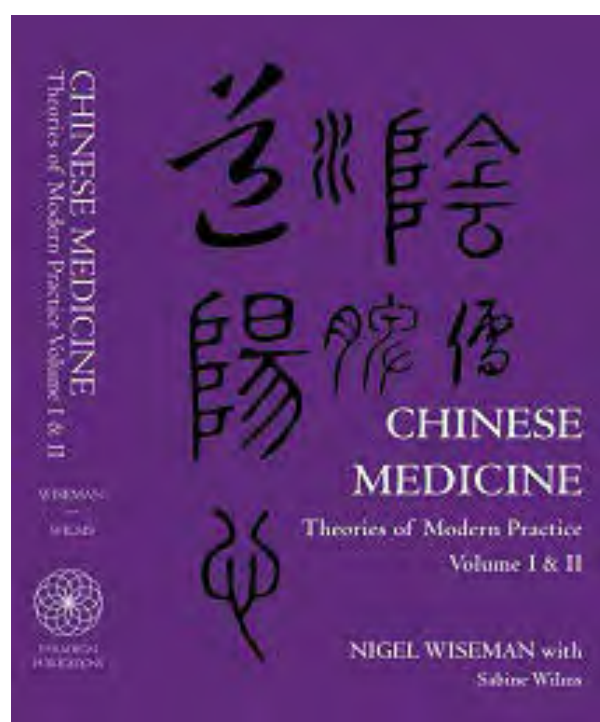




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CHINESE MEDICINE: THEORIES OF MODERN PRACTICE

Volume I

Nigel Wiseman



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CHINESE MEDICINE: THEORIES OF MODERN PRACTICE

Volume I

Nigel Wiseman

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Foreword

Chinese Medicine: Theories of Modern Practice has the following features that set it apart from other English-language basic theory texts.

One, it provides a comprehensive account of basic theories, approaching the detail and complexity of Chinese-language textbooks intended for students majoring in Chinese medicine in China. *Chinese Medicine: Theories of Modern Practice* provides much information lacking in English-language texts. For example, it includes chapters on constitution and pathomechanisms. It presents a wide range of statements of physiology from the classics such as the *Nèi Jīng*. It discusses over 130 disease categories, many of which not included in English-language basic texts.

Two, it introduces key concepts and theories with explanations of how they arose. It traces the origins of qì, yīn-yáng, and the five phases, identifying the cognitive features on which they rest. It discusses the development of theories concerning the internal organs where these contradict biomedical notions, e.g., why the liver is said to store the blood and govern free coursing or why the kidney governs reproduction.

Three, it follows a step-by-step approach, designed to build the student's knowledge gradually and reduce reliance on explanations given in class. This approach entails periodic revision of important information, which is beneficial to those new to the subject. Students progressing through the text will gradually consolidate their knowledge with less need to memorize facts or remember where in the book an important fact was explained.

Four, it applies the principle of integrated learning so that students always have a grasp of the bigger picture. Since most students are motivated by the aim of being able to treat patients in clinical practice, we have incorporated diagnostic elements such as signs, diseases, and patterns are incorporated into the explanation of the bowels and viscera and qì, blood, and fluids.

Five, it applies a look-alike terminology that reflects the Chinese original. Chinese medicine has complex and nuanced terminology that is applied with a high degree of consistency. The English terminology applied in this text is intended to accurately reflect the Chinese concepts. This book follows the translation strategy of *A Practical Dictionary of Chinese Medicine*. Instead of choosing English terms that native speakers prefer the sound of or that their patients choose to use, we use English equivalents that faithfully reflect the original concepts and preserve all the fine distinctions of Chinese texts. Hence, the text speaks to English readers in the same language as Chinese texts speak to Chinese students. See A Note About Term Translations further ahead.

Six, *Chinese Medicine: Theories of Modern Practice* is also available in digital form. With a full navigation pane, search box, and click-to-access cross-references, this provides easier searchability than the paper version and hence enables student to study the text more deeply.

The companion volume to this text, *Chinese Medicine: The Ideas that Shaped It*, is intended as background reading material for prospective and beginning students. In addition to outlining basic theories, it traces the historical development of Chinese medicine, explains its cognitive features, and discusses the philosophical, religious, cultural, and political influences beyond the medical realm that have shaped the corpus of knowledge we

call Chinese medicine. It explains many of these ideas contained in the present volume in greater detail to help students gain a deeper understanding of the subject.

Nigel Wiseman
Táiwān, July 4, 2021

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About the Author

NIGEL WISEMAN, born in the UK, studied Spanish and German at Heriot-Watt University in Edinburgh and subsequently worked as a French-English translator in Belgium while learning Chinese. In 1981, he moved to Taiwan, where he has been ever since. He holds a doctorate in Complementary Health from the University of Exeter.

Nigel has taught English and subjects related to Chinese medicine at both China Medical University and Chang Gung University, the two universities in Taiwan that offer Chinese medical programs.

Specializing in the English translation of Chinese medical texts, Nigel has produced numerous titles in collaboration with other translators. Amongst his works are *Fundamentals of Chinese Medicine*, *Fundamentals of Chinese Acupuncture*, and *Jiāo Shù-Dé's Ten Lectures on the Formulas*. He has also co-authored the translation of two major classical texts, *On Cold Damage* (*Shāng Hán Lùn*) and *Essential Prescriptions of the Golden Coffar* (*Jīn Guì Yào Lǚè*).

In his unswerving belief in that a major key to advancing the Western understanding of Chinese medicine is to gain access to primary Chinese texts, Nigel has co-authored several language books, including *Introduction to English Terminology of Chinese Medicine* and *Chinese Medical Characters Volume 1–5*.

Widely respected in the international scholarly community for his research on Chinese medical terminology, Nigel has produced numerous papers arguing for a source-oriented approach to Chinese medical term translation, many of which are available at paradigm-pubs.com. From 2004 to 2005, he acted as a Technical Advisor to the WHO in its debates on an ISO standard for Chinese medical terminology.



Nigel's lexicographic works include a *Glossary of Chinese Medical Terms and Acupuncture Points*, 《汉英英汉中医词典》 *English-Chinese Chinese-English Dictionary of Chinese Medicine*, *A Practical Dictionary of Chinese Medicine*, and *Online Dictionary of Chinese Medicine*. 2021 publications include *Chinese-English Dictionary of Chinese Medical Terms* and *Comprehensive Chinese Materia Medica*.

A Note About Term Translations

Most people like to read texts that are expressed in familiar language of the kind they use themselves. This is quite understandable. Yet anyone who has learned a foreign language knows that different languages not only have different words for things but also have many words that have no match in other languages. Languages map reality in sometimes strikingly different ways and create different concepts. That is why bilingual dictionaries often give multiple translations of words. Any sophisticated technical discipline develops its own “technical language” that has specific terms for the concepts it discusses. When a technical discipline is translated into another language, specific terms that carry technical meaning must have equivalents in the target language. If existing equivalents are not available, they have to be created. Nowadays, many disciplines have bilingual dictionaries that provide all the precise equivalents needed in foreign languages, with the result that terms are used consistently in any language.

Like any modern scientific discipline, Chinese medicine has a very large terminology. In fact, even though Chinese medicine, unlike many modern sciences, derives all its observations from the naked senses, its terminology is extraordinarily large. The index of this book contains over 3,000 terms (which include some classical phrases that Chinese students all memorize), to which we can add 400 acupoint names to gauge the number of terms that Chinese students know after their first year or more of study. Furthermore, as Chinese scholar-translator Lǐ Zhàoguó (李照国) has pointed out, Chinese medical texts are far more densely packed with technical terms than most modern disciplines. Since Chinese medicine has developed over a period of 2,000 years, many of its Chinese terms are of considerable vintage, so that they may be unfamiliar to modern beginning students.

Unlike modern disciplines undergoing cross-cultural transmission, Chinese medicine has not developed a precise technical language mirroring the Chinese that all English speakers use. While the nomenclature of acupoints and medicinal has been all but completely standardized, many other areas have not.

The translation of Chinese medicine has been somewhat haphazard, and the development of a reliable English terminology has been fraught with problems. First, there has been disagreement about how to translate specific terms, in which a major issue has been whether or not to use biomedical terms to represent traditional Chinese terms. Insistence on the use of biomedical terms, particularly in the realm of disease names, has largely been championed by Chinese scholars but is not supported by all Western translators. Second, swathes of terminology are ignored when material selected for translation is narrowed down to basics, as is more often than not the case. Third, Chinese medicine has many terms that at least at first glance appear to be synonyms, so a perennial task for the translator is to decide whether multiple terms are to be given distinct or separate translations. Fourth, Western translators have not seen fit to create bilingual lists of terms charting their

translation choices, so that it is difficult for any other translator to follow their choices or engage in a discussion with them about possible improvements. Fifth, since most people studying and practicing Chinese medicine or writing books on it have no knowledge of the Chinese language, the literature developed in English caters more to readability and immediate intelligibility than to technical precision.

The terminology used in *Chinese Medicine: Theories of Modern Practice* is designed to make texts read just like Chinese texts, with all their detail and nuances. It is a terminology that allows Chinese medicine to speak for itself, without the confusion and distortion created by varying terminology and by term preferences that are not based on knowledge of Chinese terminology. This is the only term set available in a comprehensive dictionary (*Practical Dictionary of Chinese Medicine*, with over 5,000) and an ever-expanding bilingual terms list (*Paradigm Online TCM Dictionary*, with over 35,000 terms).

In general, our term translations are source-oriented, that is, they are intended to reflect the original concepts of their authors. Unlike much of the English-language literature available, we do not use modern biomedical terms to represent traditional concepts where these imply notions alien to the Chinese medicine. Thus, for example, we translate 风火眼 *fēng huǒ yǎn* as “wind-fire eye,” which is what the Chinese term literally means. We do not render this as “acute conjunctivitis,” which is the closest biomedical concept, because this term obscures the Chinese medical notion of a disease caused by wind and fire and introduces the notion of conjunctiva, which is not a Chinese medical concept. Nevertheless, in our explanation of the term, we indicate the rough equivalence with acute conjunctivitis. So it is with many other terms.

The avoidance of biomedical diseases names may be much more significant than meets the eye. English texts tend to include only a small gamut of disease entities, such as impediment (*bì*), wilting (*wěi*), strangury (*lín*), dysentery (*lì jì*), sudden turmoil (*huò luàn*). The present text has over 130 disease terms commonly appearing in Chinese-language basic theory textbooks. This radically changes Western perception of Chinese medicine discussing mainly patterns rather than diseases.

Our translation strategy ensures distinctions between partial synonyms that are often conflated in English-language texts. Thus, we have a variety of nuanced terms denoting spasm, appetite, pain, sweating, cold and heat sensations, and other discomforts. We define such terms and compare them with similar terms and give the different patterns or contexts in which they appear. We include variants in pattern names and explain how they differ in significance. In fact, we make a point of making sure that all terms are clearly (and repeatedly) defined. We also explain the rationale of our English term choices for major concepts where these differ from those used by other translators. This approach benefits students in their self-study activities and relieves teachers of having to answer questions.

Throughout the book, we give Chinese characters and Pīnyīn transcriptions for major concepts. Chinese characters are normally given in their modern simplified forms. Traditional forms are sometimes added in etymological notes. The addition of diacritical marks, or accents, to Pīnyīn transcriptions to indicate tonality is greatly beneficial for those studying Chinese and notably helps distinguish phonemes otherwise only distinguished by tone. Unaccented marks are used in the e-book version to facilitate searches.

Names of medicinals are given in Pīnyīn and Latin (with Chinese and English in v2/Appendix 5), medicinal formulas in Pīnyīn and English, and acupoint names in alphanumeric code and Pīnyīn (with Chinese and English in v2/Appendix 4: Acupoints).

In the present work, some term changes have been made, notably the following:

- “Construction qì” (*yíng qì* 营气) has been replaced with “provisioning qì.”
- The lung’s epithet of “assistant” (相傳 *xiàng fù*) has been replaced with Minister-Mentor (from Paul Unschuld’s Minister and Mentor).
- For 脏 (in traditional form 臟) *zàng* and 腑 *fǔ*, “viscera” and “bowels” is retained, but “storehouses” and “dispatch houses” are used in some places to explain the origins of the terms.

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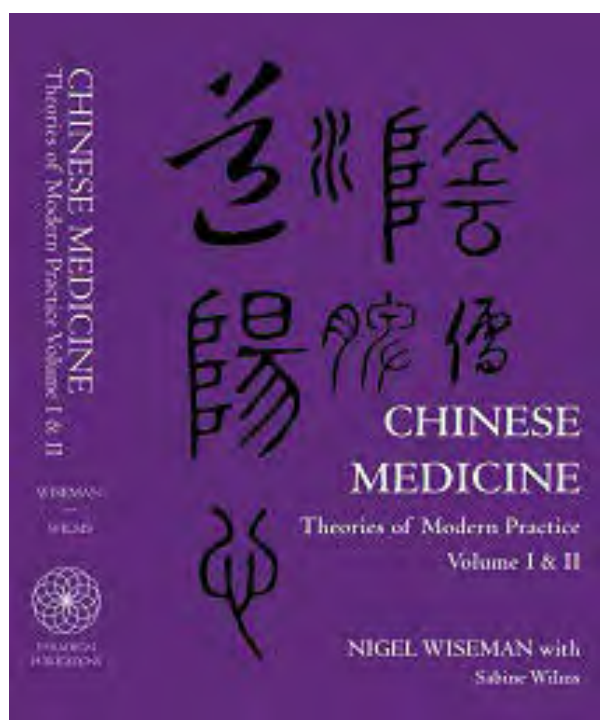
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