

Hu Gengshen's Translation Approach on TCM Terminology Translation

Feng Hongli, Hoe Foo Terng, Leow Min Hui, and Goh Chin Shuang

Academy of Language Studies, Universiti Teknologi, MARA, Malaysia

DOI: <https://dx.doi.org/10.47772/IJRISS.2024.803274S>

Received: 11 August 2024; Accepted: 21 August 2024; Published: 23 September 2024

ABSTRACT

Accurate terminology translation is crucial for the global dissemination and comprehension of Traditional Chinese Medicine (TCM). This study addresses the pressing issue of inconsistent TCM terminology, which has led to significant confusion and misinterpretation among scholars and practitioners worldwide. The primary objective of this research is to evaluate the effectiveness of Hu Gengshen's theoretical framework in ensuring precise and culturally appropriate translations of TCM diagnostic method terms. Hu Gengshen's framework emphasizes three essential dimensions of translation: communicative, linguistic, and cultural. The communicative dimension focuses on aligning translations with the target audience's linguistic norms, ensuring the translated terms are accessible and understandable. The linguistic dimension preserves the original structure and style of TCM terminology while adapting it to the target language, maintaining technical accuracy. The cultural dimension guarantees that translations respect and reflect the original cultural context, enhancing cultural sensitivity and relevance. This study employs Hu Gengshen's framework to assess translations from authoritative TCM sources. The analysis reveals that 146 out of 152 evaluated terms meet the rigorous standards set by the framework across all three dimensions. This finding demonstrates the framework's effectiveness in producing accurate and culturally sensitive translations. The implications of this research are significant. By validating Hu Gengshen's framework, the study provides a practical tool for improving the clarity and precision of TCM terminology in international academic and clinical contexts. This enhancement facilitates better global engagement with TCM practices, bridging communication gaps and fostering a deeper understanding of TCM principles and methodologies. The study highlights the framework's value in addressing translation challenges and advancing the global dissemination of TCM.

Keywords: TCM terminology; English translation; Hu Gengshen's translation approach, communicative, linguistic, and cultural dimensions

INTRODUCTION

The precise and consistent translation of Traditional Chinese Medicine (TCM) terminology is crucial for its effective global dissemination and international recognition. As TCM increasingly integrates into global healthcare systems and academic discourse, translation evolves beyond mere cross-linguistic communication, emerging as a pivotal mechanism for cultural exchange and the advancement of medical knowledge. However, the variability and inconsistency inherent in TCM terminology translations pose significant obstacles to its global acceptance and application. These challenges manifest in academic research, clinical practice, and international market access, where inconsistencies can disrupt comparative research, compromise diagnostic and treatment standards, and impede market entry and product recognition. Discrepancies in TCM terminologies create considerable confusion and disorientation in academic studies, often leading to misunderstandings of the original meanings of Chinese medical terms or concepts, which

misleads readers [29]. Thus, addressing the translation of TCM terminologies is an urgent and critical issue.

TCM terminology has cultural connotations, historical context, and intricate medical knowledge. The unique nature of these terms means that inaccuracies or inconsistencies in translation can lead to misunderstandings or misinterpretations, thereby impeding the international dissemination and practical application of TCM. For instance, the concept of "Qi," a fundamental element of TCM, lacks a direct equivalent in Western languages, complicating its translation and often resulting in imprecise or incomplete representations. Such inconsistencies can create conceptual ambiguities that undermine the accuracy and efficacy of therapeutic interventions and diminish TCM's global market competitiveness and reputation. Standardizing the translation of TCM terminology offers several critical benefits. It facilitates the establishment of international standards crucial for consistent TCM research, education, and clinical practices worldwide. Unified terminology also fosters integration and dialogue between TCM and Western medicine, promoting the development of integrative medicine. Furthermore, standardized translations enhance TCM's acceptability and credibility in international markets and reinforce its influence in shaping global medical standards.

Significant limitations persist despite notable advancements in translation theories across linguistics, cognitive science, cultural studies, and behavioral philosophy. Many existing theories are highly specialized, addressing only specific translation issues and needing broader applicability and systematic integration. This limitation often results in practical challenges, as these theories must comprehensively address the translation process's complexities. Moreover, traditional translation studies frequently focus on isolated issues without providing a holistic perspective on the translation process, leading to partial analyses and circular reasoning.

To address these challenges, this study adopts Hu Gengshen's "Theory of Adaptive Selection" as its research framework. Hu's theory offers a novel perspective by conceptualizing translation as a process of adaptation and selection, emphasizing the translator's role in balancing elements between the source and target languages. This approach transcends traditional "source-language-centered" or "target-language-centered" paradigms, aligning with TCM's holistic perspective and comprehensively addressing cultural, linguistic, and communicative issues. Hu's theory provides a multidimensional approach to adaptation and a three-dimensional transformation process, offering robust guidance for translation practice, particularly in cross-cultural contexts.

Diagnostic method terminology is a crucial component of TCM vocabulary, encompassing various terms related to diagnostic techniques, symptoms, and treatment principles. These terms act as a conduit between fundamental and clinical disciplines and connect the evolution of traditional medicine with modern technological advancements [31]. The terms often carry profound cultural connotations and specific medical implications that are challenging to translate accurately into English. For example, the TCM term “淡红舌” (pale red tongue) describes a tongue that is pale with a hint of redness, which has specific diagnostic implications related to blood deficiency or other health conditions. The translation “light red tongue” may fail to capture the precise cultural and diagnostic nuances associated with “淡红舌,” as it does not fully convey the term's essence within the context of TCM diagnostics. The absence of standardized translation protocols and theoretical frameworks can result in translations deviating from the original cultural context [31].

This study applies Hu Gengshen's theoretical framework to critically examine the translation of Traditional Chinese Medicine (TCM) diagnostic method terminology (DMT) as presented in three authoritative international publications, including the International Standard Terminologies on Traditional Medicine in the Western Pacific (IST), the International Standard Chinese-English Basic Nomenclature of Chinese Medicine (IST), and the International Standardization of English Translation of Basic Terminology in Chinese

Medicine (ISBT) by Li Zhaoguo. The research investigates several pivotal questions: To what extent do translations of TCM DMT from these authoritative sources conform to Hu Gengshen's theory of adaptive selection in translation? How do these translations perform across the communicative, linguistic, and cultural dimensions outlined by Hu's framework? What are the broader implications of employing this theory in translating specialized medical terminology?

The analysis reveals that 146 of 152 terms meet stringent criteria across all three evaluative dimensions, highlighting Hu Gengshen's framework's efficacy in producing accurate and culturally nuanced translations. Specifically, 96% of the translated terms demonstrate communicative effectiveness and clarity. Linguistically, 95% of the translations adhere to the target language's grammatical, syntactic, and lexical norms. Culturally, 97% of the translations effectively bridge cultural differences, preserving the cultural connotations inherent in the original terms. This research underscores the adaptive selection theory as a robust methodological framework for translating specialized medical terminologies, ensuring linguistic precision and cultural fidelity in international scholarly discourse.

In summary, while existing translation theories have significantly contributed to the field, their limitations highlight the need for more comprehensive frameworks. Hu Gengshen's "Theory of Adaptive Selection," integrating principles from Darwinian evolutionary theory, presents a systematic and integrative approach to translation. Hu's theory addresses cultural specificity, linguistic precision, and contextual adaptability in TCM terminology, filling critical gaps and offering practical guidance for enhancing the global dissemination and acceptance of TCM knowledge. This approach not only overcomes the limitations of previous methods but also supports the effective internationalization of TCM.

HU GENGSHEEN'S TRANSLATION APPROACH

Scholars have approached the English translation of Traditional Chinese Medicine (TCM) from various perspectives, including linguistic and cognitive [32], cultural [7], and behavioral and philosophical [35], each contributing valuable insights and advancing the evolution of TCM translation practices. Translation activities are experiencing continuous growth, driven by the increasing cross-cultural interactions in the context of contemporary globalization. This proliferation leads to an expansion in translation studies and the emergence of new translation theories. As noted by Hatim [8], "The study of translation is assuming a high profile, and what is remarkable is that this is happening not only in the traditional centers of the West but worldwide" [8]. Current translation theories are diverse and encompass various approaches, including philological, hermeneutic (or interpretive), linguistic, and communicative frameworks [1].

The translation theories developed over the past three decades have significantly expanded the scope of translation, fostered innovative thinking among translators, and broadened the range of source texts, thereby enhancing the fields of translation, interpretation, and other forms of interlingual transfer. These theories have undeniably made substantial contributions to translation practices. As Gentzler observes, "Translation studies bring together work in a wide variety of fields" [4]. As Hatim notes, it "has also generated the intellectual excitement needed to attract the attention of scholars working in various disparate fields" [8]. Despite the advancements in translation theories, many practitioners in China and internationally express dissatisfaction with current frameworks [9]. This discontent is echoed by prominent translation theorists such as Wills Wolfram, who criticized contemporary translation theories as comprising "a mess of uncoordinated statements" [11]. Many current translation theories are characterized by their specificity rather than general applicability, addressing only select aspects of translation theory. As Holmes observed, "Most of the theories that have been produced to date are little more than prolegomena to a general translation theory" [8].

Furthermore, some fundamental issues in translation studies remain unresolved and are not merely "particular difficulties" that can be addressed through additional research [5]. Wang contends that the

prevailing discourse predominantly focuses on perception-based analyses of technical issues, with conclusions often reflecting personal commentary rather than insights grounded in theoretically significant research. He critiques the existing translation theories as incomplete, attributing this to researchers' narrow perspectives and failure to adopt a systematic and macroscopic approach to translation issues [27]. Wang notes that much of the research is concentrated on individual aspects of translation studies, such as standards, methods, and techniques. This approach, he argues, treats individual components as isolated entities rather than integrating them into a cohesive and comprehensive theoretical framework. He also highlights that many studies either address specific translation problems in isolation or need to elevate their analysis to a higher level, resulting in a vague and cyclical theory.

In 2004, Hu Gengshen, a professor in the Department of Foreign Languages at Tsinghua University, introduced the “Approach to Translation as Selection and Adaptation” theory grounded in Darwin’s theory of biological evolution. This theory later evolved into the broader framework of eco-translatology, though the fundamental concepts remain consistent. Hu gained extensive experience as a translator in his early career across various research institutes. From 2001 to 2019, he conducted research and development in eco-translatology, acquiring substantial practical translation experience, integrating new scientific knowledge, and employing diverse research methodologies [22].

Interest in and application of the translation approach of adaptation and selection are demonstrated through various channels. Initially, there has been a succession of book reviews and scholarly commentary, both domestically and internationally. The frequency of these reviews and comments has increased concurrently with the publication of related monographs, articles, conference proceedings, and collected keynote addresses. For example, data indicate that *An Approach to Translation as Adaptation and Selection*, initially published in late 2004, has garnered approximately twenty commentaries. Notable examples include review titled “A Translation Monograph of Exploration: On an Approach to Translation as Adaptation and Selection” [15], Cai’s review “An Approach to Translation as Adaptation and Selection: A Book Review” [15], and Song’ piece “An Approach to Translation as Adaptation and Selection: A Monograph of Innovation” [23]. Additional commentaries include Meng’ theoretical reflection “Turn, Surpass, and Return: Theoretical Reflection of the Theory of Translation as Adaptation and Selection,” editor’s notes by Fang in the “Eco-Translatology” column of *Shanghai Journal of Translators* [3], and Yang’ editor’s notes in the “New Perspective to Translation Studies” column of *Foreign Languages Research* [34].

Furthermore, Eco-translatology has been utilized as a theoretical framework in postgraduate theses and doctoral dissertations across more than 100 Chinese universities and institutes [24]. Notable institutions employing this framework include Tsinghua University, Beijing Foreign Languages University, Shanghai International Studies University, Guangdong University of Foreign Studies, Jiangsu University, Shandong University, Henan University, and Sichuan University.

In his article “Dedicating Something Original to the World: Creativity in Foreign Language Research,” He (2004) asserted that Hu Gengshen’s approach to translation as selection and adaptation represents an altogether novel and “formerly nonexistent” perspective in the field of translation studies (pp. 10–14). In his article “On Creating a Benign Eco-Environment for Literary Translation,” Yang argued that Hu Gengshen’s approach represents a systematic methodology with newly coined terms and concepts designed to “strike out a new line” that markedly differs from previous perspectives [35]. As noted by Valdeó, the editor-in-chief of *Perspectives: Studies in Translatology*, “Eco-translatology represents an emerging paradigm with significant potential for research and study. It is also a model with clear connections to other Western schools of thought” [25]. Fang, a senior professor at Shanghai University and a prominent figure in the Chinese translation field, asserts that Hu Gengshen’s translation approach represents a novel and original contribution to translation studies [3].

Hu Genshen's translation approach offers a distinct perspective by adopting a 'translator-centered' rather than a 'source-oriented' or 'target-oriented' approach. This method views translation as a process of adaptation and selection, emphasizing the translator's role in balancing between the source and target elements. It underscores the necessity of a comprehensive approach to adaptation and selection, aligning with TCM's principles. TCM, a holistic medical system practiced for over five millennia, is grounded in a philosophy that mirrors Taoist (or Daoist) views of the universe. This philosophy asserts a profound connection between nature and the human body, with natural laws reflecting those that govern bodily functions. The concept of adaptation and selection from Hu Gengshen's transition approach is consistent with Darwin's principle of natural selection [11].

The current discourse on "adaptation and selection" does not fully capture the breadth and depth of Hu Gengshen's translation approach. Leo Chan Tak-hung of Lingnan University, Hong Kong, classifies translation theories into two categories: the "micro-level of the text" and the "macro-level of culture" [12]. Hu Gengshen's approach aligns with existing theories through its emphasis on "multidimensional" adaptation at the macro level and "three-dimensional" (linguistic, cultural, and communicative) transformation at the micro level. While translation theories grounded in linguistics and communication are typically more "applied" and focused on specific details, those based on pluralistic systems and action purposes are generally macroscopic and principle-oriented [12].

Hu Gengshen's translation approach emphasizes cultural, linguistic, and communicative dimensions. According to Hu, these dimensions—linguistics, culture, and communication—are central concerns within the translation community and are critical focal points throughout the translation process [11]. Translators often make adaptive choices based on the various stages or sequences of language, culture, and communication. Theoretically, linguistic, cultural, and communicative approaches to translation are systematic studies grounded in practical translation experience, with language, culture, and communication consistently highlighted by translation theorists. From a logical standpoint, translation involves the transformation of language, which serves as the medium for culture, while culture represents the accumulation of communication. Consequently, language, culture, and communication are intrinsically and logically interconnected.

A. Communicative Dimension

Among the notable scholars in communicative translation theory is Eugene Nida from the United States. Nida examines translation through communicative science and information theory frameworks, asserting that translation is a communicative activity to exchange information and ideas between languages. He introduced the theory of equivalent translation, which maintains that a translation's effect on the target language's readers should be equivalent to the effect of the original text on its readers. Information must be adapted to accommodate message transmission and address language differences to achieve effective communication and equivalence. According to [19], information that does not serve a communicative purpose is ineffective; thus, a translation that fails to be comprehensible and communicative to its audience is deemed unsuccessful. To ensure that a translation conveys a communicative function similar to the original, it must account for all relevant aspects of language communication, including the author, the content, the audience, and the context of the work.

Peter Newmark has also contributed to the field by distinguishing between communicative and semantic translation approaches in his works "Communicative Translation and Semantic Translation" and "A Textbook of Translation." notes that the primary distinction between communicative and semantic translation lies in the expression of the translated text [19]. Semantic translation emphasizes maintaining the form of the original text. In contrast, communicative translation focuses on restructuring the language to ensure that the translation is fluent, authentic, and easily understood, thereby enhancing the communicative impact of the information.

In Hu Gengshen's translation approach, the communicative dimension emphasizes adapting translations to align with the target audience's communicative context and linguistic norms. This involves a thorough understanding of the translation's purpose, the needs and expectations of the target audience, and the specific context in which the translation will be utilized. Effective communication requires that the translated text not only facilitates optimal information transmission but also prompts a response from the target audience that mirrors the effect of the original text. This dimension highlights the importance of clarity, readability, and the pragmatic aspects of translation, ensuring that the text effectively fulfills its intended function.

B. Linguistic Dimension

One of the earliest linguistic studies of translation was conducted by Roman Jakobson, a member of the Prague School, who in 1959 introduced three types of translation in his seminal paper, "On Linguistic Aspects of Translation: Intralingual Translation, Interlingual Translation, and Intersemiotic Translation" [10]. John Cunnison Catford, in *A Linguistic Theory of Translation*, examined interlingual transformation from the perspective of systematic functional grammar, discussing its nature, types, methods, conditions, and limitations, and introduced concepts such as hierarchy, category, and level order. Catford argued that translation reciprocity is limited to discourse and functional reciprocity. Wolfram Wilss (1982), in his monograph *The Science of Translation: Problems and Methods*, proposed that translation should be regarded as a cognitive, explanatory, and associative science, drawing from descriptive linguistics and generative grammar. In his exploration of semantics and translation, Tan employed theories of lexical meaning, referential meaning, grammatical meaning, rhetorical meaning, associative meaning, semantic change, and concepts of up-down and contextual semantics to address translation issues and propose solutions [25].

In Hu Gengshen's translation approach, the linguistic dimension includes the source text's structural integrity, grammatical accuracy, lexical precision, and stylistic nuances. Translators must uphold these elements while conforming to the norms and conventions of the target language. Linguistic fidelity involves preserving the original text's syntax, semantics, and stylistic features as closely as possible, ensuring the translation remains accurate and consistent with the source material. This dimension is crucial for maintaining specialized texts' technical and terminological accuracy, such as those containing Traditional Chinese Medicine (TCM) terminology, which often encompasses specific medical and cultural nuances.

C. Cultural Dimension

Cultural factors are embedded within the language system, reflecting a nation's social, historical, cultural, and psychological characteristics, including ways of thinking, values, social customs, religious beliefs, psychological states, and cultural background knowledge. Language, as a carrier and repository of culture, demonstrates substantial cultural penetration and coverage and is profoundly influenced by cultural contexts during translation. In 1990, Susan Bassnett and André Lefevere introduced the "cultural turn" concept in translation studies, signaling a shift from focusing on language to emphasizing culture [35].

The cultural dimension emphasizes preserving cultural references and addressing translation sensitivities. This involves recognizing and accommodating the cultural differences between the source and target languages. According to Hu Gengshen's translation approach, cultural adaptation requires translators to be cognizant of the cultural contexts of both the source and target texts, ensuring that cultural references, idioms, and nuances are retained and accurately conveyed in the translation. This dimension is crucial in translating Traditional Chinese Medicine (TCM) terms deeply embedded in Chinese cultural and philosophical traditions. By maintaining cultural fidelity, translators can ensure that the translated text resonates with the target audience while preserving the cultural essence of the original material.

METHODOLOGY

This section systematically applies Hu Gengshen's theoretical framework of adaptive selection in translation

to analyze 152 Chinese Traditional Chinese Medicine (TCM) Diagnostic Method Terminology (DMT) translations from three authoritative international publications. The evaluation criteria employed in this study—communicative effectiveness, linguistic appropriateness, and cultural specificity—are meticulously detailed to ensure a comprehensive and transparent analysis. The study integrates communicative and semantic translation strategies to evaluate the translations across these dimensions, ensuring a balanced and nuanced approach to translation assessment.

A. Research Questions

The study aims to address the following research questions:

- **Alignment with Hu Gengshen's Theory:** To what extent do the translations of TCM DMT from authoritative sources align with Hu Gengshen's theory of adaptive selection in translation?
- **Performance Across Dimensions:** How do the translations perform across the communicative, linguistic, and cultural dimensions proposed by Hu Gengshen's framework?
- **Specialized Terminologies:** What are the implications of applying Hu Gengshen's theory to translating specialized medical terminologies?

B. Research Design

The research design involves a systematic analysis of TCM DMT translations sourced from three highly regarded publications: the International Standard Terminologies on Traditional Medicine in the Western Pacific (IST), the International Standard Chinese-English Basic Nomenclature of Chinese Medicine (ISN), and the International Standardization of English Translation of Basic Terminology in Chinese Medicine (ISBT) authored by Li Zhaoguo. These sources were chosen due to their authoritative nature and comprehensive representation of TCM terminology in both Chinese and international contexts.

Each TCM term was meticulously evaluated against the three dimensions delineated in Hu Gengshen's theory. The IST, published by the World Health Organization's Western Pacific Regional Office, reflects the global emphasis on traditional medicine's role in public health. The ISN, published by the World Federation of Chinese Medicine Societies (WFCMS), represents an international consensus on standardizing Chinese medicine terminology. The ISBT, authored by Li Zhaoguo, a prominent scholar in TCM translation, offers a well-established perspective on the contemporary translation of TCM terms.

C. Evaluation Criteria

The evaluation of each translation was grounded in a detailed set of criteria derived from Hu Gengshen's theory, ensuring a robust and transparent analytical framework. The study's criteria are divided into three main categories: communicative effectiveness, linguistic appropriateness, and cultural specificity.

Communicative effectiveness is assessed by evaluating how well each term facilitates the transmission of information and elicits a response from the target audience analogous to the original text. This criterion examines the translation's clarity, readability, and pragmatic aspects. Terms effectively conveying the intended meaning and function within the target context are communicatively practical. For example, the term "荣舌" (róng shé) in TCM, which refers to a lustrous tongue that is moistened, fresh red, and flexible, often indicates abundant fluids, qi, blood, and a high spirit. The translation "lustrous tongue" is considered communicatively adequate because it provides a vivid and clear description that aligns with the diagnostic significance of the term in both Chinese and Western medical contexts.

Linguistic appropriateness evaluates each translation's structural integrity, grammatical accuracy, lexical precision, and stylistic consistency. This criterion involves a detailed analysis of the translations' syntax,

semantics, and stylistic features. Terms that maintain the technical and terminological accuracy of the source text while adhering to the norms of the target language are considered linguistically appropriate. For instance, the translation of "荣舌" (róng shé) as "lustrous tongue" adheres to correct grammar and syntax in English. The term "lustrous" is an apt lexical choice that accurately reflects the physical attribute described in the original Chinese term, demonstrating linguistic appropriateness.

Cultural specificity is assessed by examining how well each translation retains cultural references and sensitivities while accommodating the cultural disparities between the source and target languages. This criterion involves evaluating the cultural context of both the source and target texts and ensuring that cultural references, idioms, and nuances are appropriately conveyed. Terms that maintain cultural fidelity and resonate with the target audience are deemed culturally specific. The term "荣舌" (róng shé), which describes a tongue that is lustrous, moist, and vibrant—signifying good health and vitality in TCM—is effectively translated as "lustrous tongue." This translation captures the cultural specificity by addressing the visual aspect relevant to Chinese medical diagnostics while being understandable and meaningful to a foreign audience.

D. Application of Methodology

To guarantee the transparency and robustness of the analysis, the methodology employed a systematic, step-by-step application of the evaluation criteria across all 152 terms. First, each term was analyzed for communicative effectiveness by examining its clarity, readability, and pragmatic relevance in the target language. Next, the term's linguistic appropriateness was assessed by evaluating its grammatical structure, lexical choice, and consistency with English medical terminology. Finally, the cultural specificity of the translation was scrutinized by determining how well it retained the cultural and diagnostic nuances of the original term while making them accessible to the target audience.

This methodical approach provided a structured framework for evaluating the translations, ensuring that each dimension was rigorously applied to all 152 terms. The study aimed to offer a transparent and replicable methodology for future research in TCM translation by articulating the specific steps and criteria used in the evaluation.

RESULTS AND DISCUSSION

The analysis reveals that 146 of the 152 terms meet the stringent criteria across all three dimensions. This high success rate highlights the efficacy of Hu Gengshen's approach in achieving accurate and culturally nuanced translations of TCM terminology. The findings are detailed below.

A. the Finding of the Analysis

Communicative Effectiveness: Hu Gengshen emphasizes that effective communication in translation requires optimal information transfer and evoking a response from the target audience that mirrors the impact of the original text [12]. Newmark similarly highlights that communicative translation aims to adapt the language to ensure fluidity, authenticity, and comprehensibility, thereby enhancing the overall communicative efficacy of the information [17].

The analysis indicates that 96% of the translated terms meet high communicative effectiveness and clarity standards. The translations are generally precise and successfully convey the intended meanings of the original terms. The following are examples of successful translations:

Example 1: The term "语言蹇涩" refers to "speech distorted by the sluggish movement of the tongue," and it is translated as "sluggish speech." From a communicative perspective, the translation "sluggish speech"

effectively captures the essence of this term. It conveys the characteristic slow and hesitant speech associated with the condition, providing a clear and precise description that enhances the comprehension of clinical speech observations. This translation aligns well with the original term's intent, ensuring that the subtleties of the TCM concept are preserved and accurately communicated.

Example 2: The term “空痛” refers to “pain with a hollow sensation, commonly due to qi, blood, and essence failing to nourish tissues and organs,” and it is translated as “empty pain.” From a communicative perspective, the translation “empty pain” successfully encapsulates this sensation, reflecting a discomfort that is challenging to localize or define. It effectively communicates the characteristic sense of vacancy or emptiness associated with this type of pain, thereby enhancing the precision and clarity of its clinical interpretation. The translation maintains the cultural and medical connotations of the original term, ensuring that the intended meaning is conveyed with fidelity.

Example 3: The term “痞满” refers to “the unwell feeling of stuffiness and fullness in the chest and upper abdomen,” and it is translated as “stuffiness and fullness.” From a communicative perspective, the translation “stuffiness and fullness” accurately communicates this symptom, ensuring the description is clear and descriptive. This translation facilitates understanding among medical professionals and the general public, precisely reflecting the symptoms of TCM. The translation's clarity enhances its communicative effectiveness, making it a suitable representation of the original term.

Despite these successes, specific translations exhibit ambiguity or need more clarity, underscoring the need for further refinement to enhance communicative effectiveness. The following example cases reveal potential areas for improvement:

Example 1: The term “口臭” refers to “a noticeably unpleasant odor present on the breath,” and it is translated as “Fetid mouth odor.” From a communicative perspective, the term “fetid” suggests an extreme and potentially exaggerated level of odor, which may not fully align with the intended medical context. This exaggeration could lead to misinterpretation or overemphasis on the symptom's severity. In contrast, “bad breath” is a more accurate and widely recognized term that effectively captures the condition's general nature without overstating its severity. By choosing a precise and commonly understood term, the translation enhances clarity and ensures more accurate communication within the medical context.

Example 2: The term “窜痛” refers to “pain that migrates from one area to another area,” and it is translated as “scurrying pain.” From a communicative perspective, “scurrying” might evoke a sense of rapid movement that does not fully correspond to the medical phenomenon of pain migrating from one area to another. This lack of alignment with established medical language could lead to confusion or misinterpretation. In contrast, “referred pain” is a well-established term in medical practice, widely recognized and understood in the context of pain management and diagnosis. Adopting “referred pain” as the translation would better communicate the intended condition, offering greater clarity and consistency with medical terminology.

Linguistic Appropriateness: Linguistic fidelity in translation involves maintaining the original text's syntax, semantics, and stylistic elements as faithfully as possible, ensuring the translation remains precise and aligned with the source material [10]. Wills describes the translation process as an intra-linguistic, inter-linguistic, and inter-symbolic semantic transformation. The linguistic analysis indicates that 95% of the translations adhere to the target language's grammatical, syntactic, and vocabulary norms. This adherence suggests that the translations effectively maintain the original text's structure and style, ensuring linguistic appropriateness. The following examples illustrate instances of successful translation:

Example 1: The term “肌肤甲错” refers to “rough, scaly skin that is often caused by blood deficiency, exhaustion of fluids, or malnourishment of the skin due to chronic blood stasis,” and it is translated as

“encrusted skin.” From a linguistic perspective, the translation “encrusted skin” is grammatically precise and syntactically aligned with standard English. The term “encrusted” accurately conveys the hardened or crust-like layer of the skin, while “skin” appropriately identifies the affected surface. This translation effectively captures the medical condition with contextually relevant vocabulary and conveys the intended meaning with clarity and precision.

Example 2: The term “短缩舌” refers to “a tongue that cannot be fully extended from the mouth and appears to be shortened,” and it is translated as “short and shrunken tongue.” From a communicative perspective, the translation “short and shrunken tongue” is precise, with “short” indicating reduced length and “shrunken” implying contraction or reduction in size. Together, these descriptors accurately depict the tongue’s physical state, with vocabulary that reflects explicitly the medical condition, ensuring clear and precise communication of the anatomical change.

Example 3: The term “舌下脉络” refers to “the veins on both sides of the frenulum under the tongue,” and it is translated as “sublingual collateral vessels.” From a communicative perspective, the translation “sublingual collateral vessels” is grammatically accurate and syntactically coherent. The term “sublingual” directly translates “舌下” (shé xià), meaning “under the tongue,” while “collateral vessels” effectively conveys “脉络” (mài luò), referring to a network of veins and vessels. This combination produces a technically accurate and contextually appropriate expression, capturing the anatomical and physiological nuances of the original term.

While the examples above demonstrate successful translations, the analysis also reveals variations in translation quality, particularly in cases where standard linguistic conventions are not fully adhered to. These variations highlight the need for a deeper exploration of the factors contributing to such discrepancies. One potential cause could be the inherent complexity of translating TCM terminology, which often involves conveying culturally specific concepts that need more direct equivalents in the target language.

Example 1: The term “半身无汗” refers to “no sweating on the upper or lower right or left half of the body,” and it is translated as “hemilateral anhidrosis”. Although the translation “hemilateral anhidrosis” is grammatically correct, the term “hemilateral” may not align with standard medical terminology, potentially introducing ambiguity. “Hemilateral” is less commonly used in clinical contexts and may not adequately capture the condition’s specific localization, affecting the translation’s clarity and precision. This example underscores the need for more precise terminology that resonates with medical professionals and patients, ensuring the translation is accurate and easily understood.

Example 2: The term “头重” refers to “a headache with a subjective, heavy, bearing down sensation or feeling like being wrapped up in a towel. It is most commonly caused by external dampness, phlegm dampness, pestilence qi, or kidney qi deficiency,” and it is translated as “heavy sensation of the head.” While the translation “heavy sensation of the head” is grammatically correct, it lacks the specificity and common usage of “heavy-headedness.” “Heavy-headedness” provides a more conventional expression of the condition, whereas “heavy sensation of the head” is more descriptive but less standardized. This may reduce clarity and immediacy in the conveyed meaning, particularly in clinical settings.

Cultural Specificity: The English translation of TCM terminology should retain ethnicity. Chinese medical language reflects the unique thinking and concepts of ancient Chinese people, and its conceptual system, categories, theoretical principles, and operational principles are very different from those of Western medicine. Therefore, TCM is a unique treasure of the Chinese nation and has distinctive national characteristics. When translators adapt to the translation ecology of TCM terminology, they should strive to preserve the ethical attributes of TCM terminology, which is a necessary way for us to promote Chinese traditional culture and enhance China’s cultural soft power. In Cultural Functions of Translation, Christina

Schaffner and Kelly-Holmes also suggest that translation is a “culture transcending process” and is “an important way of constructing cultural identity and cultural positioning” [20]. According to Christiane Nord, human communication is conditioned by context. Contexts are not uniform but are rooted in cultural practices, and cultural practices, in turn, condition contexts. Language should, therefore, be seen as part of culture, and cultural contextual conditions thus condition verbal communication [1]. The cultural analysis emphasizes the critical role of cultural specificity and nuance in translating Traditional Chinese Medicine (TCM) terminology. Linguistic analysis reveals that 97% of translations successfully bridge cultural gaps and convey the original terms' cultural connotations, reflecting significant adherence to Hu Gengshen's adaptive translation approach.

Example 1: The term “胸中窒/痞硬” refers to “the feeling of stuffiness and choking in the chest,” and it is translated as “stuffiness in the chest.” From a cultural perspective, while this translation effectively communicates the basic sensation associated with “胸中窒” in TCM, it may not fully encapsulate the nuanced concept of "rigidity" or "obstruction" that “窒” implies. In TCM, “窒” conveys a more profound sense of blockage or constriction beyond physical discomfort, involving a significant pathological state that may require specific treatment approaches. Thus, the translation lacks the depth needed to convey the cultural and medical specificity inherent in the original term. This oversight highlights the need for a more critical approach to capturing the full complexity of such terms, which is essential for accurate communication in cross-cultural medical contexts.

Example 2: The term “神疲” refers to “lack of mental vigor,” and it is translated as “lassitude of spirit.” From a cultural perspective, this translation effectively captures the holistic concept of "spirit" in TCM, which integrates mental and emotional well-being within a broader health framework. "Lassitude of spirit" aligns with the traditional Chinese understanding of health, which considers the interconnectedness of mental and spiritual states. However, while this translation is culturally resonant, it is essential to recognize that it might be less familiar to practitioners of Western medicine, where the term “mental fatigue” is more commonly used. Although "mental fatigue" is precise, it does not fully encompass the broader spiritual implications of “神疲” in TCM. This distinction underscores the importance of balancing cultural fidelity with clarity and accessibility in translation, ensuring that the term's whole meaning is conveyed to both TCM practitioners and those from other medical traditions.

Example 3:

The term “但热不寒” refers to “the elevation of the body temperature with no feeling of cold,” and it is translated as “fever without chills.” From a cultural perspective, this translation accurately reflects the diagnostic criteria used in medical practices to differentiate febrile conditions. It maintains cultural specificity by emphasizing the clinical significance of the absence of chills, a crucial diagnostic feature in TCM. However, this translation also requires a critical evaluation of how it aligns with Western medical concepts of febrile illness. While it effectively captures the essential nuance of "但热不寒," it is important to consider how such terms might be interpreted differently across cultures and medical systems. The translation's success is preserving the diagnostic nuance that can significantly impact clinical assessment and treatment decisions. However, it also points to the need for a more thorough discussion of how these nuances are perceived in different cultural contexts.

Despite the overall success in achieving culturally appropriate translations, specific examples reveal areas where greater sensitivity to cultural nuances is needed. A more in-depth analysis of these examples is crucial for refining translation practices and enhancing the accuracy of cross-cultural communication in TCM.

Example 1: The term “心下支结” refers to “a feeling of obstruction is associated with vexation and distension in the epigastric region, the same as epigastric tightness,” and it is translated as “obstructive

sensation in epigastrium." From a cultural perspective, while this translation effectively identifies the location of the sensation, it may not fully capture the medical nuance conveyed by the TCM term “心下支结.” The original term suggests a more complex condition involving specific types of obstruction combined with emotional and physical discomfort. The translation, although accurate in a general sense, may lack the cultural and emotional depth conveyed by the TCM term, which is crucial for a precise diagnosis and treatment. This example underscores the need for heightened cultural sensitivity and specificity in translation to ensure that the full complexity of TCM terms is accurately conveyed.

Example 2: The term “多梦” refers to “Interrupted sleep by strange dreams or frightening nightmares,” and it is translated as “dreaminess.” From a cultural perspective, the translation “dreaminess” inadequately captures the clinical phenomenon described by “多梦” (duō mèng), which refers explicitly to excessive dreaming during sleep. The term “dreaminess” suggests a waking state characterized by preoccupation or distraction, which diverges from the clinical meaning of excessive dreaming during sleep. This discrepancy highlights the critical need for translations that accurately reflect the original term's clinical implications within TCM. The failure to convey the precise nature of “多梦” in the translation could lead to misunderstandings in clinical settings, where accurate symptom description is vital for diagnosis and treatment. A more culturally sensitive translation that accurately captures the clinical and cultural nuances of “多梦” is essential for effective communication and understanding in TCM.

B. Variations and Possible Causes of Result Diversity

The study's findings reveal high communicative and linguistic success in translating Traditional Chinese Medicine (TCM) terms, with 96% and 95% of the translations meeting high communicative effectiveness and linguistic fidelity standards, respectively. However, there is noticeable diversity in the quality of these results, particularly in translations that exhibit ambiguity or fail to fully capture the cultural and medical nuances of the original terms. This variation can be attributed to several factors:

- **Complexity of TCM Terminology:** TCM concepts are deeply rooted in Chinese culture and often lack direct equivalents in English. The intricate nature of these terms, which encapsulate both physical and metaphysical elements, poses significant challenges in translation. This complexity may lead to variations in how effectively different translators convey the intended meanings, especially when cultural and medical nuances are involved.
- **Translator Expertise and Interpretation:** Individual translators' expertise and interpretative choices are critical in the translations. Translators with a deep understanding of TCM and its cultural context are likelier to produce translations that align with the meanings of the original terms. In contrast, those with less experience or knowledge may produce translations that, while linguistically correct, lack the necessary cultural or medical specificity, leading to diversity in the results.
- **Differences in Translation Approaches:** The study reflects the application of different translation approaches, such as communicative translation versus semantic translation. Communicative translations prioritize clarity and audience comprehension, sometimes at the expense of cultural or linguistic fidelity. Conversely, translations that focus on linguistic accuracy may result in clear terms but are culturally or contextually inappropriate. The variation in how translators balance these approaches contributes to the diversity of translation quality observed in the study.

C. Study's Limitations and Their Impact on Result Interpretation

While the study provides valuable insights into the effectiveness of TCM term translations, several limitations must be considered when interpreting the results:

- **Limited Scope of Analysis:** The study primarily focuses on the communicative and linguistic

dimensions of translation, with less emphasis on other critical aspects such as cultural fidelity and audience reception. This narrow scope may overlook instances where translations are linguistically accurate but must resonate with the target audience due to cultural differences. This leads to an incomplete understanding of translation effectiveness.

- **Sample Size and Representativeness:** The analysis is based on a selected set of translations, which may not fully represent the broader range of TCM terminology or the diversity of translation practices in the field. This limitation affects the generalizability of the findings, as the high success rates reported may not accurately reflect the challenges faced in translating more complex or less commonly used terms.
- **Contextual Variability:** The study does not account for the variability in how translated terms are used in different contexts, such as clinical settings versus academic discourse. The effectiveness of a translation can vary significantly depending on the context in which it is applied. Without considering this variability, the study's conclusions about the overall success of the translations may be overly optimistic.
- **Lack of Target Audience Feedback:** The study does not include feedback from the intended audience of the translations, such as TCM practitioners, patients, or scholars. Understanding how these groups perceive and interpret the translated terms is crucial for assessing the real-world effectiveness of the translations. This feedback is necessary for the study's ability to evaluate the practical impact of the translations on cross-cultural communication in TCM.

These limitations suggest that while the study offers a positive assessment of TCM term translations, the results should be interpreted cautiously. The diversity in translation quality, the study's narrow focus, and the lack of audience feedback indicate that further research is needed to develop more comprehensive and culturally sensitive translation practices in TCM.

CONCLUSION

In conclusion, translating Traditional Chinese Medicine (TCM) diagnostic method terminology (DMT) presents a distinctive and intricate challenge, demanding rigorous theoretical and practical approaches. While translation as a form of information transfer has been widely studied across various disciplines—from communication and information science to translation studies, the systematic application of Hu Gengshen's theory of adaptive selection to translating TCM diagnostic method terminology from Chinese to English remains relatively underexplored. This study addresses this critical gap by applying Hu's framework to evaluate translations from three authoritative sources, revealing that 146 out of 152 TCM terms met stringent criteria across communicative effectiveness, linguistic appropriateness, and cultural specificity. The high success rate, exceeding 95%, in achieving accurate, precise, and culturally nuanced translations underscores the robustness of Hu Gengshen's approach. Specifically, Hu's theory facilitates translations that preserve the original terms' semantic and syntactic integrity and effectively bridge cultural differences, ensuring that the translated terms resonate with the target audience while retaining the source text's distinct cultural and medical connotations. This study exemplifies the practical applicability of Hu Gengshen's theory in ensuring that translated TCM terminologies maintain both linguistic fidelity and cultural specificity, thereby contributing to the international standardization of TCM translations and promoting global understanding of Chinese medical practices.

These findings significantly advance the theoretical foundations of TCM translation, broadening the scope of research and deepening the understanding of effective translation strategies for TCM terminologies into English. By integrating the concept of the translational eco-environment into the translation process, this study validates Hu Gengshen's adaptive selection theory. It provides fresh insights into the broader field of translation studies. The proposed framework for translating TCM terminology holds substantial potential for application across other TCM disciplines, thereby paving the way for the standardization of TCM

terminology in English and expanding its global reach. Moreover, this study offers valuable principles, techniques, and strategies for translating TCM terminologies into English, serving as essential resources for translators, interpreters, educators, physicians, and researchers. The insights gained from this research are poised to address existing gaps in international standards for TCM terminology, thereby facilitating the global dissemination of Chinese medical knowledge and cultural heritage.

However, a sample of 152 terms may not capture the full spectrum of TCM terminology and its translation variations. Expanding the sample size could provide a more comprehensive analysis. Variations in translations may reflect individual translators' subjective interpretations, which can affect consistency. Future work should address these limitations by incorporating a broader range of terms and exploring the role of translator expertise. Despite these limitations, this study underscores the importance of continuous refinement in translation practices to enhance communicative effectiveness, linguistic precision, and cultural specificity in the global transmission of TCM knowledge.

REFERENCES

1. Aronoff, S., (1989). *Geographic Information Systems: A Management Perspective*. Ottawa: WDL Publications.
2. Baker, M. (1998). *Routledge encyclopedia of translation studies*. Routledge.
3. Cai, X. (2006). A brief review of *An Approach to Translation as Adaptation and Selection*. *Chinese Science & Technology Translators Journal*, pp. 1, 58–59.
4. Fang, M. Z. (2009). Editor's notes on eco-translatology. *Shanghai Journal of Translators*, pp. 2, 2–17.
5. Fang, M. Z. (2019). Eco-translatology. *Shanghai Journal of Translators*, pp. 32–33. Tsinghua Tongfang Knowledge Network Technology Co., Ltd.
6. Gentzler, E. (1993). *Contemporary Translation Theories*. Routledge.
7. Gutt, E. A. (2000). *Translation and relevance: Cognition and context*. St. Jerome.
8. Hatim, B. (2001). *Teaching and researching translation*. Pearson Education.
9. He, M. (2004). Talking about how to preserve the cultural color of Chinese medical terms in translation. *Journal of Hunan College of Traditional Chinese Medicine*, 24(4), 33–35.
10. Holmes, J. S. (1988). *Translated!: Articles on literary translation and translation studies*. Rodopi.
11. Hu, G. S. (2002). Translation theory: Development, dissatisfaction, and exploration. *Translation Quarterly*, pp. 25, 80–104.
12. Hu, G. S. (2004). *The explanatory function of an approach to translation adaptation and selection*. In *An approach to translation as adaptation and selection* (Vol. 5, pp. 128). Hubei Education Press.
13. Hu, G. S. (2020). *Eco-translatology: Towards an eco-paradigm of translation*. Springer Nature Singapore Pte Ltd. <https://doi.org/10.1007/978-981-15-2260-4>
14. Hu, G. S. (2020). *Eco-translatology: Towards an eco-paradigm of translation*. Springer Nature Singapore Pte Ltd. <https://doi.org/10.1007/978-981-15-2260-4>
15. Li, Y., & Huang, Z. (2005). A unique theoretical build-up: Reviewing Hu Gengshen's *An Approach to Translation as Adaptation and Selection*. *Foreign Language Education*, 6, 95–96.
16. Liu, Y., & Xu, J. (2004). A new translation book with spirits of exploration: Book review of *An Approach to Translation as Adaptation and Selection*. *Chinese Translators Journal*, 6, 40–43.
17. Meng, F. (2009). The new turn of translation studies after post-modernism. In H. Gengshen (Ed.), *Translation and interculture: Integration and innovation* (pp. 48–54). Shanghai Foreign Language Education Press.
18. Newmark, P. (1977). *Communicative and semantic translation*. Babel, p.21–22.
19. Nida, E. (1993). *Language, culture, and translating*. Shanghai Foreign Language Education Press.
20. Nord, C. (1997). *Translating as a Purposeful Activity: Functionalist Approaches Explained*. St. Jerome Publishing.

21. Qian, X. (2000). Dedicating something original to the world: Creativity in foreign language research. *Foreign Languages and Their Teaching*, 10–14.
22. Schaffner, C. & H. Kelly-Holmes. (1995). Cultural Functions of Translation. Multilingual Matters Ltd. 87-88.
23. Song, Z. (2007). *Choice and adaptation: A study of the translation process from the pragmatic perspective*. Changchun, China: Northeast Normal University.
24. Tan, Z. X. (1991). Discourse and translation: On the three primary relationships. *Foreign Languages and Foreign Language Teaching*, pp. 7, 3–10.
25. Valdeón, A. R. (2012). Recycling in the translation ecosystem: The case of stable and unstable sources in news production. Paper presented at the 3rd International Symposium on Eco-translatology, Chongqing, China, November 23–25, 2012.
26. Venuti, L. (1998). *The scandals of translation: Towards an ethics of difference*. Routledge. 23.
27. Wang, D. C., & Chen, C. (2001). *Modern rhetoric*. Shanghai Foreign Language Education Press. 40.
28. Wang, N. (2003).
28. Translation studies: Interdisciplinary approaches. A special issue on translation studies in China. *Perspectives: Studies in Translatology*, pp. 11, 80.
29. Ye, X., & Zhang, H.X. (2017). A history of standardization in the English translation of traditional Chinese medicine terminology. *Integr Med*, 15(5), 344–350.
30. Wills, W. (1982). *The science of translation: Problems and methods*. Gunter Narr.
31. Wu, P., Li, J., Yan, H. X., Guo, R., Lv, Y., & Wang, Y. Q. (2021). Status and prospect of international standardization of TCM diagnosis. *Pharmacological Research*, 171, 201-203.
32. Yan, S. Y. (2008). Translation of Chinese medicine metaphors from a cognitive perspective. *Liaoning Chinese Medicine Journal of the University of Chinese Medicine*, 10(8), 175–177.
33. Yang, F. (2009). On creating a benign eco-environment for literary translation. *Eastern Translation*, xii–xiii.
34. Yang, X. R. (2010). Editor’s notes on eco-translatology. *Foreign Languages Research*, pp. 4, 62–67.
35. Zhang, X. Y. (2005). The application of purpose theory in the English translation of Chinese medical terms. *Hunan Journal of City College*, 26(3), 101–102.

APPENDIX

Translation Analysis on TCM Diagnostic Method Terminology

No.	Name of the term	Dimensions that meet the requirement in Hu Gengshen's theory of adaptation in translation (C1: Communicative Dimension; L: Linguistic Dimension; C2: Cultural Dimension, NONE: not meet any requirements)
1.	诊法	diagnostic method: C1+L
2.	症状	symptom: C1+L+C2
3.	体征	Sign: C1+L+C2
4.	揆度奇恒	assessment of the normal and abnormal: C1+L+C2
5.	四诊	four examinations: C1+L+C2
6.	望诊	inspection: C1+L+C2
7.	望神	inspection of the vitality: C1+L+C2
8.	失神	loss of vitality: C1+L+C2
9.	得神	presence of vitality: C1+L+C2
10.	少神	lack of vitality: C1+L+C2
11.	假神	false vitality: C1+L+C2
12.	昏蒙	mental confusion: C1+L+C2
13.	望色	inspection of the complexion: C1+L+C2
14.	病色	morbid complexion: C1+L+C2
15.	真脏色	true visceral color: C1+L+C2
16.	抽搐,癎厥	convulsions: C1+L+C2
17.	圊血,便血	bloody stool: C1+L+C2
18.	近血	proximal bleeding: C1+L+C2
19.	望指纹	inspection of finger venules: C1+L+C2
20.	舌象	tongue manifestation: C1+L+C2
21.	舌色	tongue color: C1+L+C2
22.	淡白舌	Pale tongue: C1+L+C2
23.	红舌	red tongue: C1+L+C2
24.	青舌	blue tongue: C1+L+C2
25.	紫舌	purple tongue: C1+L+C2
26.	绛舌	crimson tongue: C1+L+C2

27.	胖大舌	enlarged tongue: C1+L+C2
28.	肿胀舌	swollen tongue: C1+L+C2
29.	瘦薄舌	thin tongue: C1+L+C2
30.	点刺舌	spotted tongue: C1+L+C2
31.	芒刺舌	prickly tongue: C1+L+C2
32.	齿痕舌	teeth-marked tongue: C1+L+C2
33.	裂纹舌	fissured tongue: C1+L+C2
34.	镜面舌	mirror tongue: C1+L+C2
35.	地图舌	geographical tongue: C1+L+C2
36.	强硬舌	stiff tongue: C1+L+C2y
37.	颤动舌	trembling tongue: C1+L+C2
38.	歪斜舌	deviated tongue: C1+L+C2
39.	舌纵	protracted tongue: C1+L+C2
40.	舌态	motility of the tongue: C1+L+C2
41.	舌形	form of the tongue: C1+L+C2y
42.	舌苔	tongue fur: L
43.	语声低微	faint low voice: C1 +C2
44.	语言謇涩	sluggish speech: C1+L+C2
45.	失音	loss of voice: C1+L+C2
46.	嘶哑,声嘎,嘶哑	hoarseness: C1+L+C2
47.	谵语	delirious speech: C1+L+C2
48.	独语	soliloquy: C1+L+C2
49.	呓语	sleep talking: C1+L+C2
50.	狂言	manic raving: C1+L+C2
51.	太息	sighing: C1+L+C2
52.	咳逆,咳逆上气	cough with dyspnea: C1+L+C2
53.	口臭	fetid mouth odor: NONE
54.	问诊	inquiry: C1+L+C2
55.	恶寒发热	aversion to cold with fever: C1+L+C2
56.	恶寒	aversion to cold: C1+L+C2
57.	发热	fever: C1+L+C2
58.	恶风	aversion to wind: C1+L+C2

59.	畏寒	fear of cold: L+C2
60.	但热不寒	fever without chills: C1+L+C2
61.	恶热	aversion to heat: C1+L+C2
62.	壮热	high fever: C1+L+C2
63.	潮热	tidal fever: C1+L+C2
64.	日晡潮热	late afternoon tidal fever: C1+L+C2
65.	午后潮热	afternoon tidal fever: C1+L+C2
66.	微热	mild fever: C1+L+C2
67.	问汗	inquiry about sweating: C1+L+C2
68.	自汗	spontaneous sweating: C1+L+C2
69.	大汗	profuse sweating: C1+L+C2
70.	多汗	profuse sweating: C1+L+C2
71.	绝汗	expiry sweating: L+C2
72.	冷汗	cold sweating: C1+L+C2
73.	腹痛	abdominal pain: C1+L+C2
74.	战汗	shiver sweating: C1+L+C2
75.	头痛	headache: C1+L+C2
76.	头项强痛	headache and painful stiff nape: C1+L+C2
77.	胸痛	chest pain: C1+C2
78.	腰痛	lumbago: C1+L+C2
79.	足跟痛	heel pain: C1+L+C2
80.	阴器痛	genital pain: C1+L+C2
81.	乳房疼痛	breast pain: C1+L+C2
82.	胀痛	distending pain: C1+C2
83.	刺痛	stabbing pain: C1+L+C2
84.	窜痛	scurrying pain: L+C2
85.	游走痛	wandering pain: C1+L
86.	固定痛	fixed pain: C1+L+C2
87.	冷痛	cold pain: C1+L+C2
88.	剧痛	severe pain: C1+L+C2
89.	隐痛	dull pain: C1+L+C2
90.	重痛	heavy pain: C1+L+C2

91.	掣痛	pulling pain: C1+L+C2
92.	空痛	empty pain: C1+L+C2
93.	酸痛	aching pain: C1+L+C2
94.	持续痛	persistent pain: C1+C2
95.	头重脚轻	heavy head and light feet: C1+L+C2
96.	鼻塞	nasal congestion: C1+L+C2
97.	鼻不闻香臭	loss of smell: C1+L+C2
98.	痞满	stiffness and fullness: C1+L+C2
99.	心慌	flusteredness: C1+L+C2
100.	身重	heavy body: C1+L+C2
101.	身痒	generalized BODY itching: C1+L+C2
102.	乏力	lack of strength: C1+L+C2
103.	恶心	nausea: C1+L+C2
104.	耳鸣	tinnitus: C1+L+C2
105.	耳聋	deafness: C1+C2
106.	目痛	eye pain: C1+L+C2
107.	目眩	dizzy vision: C1+L+C2
108.	视歧	double vision: C1+L+C2
109.	视物模糊	blurred vision: C1+L+C2
110.	嗜睡	somnolence: C1+L+C2
111.	梦游	sleep walking: C1+L+C2
112.	口渴	thirst: C1+L+C2
113.	消谷善饥	swift digestion with rapid hungering: C1+L+C2
114.	吞食梗塞	blockage when swallowing: C1+L+C2
115.	大便干燥	dry stool: C1+L+C2
116.	完谷不化	undigested food in stool: C1+L+C2
117.	里急后重	tenesmus: C1+L+C2
118.	大便滑脱	fecal incontinence: C1+L+C2
119.	小便频数	frequent urination: C1+L+C2
120.	小便浑浊	turbid urine: C1+L+C2
121.	尿浊	turbid urine: C1+L+C2
122.	小便淋漓	dribbling urination: C1+L+C2

123.	小便失禁	urinary incontinence: C1+L+C2
124.	梦交	dreaming of intercourse: C1+L+C2
125.	失血	loss of blood: C1+L+C2
126.	衄血	epistaxis: C1+L+C2
127.	脉诊	pulse diagnosis: C1+L+C2
128.	平脉	normal pulse: C1+L+C2
129.	胃神根	stomach, vitality, and root: C1+L+C2
130.	寸口诊法	wrist pulse-taking method: C1+L+C2
131.	寸口	wrist pulse: C1+L+C2
132.	寸关尺	cun, guan and chi; inch, bar and cubit: C1+L+C2
133.	趺阳脉	anterior tibial pulse: C1+L+C2
134.	反关脉	pulse on back of wrist: C1+L+C2
135.	斜飞脉	oblique-running pulse: C1+L+C2
136.	指法	finger technique: C1+L+C2
137.	布指	finger positioning: C1+L+C2
138.	浮脉	floating pulse: C1+L+C2
139.	芤脉	hollow pulse: C1+L+C2
140.	伏脉	hidden pulse: C1+L+C2
141.	牢脉	firm pulse: C1+L+C2
142.	迟脉	slow pulse: C1+L+C2
143.	肌肤甲错	encrusted skin: C1+L+C2
144.	缩短舌	short and shrunken tongue: C1+L+C2
145.	舌下脉络	sublingual collateral vessels: C1+L+C2
146.	半身无汗	hemilateral anhidrosis: C1+C2
147.	头重	heavy sensation of the head: C1+C2
148.	胸中窒	stuffiness in the chest: C1+L+C2
149.	神疲	lassitude of spirit: C1+L+C2
150.	但热不寒	fever without chills: C1+L+C2
151.	心下支结	obstructive sensation in epigastrium: C1+L
152.	多梦	dreaminess: C1+L