For example, in my traditional Chinese Medical Terminology class for acupuncture students, I distribute a list of the 28 pulses described in traditional Chinese medicine, glossed with several of the more commonly used translations for the pulses. One of these pulses, *a xi mai* is regularly translated as "thready" or "thin" or "small" or "fine", depending upon the translator. When I distribute the list and show student that the character for all four of the translations is the same, it can be like a lightbulb lighting up. That there is in fact no difference between a thready, thin, small or fine pulse, is a great relief. Students who had diligently been trying to feel the difference between a thready and a small pulse, and to understand the clinical significance of each, are suddenly relieved of a task that could not be accomplished. This becomes clear only when students and practitioners are able to return to the original character. However, because most of the texts available do not adequately gloss their terminology, there is no point of reference for the student. Thus, terms like *xi mai* can take on either new or multiple meanings.

VI. Linguistically Appropriate Choices

As detrimental to clinical clarity as simplification or multiple translation, is the use of linguistically inappropriate words. The best example of the occurrence of this is the translation of *bu* and *xie*. The Chinese generally use either the terms "tonify" and "sedate" or "reinforce" and "reduce". While both "tonify" and "reinforce" carry the idea of adding to or supporting something, "sedate" does not mean "to draw off or allow to flow," which is implied in *xie*. "Reduce" does have this meaning and could be an appropriate choice. Unfortunately, in the Chinese texts, the terms have been used inconsistently and interchangeably. In China, "reinforce" and "reduce" have been used primarily to describe acupuncture techniques. When describing the functions and actions of herbs and formulas however, the Chinese will use "reinforce", "replenish" or "tonify" for *bu* and "sedate" or "remove" or "reduce" for *xie*. The inconsistency of usage, combined with the use of words which do not accurately convey the idea of the Chinese character, leads the reader to believe that several different functions or actions are possible. "Tonify" and "sedate" have become the most commonly used terms in the United States. This is interesting for several reasons: Although "sedate" is recognized by most English speaking authors as a linguistically inappropriate choice, they continue to argue for its continued use because of its "readability". "Tonify," on the other hand,

is not a word which can be found in an English language dictionary, it is a word which has been created out of the idea of "tonic". Wiseman argues that all of the words used to date should be replaced with "supplement" and "drain", thereby relieving the reader of trying to determine what the author is talking about.

Besides their inaccuracy as translations and the inconsistent way they have been used, the terms "tonify" and "sedate" have been used by English and Chinese speaking authors alike to cover all of the unique terms which are used to describe the various kinds of supplementation or draining. If one examines the glossary in Ellis and Wiseman's *Fundamental of Chinese Acupuncture*, we see that there are in fact 11 terms which are used in Chinese texts to describe the different kinds of supplementation, depending upon what is being supplemented, and 10 different terms that are used to describe the various kinds of drainage. Because these terms are not in general use, many authors, both Chinese and non-Chinese, have decided, for simplicity's sake to use only the one term, "tonify" or "sedate" to describe all of the different forms of supplementation and draining. This decision limits students' and practitioners' understanding of the subtleties of traditional Chinese medicine and portrays traditional Chinese medicine as much simpler and more straightforward than it is.

VII. Conclusion

In response to the growing discussion in the United States surrounding terminology and translation, in 1993, the Council of Oriental Medical Publishers was formed. Its goal is not to dictate what and how authors and translators should write, but merely to offer guidelines for the effective production of texts on traditional Chinese medicine. Two important ideas have come out of this organization. The first is that a text should be clearly identified as a Functional, Connotative or Denotative translation, or compilation. Second, that a text either reference or contain a "freely available standard glossary" that is used consistently throughout the text, or when not used that the different usage is noted and independently glossed. The first and currently the only such independent glossary is Wiseman's . While this is not the final word on terminology, it does offer a relatively exhaustive list of terms that have been consistently and appropriately glossed. Even if this text does not become the standard, its publication in the United States and China, accompanied by the publication of the revised version of Wiseman's *Fundamentals of Chinese Medicine* in Taiwan and the United

States, indicates a growing recognition of the need for standardization and scholarly rigor in the field of traditional Chinese medicine.

As we have seen, terminological choices, interpretation and simplification can greatly effect what kind of information is available to the student and practitioner of traditional Chinese medicine and how that information is understood. As the field develops and more complex texts, like Paul Unschuld's translation of the *Nan-Jing* or Charles Chace's *Jia Yi Jing* become available, it is even more important to correctly and fully understand the ideas and the terms which are being used, rather than limiting the field to language and texts which do not convey all of the clinical information or the actual meaning of the Chinese character.

After grappling with the issue of specific vocabulary, many sinologists, translators of medical texts, and clinicians in the US, Europe and China have agreed that a standardized glossary is necessary for effective translation. As a medical anthropologist, sinologist and translator, in my role at the New York College as a teacher of Chinese language and as a student of traditional Chinese medicine, I wholeheartedly endorse this perspective. If we choose to use language that is simple but inaccurate or variable we will lose the Chinese meaning of a term and incorporate western connotations into our understandings of a Chinese philosophy/medical system. Using terminology which is readily accessible but does not convey the actual meaning of the Chinese does not create true comprehension, rather it creates the illusion of comprehension.

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