Comparative study on WHO Western Pacific Region and World Federation of Chinese Medicine Societies international standard terminologies on traditional medicine: an analysis of the Causes of Diseases (Part 1)

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stood and translated in these two international standards, the related definitions, according to the descriptions in WHO Standard, are provided as reference.

病因 cause of disease; pathogenic factor

In Chinese, 病因 means disease cause and that is why it is often translated as cause of disease which sounds clear and accurate in the current translation practice. The expression of pathogenic factor, though used as the definition of 病因 in WHO Standard, is now frequently used to translate another unique concept known as 病 in Chinese which was often rendered as evil in the past.

病因学说 theory of causes of disease; the theory dealing with the classification of pathogenic factors and their properties, and pathogenic characteristics and processes, the same as etiology

In Chinese, 病因学说 certainly means the study or the theory on cause of disease. However, in English there is a technical term to describe such a study or theory. That is etiology. Actually etiology is the most natural and equivalent English term for 病因学说. In the current translation practice, etiological, the adjective of etiology, is often used to translate terms like 病因辨证, which means etiological differentiation of syndrome. If 病因 is translated into cause of disease, 病因辨证 may be translated as syndrome differentiation of the cause of disease, sounding a little wordy.

病邪; 邪气; 邪 pathogen; an agent causing disease, also called pathogenic factor or pathogenic qi

外邪; 客邪 external pathogen; any pathogen originating outside the body

时邪 seasonal pathogen; a general designation for the pathogenic factors causing seasonal diseases

阴邪 yang pathogen; pathogen of yang nature

阳邪 yin pathogen; pathogen of yin nature

合邪 combined pathogen; any combination of more than one pathogen

“邪” used to be translated as “evil” for quite a long time, which cannot be simply viewed as wrong for the reason that people in ancient times really believed that diseases were caused by “evil”. That was why witch doctors were so popular then. However, with the development of medicine, people gradually realized that diseases had nothing to do with such factors as ghosts or devil. That may explain why it was said in ancient medical canons that those who believed in witch instead of doctor were incurable.

Today in TCM, the character 病 is still used to describe cause of disease. But the meaning of 病 now is totally different from what was understood in antiquity. That is why evil is now seldom used to translate 病. However, in some publications, evil is still used to translate 病. In WHO Standard and WFCMS Standard, 病 is rendered as pathogen, appearing quite concise, but sounding somewhat too modern.

外感 external contraction; disease or morbid condition produced by any of the six excesses — external etiological factors or other noxious factors, the same as exopathetic disease

外感 means attack by factors outside the body. That is why it is often translated as exogenous. In TCM, there are many terms or expressions related to external, such as 外感腰痛, 外感头痛 and 外感咳嗽 etc., which can be respectively rendered as exogenous lumbar pain, exogenous headache and exogenous cough. In TCM, 外感 is also used as a noun, equivalent to exogenous disease.

六淫 six excesses; a collective term for the six excessive or untimely climatic influences as external pathogenic factors; wind, cold, summer heat, dampness, dryness and fire, also the same as six climatic pathogenic factors

In Chinese, 湿 means excessive. So 六淫 can be literally translated as six excesses. In the past, 六淫 was often rendered as six abnormal climatic changes, appearing wordy. Comparatively speaking, six excesses is concise and clear.

风; 风邪 wind; wind as a pathogenic factor characterized by its rapid movement, swift changes, and ascending and opening actions, also called pathogenic wind

寒; 寒邪 cold; cold as a pathogenic factor characterized by the damage to yang qi, deceleration of activity, congealing and contracting actions, also called pathogenic cold

暑; 暑邪 summer heat; summer heat as a pathogenic factor, only occurring in summer, characterized by hotness and evaporation, also called pathogenic summer heat

湿; 湿邪 dampness; dampness as a pathogenic
factor characterized by its impediment to qi movement and its turbidity, heaviness, stickiness and downward flowing properties, also called pathogenic dampness

燥; 干燥; dryness; dryness as a pathogenic factor characterized by dryness and is apt to injure the lung and consume fluid, also called pathogenic dryness

火; 火热; fire; fire as a pathogenic factor characterized by intense heat that is apt to injure fluid, consume qi, engender wind, inducing bleeding, and disturb the mental activities, also called pathogenic fire

热; 热邪; heat; heat as a pathogenic factor that causes heat pattern/syndrome, also called pathogenic heat

It is improper to take wind (风), cold (寒), summer heat (暑), dampness (湿), dryness (燥) and fire (火) as pathogenic wind (风邪), pathogenic cold (寒邪), pathogenic summer heat (暑邪), pathogenic dampness (湿邪), pathogenic dryness (燥邪) and pathogenic fire (火邪). Normally wind, cold, dampness, summer heat, dryness and fire are not harmful and thus are not pathogenic factors. Only when they have occurred in the time that they should not appear or when they have become superabundant can they become harmful and turn into pathogenic factors.

As natural changes of weather, 风, 寒, 暑, 湿, 燥 and 火 can be directly translated as wind, cold, summer heat, dampness, dryness and fire. But when they have occurred in the time that they should not appear or when they have become superabundant, they turn into pathogenic factors and may cause diseases. In this case, they may be reasonably translated as pathogenic wind, pathogenic cold, pathogenic summer heat, pathogenic dampness, pathogenic dryness and pathogenic fire.

外风, external wind; wind as one of the six excesses that causes external wind pattern/syndrome

外寒, external cold; cold as one of the six excesses that causes external cold pattern/syndrome

外湿, external dampness; dampness as one of the six excesses that causes externally contracted dampness pattern/syndrome

外燥, external dryness; dryness as one of the six excesses that causes external dryness pattern/syndrome

内风, internal wind; the same as liver wind, wind in the interior due to abnormal movement of body’s yang qi

内寒, internal cold; cold in the interior due to deficiency of yang qi or preponderance of yin cold

内湿, internal dampness; deficiency of the spleen and kidney with decreased fluid transportation and transformation and resultant water stagnation

内燥, internal dryness; dryness in the interior due to consumption of body fluid

The concepts of 内 and 外 in both WHO Standard and WFCMS Standard are translated as internal and external, which is, undoubtedly, understandable and acceptable. However in the current translation practice, 内 and 外 are also translated as endogenous and exogenous or interior and exterior.

风寒, wind-cold; a combined pathogen of external wind and cold

风热, wind-heat; a combined pathogen of external wind and heat

风湿, wind-dampness; 1) a combined pathogen of external wind and dampness; 2) arthritis with soft tissue inflammation

风燥, wind-dryness; a combined pathogen of external wind and dryness

风痰, wind-phlegm; a combined pathogen of wind and phlegm

寒湿, cold-dampness; a combined pathogen of cold and dampness

寒湿, wind-cold-dampness; a combined pathogen of wind, cold and dampness

湿热, dampness-heat; a combined pathogen of dampness and heat

湿火, dampness-fire; depressed dampness transforming into fire that damages spleen-stomach yin

湿浊, dampness turbidity; the same as dampness. It describes the heavy, viscid and turbid nature of dampness

浊毒, turbid pathogen; pathogenic dampness-turbidity or phlegm-turbidity, usually impeding the movement of yang qi

秽浊, foul turbidity; including putrid and filthy qi that causes disease, including miasma

The terms mentioned above, undoubtedly, are translated literally. Though sounding somewhat alienate, they are now already popularly used in the world. For those unaware of the historic development
of Chinese medical terminology translation, it is difficult to accept such word-for-word translation. However, in the field of Chinese medical translation and international circles of Chinese medicine, such literal translation of Chinese medical terms is quite normal and reasonable. In the past 30 years, literally translated terms have been widely used in the international publications on Chinese medicine. And that may explain why these English translated Chinese medical terms, though sounding awkward, have eventually accepted by the practitioners of Chinese medicine in the world.

暑气, summer heat qi; summer heat as a pathogenic factor

暑热, summer heat-heat; summer heat as a pathogen that gives rise to disease characterized by heat symptoms

暑湿, summer heat dampness; a combined pathogen of summer heat and dampness

暑气, simply means summer heat and 气 in this term just serves as a suffix which, to some extent perhaps, implies the effects of summer heat. In both international standards, 暑气 has been rendered as summer heat qi, which appears strange but is significant for back translation. 暑热 also means summer heat, emphasizing the febrile effects of hot weather in summer. So it is quite unnecessary to end summer heat with a second heat.

REFERENCES

1. World Health Organization Western Pacific Region, WHO international standard terminologies on traditional medicine in the Western Pacific Region, 2007.

世界中医药学会联合会肝病专业委员会第三届学术会议通知

由世界中医药学会联合会肝病专业委员会主办的第三届学术会议定于2009年6月在山西省太原市召开，内容包括专题讲座和会议交流，邀请召开全国中医重点专科(肝硬化腹水)协作组会议。现将会议征文的有关事项通知如下。

1. 征文内容 (1) 病毒性肝炎、自身免疫性肝病、非酒精性脂肪肝、酒精性肝病、肝硬化及其并发症等在肝病的中西药、中西医结合基础实验研究的最新成果，研究进展和述评；(2) 中医药、中西医结合防治病毒性肝炎、自身免疫性肝病、非酒精性脂肪肝、酒精性肝病、肝硬化及其并发症等在治疗肝病的临床试验及经验总结；(3) 中医药、中西医结合防治各种肝病的研究方法、思路和发展战略；(4) 多种疗法(如针灸、气功等)，多种给药途径(栓剂、保留灌肠、皮肤给药、输液给药等)治疗各种肝病的应用研究；(5) 中医药应用肝功能、抗病毒、抗纤维化、调节免疫、抗肝纤维化治疗经验及经验研究；(6) 肝病动物模型、病理机制、检测技术、诊断标准的最新进展及动态。

2. 征文要求 (1) 稿件要求在5000字以内，未正式发表，并提供500字以内中英文摘要，写清作者姓名、单位名称、地址及邮政编码或E-mail地址。稿件需附电子版。 (2) 收稿人：北京中医药大学东直门医院消化科李志红；邮政编码：100700。信件需注明“会议征文”字样，也可以通过电子邮件发至：shizhonglian2008@yahoo.com.cn。

3. 截稿日期 2009年5月10日(以当地邮戳为准)。

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