

## **Wheezing: Pandora's Box**

By Nigel Wiseman

“Wheezing” has recently loomed up as a major problem for the Chinese medical community’s clinical understanding. The problem came to the fore in the context of the American Association of Oriental Medicine (A.A.O.M.) Asian Medical Nomenclature Debate (Oct. 19, 2006, Phoenix AZ), on the eve of which Eastland Press and Jake Fratkin issued bilingual terms lists in which the Chinese term *chuan* (which is translated in *A Practical Dictionary of Chinese Medicine (PD)* terminology as “panting” and by others as “dyspnea”) appears with the English translation of “wheezing.”

In Chinese literature, *chuan* is universally defined as urgent or rapid breathing, in severe cases with raising of the shoulders. It is distinct from *xiao*, which is defined as rapid breathing with a “phlegm rale” described as “wheezy” (*xia ya*). Clearly, the English term “wheezing” corresponds to *xiao*, not *chuan*.

Many, many English-speaking readers who understand “wheezing” to be noisy breathing, are reading literature in which a Chinese term is wrongly translated and hence provides clinical misinformation. What the Chinese call *chuan* can appear in acute bronchitis, but *xiao* only appears in chronic conditions, which are generally vacuity conditions in Chinese medicine. A mistranslation of *chuan* may therefore lead English-speaking practitioners to apply treatments designed for vacuity patterns to repletion patterns.

The reason why we have only recently identified this problem is because Eastland and Fratkin have only just issued lists in which we see “wheezing” with its Chinese equivalent for the first time. It is only when translators relate their English terms to the Chinese terms that anyone can easily scrutinize and evaluate their translations. Because we have never seen Bensky’s and Fratkin’s term lists before, we could not easily spot the error. But the publication of lists opens Pandora's box because it reveals more than one malpractice among translators.

Dan Bensky has for years propounded the philosophy that many Chinese terms can be translated with familiar words, and don’t need to be glossed or explained in dictionaries. “Wheezing” is an example of where a term-translation error by a translator who applies a terminology that is not linked to the Chinese can go on committing the error years without anyone noticing. So, please take note: linking

English terms to Chinese terms is not an idle pass-time of ivory-tower academics (who are often branded as ignorant non-clinicians).

Comprehensive terms lists are important. The *Eastland Draft Glossary 2006* contains *chuan*, but not *xiao*, so we have no easy way to find out what Eastland uses for *xiao*. Creating comprehensive lists that allow medical scholars to scrutinize term translations take a hell of a lot of work, but this is just part and parcel of providing quality literature for the public. Translators who cut corners by avoiding the trouble of maintaining term databases and issuing lists do the community a disservice.

Note that the problem may have arisen because of a confusion between the Chinese terminology of Chinese medicine and biomedicine. “Asthma,” in biomedicine is a disease characterized by “wheezing.” The Chinese equivalent for this term is *qi chuan*. The association between “asthma” (a disease characterized by wheezing) and *qi chuan* may have led to *chuan* being translated as “wheezing” in the Chinese medical context. It is really important for translators to have a full grasp of Chinese medical and Western medical terms in order to avoid such errors.

One reason why the problem came to light at the AAOM debate was because Jake Fratkin drew attention to the problem by stating that he preferred “wheezing” to the PD term “panting.” Unfortunately for Jake did not bother to substantiate his argument by relating his preference to the original Chinese term, as defined in Chinese dictionaries, Chinese textbooks, and Chinese clinical literature. In any discussion, it is really important to substantiate arguments. When you want to substantiate an argument for a term translation, you have to show that your term translation is better than someone else’s by showing that it is closer to the Chinese understanding (definition) of the Chinese term.

*Toward a Working Methodology for Translating Chinese Medicine*, a paper submitted in preparation for the Asian Medical Nomenclature Debate, Dan Bensky, Jason Blalack, Charles Chace, and Craig Mitchell posit the view that a plurality of English terms is beneficial to readers and that, given the polysemy of Chinese medical terms, a “flexible” and “context-sensitive” approach to term translation in which multiple equivalents are considered to be helpful to students is superior to the “rigid” “one-to-one” approach adopted by PD. They provided not one single concrete example of where their approach produced better results than the PD approach. (See *American Acupuncturist*, Fall 2006, Volume 37).

Bensky and colleagues' paper is devoted to an attack on a so-called "one-to-one" approach that, again, is totally unsubstantiated. By comparing Eastland's glossary to the PD, I have recently shown that this claim is false, PD terminology has just as many significant equivalents as Eastland's terminology. Strangely, amidst a pile of anti-Wiseman arguments, there is one that says translators should understand Chinese medicine—a hint to readers that Bensky and colleagues understand Chinese medicine, while Wiseman does not. I am absolutely sure that I do not understand as much about Chinese medicine as many well-read Chinese physicians with years of clinical experience. However, from the example of "wheezing," I am not sure if my knowledge of Chinese medicine is much less useful to the Western community of Chinese medicine than Dan Bensky's.

The little problem of "wheezing" shows up several major problems in the Westward transmission of Chinese medicine: 1) We can only scrutinize term translations when translators relate their English translation to the original Chinese terms in comprehensive published lists. 2) Term translators must have a good grasp of Chinese. 3) We can only progress toward an ideal terminology when people substantiate their arguments with clear examples. If the English-speaking community of Chinese medicine is to gain more accurate knowledge of the subject that will make its clinical practice more effective, it will have to sharpen its wits and apply critical scrutiny to the work of people who promote themselves as authorities in the field without adequate justification for their thoughts and actions.