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THE TRANSLATION OF CHINESE MEDICAL TERMS INTO ENGLISH. LINGUISTIC CONSIDERATIONS ON THE LANGUAGE OF TCM

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SUMMARY: 1. Abstract. - 2. Introduction. - 3. The source-oriented approach in the translation of Chinese medical terms into English. - 4. *Qì* and *dào*: the question of their translatability or untranslatability. - 5. The English translation of Chinese medical terms: the cases of *xīn bāo* and *biǎo-lǐ*. - 6. Conclusions.

1. Abstract

The growing diffusion of TCM (Traditional Chinese Medicine) in the Western world on the one hand, and the major role of English as the language of scientific communication and international exchange on the other, have led to the need for accuracy and standardization in the English terminology of Chinese medical concepts. The complexity of Chinese medical language, not only due to the innumerable quantity of ideograms¹, but above all to their correct interpretation and to the philosophical foundations which TCM is based upon, has raised several debates among linguists, translators and physicians. One of the main issues concerns the approach to be adopted in the translation of Chinese terms into the English language. More precisely, a source-oriented choice, and in particular that which makes use of loan-translations, is claimed to respect the integrity of the original Chinese concepts and to present them as they come into native people's mind. On the other hand, a target-oriented method, which basically turns out to be a westernization of Chinese concepts, makes TCM easier to understand for the international medical community.

The work is divided into three main parts. The first part investigates the literal translation - in particular that suggested by the English sinologist and linguist Nigel Wiseman - as a form of source-oriented approach in the translation

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¹ In this study Chinese language will be referred to in Pīnyīn, the most commonly used system of romanization for Standard Mandarin. It has been developed by a government committee in the People's Republic of China (PRC), and since January 1, 2009 it has also become the official system of romanization in Taiwan.

In this study Pīnyīn terms will be mentioned next to their corresponding ideograms whereas considered necessary.

The corpus used for this work is represented by the specialized medical dictionaries referred to in the references.

of TCM terminology into the English language. The second part discusses the question of the translation of the basic Chinese concepts of *qì* and *dào*, while the third and final part focuses on some Chinese crucial denominations whose current English equivalents have been an object of attention by TCM scholars and physicians regarding their lack of terminological correctness and precision.

The purpose of this work is to highlight some of the major difficulties that the translation of TCM terminology into a Western language, especially the English one, entails, as radically different cultures are involved, and the implications that the general tendency to the westernization of Chinese medical concepts necessarily leads to in the translating process.

2. Introduction

It is not the aim of this work to examine the philosophical and theoretical principles which are at the basis of TCM. However, in order to understand some of the main crucial issues concerning the translation of Chinese medical terms into the English language, a brief outline of some of the major concepts which form the bases of traditional Chinese thought will be done.²

TCM is a very ancient medical system including several practices (acupuncture, herbal medicine, dietary therapy, etc.) which originated in China. “Although well accepted in the mainstream of medical care throughout East Asia, TCM is considered an alternative medical system in much of the Western world” (wikipedia, http://.org/wiki/traditional_Chinese_medicine).

TCM began to be practised more than five thousand years ago, and the philosophy it is imbued with, namely the holistic understanding of the universe as described in Taoism (or Daoism), is based upon the fundamental tenet that there is a strong relationship between nature and the human body. More specifically, the laws and patterns of nature are the same as those which govern the human body.

According to TCM, every living being is governed by *qì*, a rather complex concept to explain, and, consequently, to translate into any Western languages. In ancient Chinese philosophy, *qì* is the fundamental “substance” of the world. It cannot be seen and its movement explains the birth, development and transformation of all things in the world. It is a sort of “energy”- as it has almost always been translated into English - which flows in the body through channels made up of linear groups of points situated along the skin and called meridians. According to the Taoist philosophy, the fundamental forms of *qì* are *yīn* and *yáng*, two opposed, complementary and non-antagonistic forces, on whose balance the very existence of the world depends. Though having opposite polarities, *yīn* and *yáng* are never in conflict with each other, as the disappearance of either of them would necessarily lead to the disappearance of the other and, in the final analysis, of the universe.

² For thorough investigations about the Chinese medical thought and the basic theoretical principles of TCM, see Wiseman & Ellis (1995).

In TCM, the yīn-yáng relationship is viewed as affecting the entire universe, human beings included.

The yīn-yáng theory is used extensively to explain all anatomical, histological, physiological and pathological aspects of the human body, and to formulate diagnosis and subsequent treatment.

Within the framework outlined above, the concept of disease takes on characteristics which in TCM are quite different from the Western ones. Diseases are the result of an imbalance between yīn and yáng. More precisely, when the two forces are in perfect balance, the human body is in a state of good health, but if one force predominates, balance is lost and illness is generated. As a consequence, one of the most difficult tasks of a TCM practitioner is to restore the yīn-yáng balance in the patient, that is his/her innate ability to maintain health.

3. The source-oriented approach in the translation of Chinese medical terms into English

The particular way Chinese philosophy conceives the world (human beings, rules governing the universe, health and diseases) raises the question of how Chinese terms can be accurately translated into Western languages, especially English. Marnae (2006) highlights the fact that many translators often use simple language when they translate concepts from Chinese into English. The result is the production of translations which are not wholly faithful to the original texts. What should always be considered in the translation process is that “Chinese is a character based language, and each character can have multiple meanings” (Marnae 2006). The phenomenon of simplification in the translation from Chinese is one of the consequences of the tendency of translators to westernize traditional Chinese medical concepts. It happens that a term encapsulating more than one concept in Chinese is translated into English in a way that excessively restricts its meaning. Marnae (2006) mentions the cases of the characters *shàn*, *yōng* and *lín*, which are often translated respectively as *hernia*, *abscess* and *dysuria*, while each of the three Chinese terms includes several other syndromes. In an essay on the translation of Chinese medical terms, Wiseman (2001) discusses the main reasons why most translators opt for a target-oriented approach in the translation from Chinese:

Obviously the use of Western medical terms for traditional Chinese medical concepts gives the Western readership the feeling that Chinese medicine is quite similar to Western medicine. It certainly avoids the need to introduce new terms that require tedious explanation. It is interesting that scholars in the PRC prefer using Western medical equivalents – even very rough ones – to creating new terms for concepts specific to Chinese medical knowledge. Their command of English limits their ability to coin new terms, but perhaps more importantly they adopt a language that is intelligible to the international medical community and will have the greatest chances of convincing it of the value of Chinese medicine. We know that the PRC aims to integrate Chinese medicine with modern medicine, and the use of Western medical terms is seen as another way of forging a communicative bridge between the two.

Wiseman (2001) also explains the consequences that the use of Western medical equivalents to render traditional Chinese terms may have on the understanding of Chinese medical culture. In particular, the scholar is in favour of

a source-oriented translation approach, especially as far as literal translation is concerned. He states:

A consistently literal approach preserves the integrity of the Chinese medical concepts, while the use of rough Western medical terms tends to destroy it.

Wiseman's choice for literal translation from Chinese into English is based upon the assumption that in Chinese medicine the relationship between term, concept and object is not always as clear as it is in WM (Western Medicine). He mentions the example of the term *xuè hǎi*, which literally means "sea of blood". The Chinese term in question can mean the thoroughfare vessel (*chōng mài*), the liver, and an acupuncture point. The problem is that it is not always easy to establish which of the three definitions an author refers to, with the consequent difficulty of regularizing the terminology by substituting one definition with another. This is the reason why Wiseman (2001) maintains that "the only accurate translation is one that allows the same degree of ambiguity in English as in Chinese, and that is a literal translation." What can be deduced from Wiseman's words is that in the specific case of Chinese medicine, a source-oriented translation approach with a high grade of literality - however ambiguous it might be - is more likely to come closer to Chinese medical concepts than a target-oriented approach would do. As to the possibility of opting for another form of source-oriented translation, namely the use of loans, Wiseman (2001) points out the difficulties that borrowing determines when the source and target languages are respectively Chinese and English. In particular, problems are represented by a complex pronunciation of Chinese sounds, the semantic obscurity of words, and homophony, disambiguated only in writing, between many Chinese and English words.

Eastern and Western medicine are based upon several different theoretical principles. In Eastern philosophy all that moves in the surrounding world also moves inside living beings. Subject and object are two aspects of a single phenomenological world. According to Eastern medicine, man and cosmos are in a constant relationship, and the human body is an integral part of a *whole* entity in continuous transformation. This unified vision of the universe is also reflected in the way Chinese medicine conceives the human body and its manifestations. Unlike WM, in TCM organs are not described in their single parts, that is no distinction is made between the different components organs are made up of. As a consequence, if a disease affects a specific area of an organ, the whole organ is considered to be affected by that disease, not only a part of it. This important diversity raises the difficult question of how to render terms from Chinese into English without altering the original concept during the translation process. With regard to this, Wiseman (2001) points out the case of the term *fēng huǒ yǎn [tòng]*, which is always translated as "acute conjunctivitis". The scholar states that if on the level of meaning the object is the same, namely a condition of redness and discomfort of the eye, on the conceptual level the two terms refer to different mental abstractions of the object. In WM the expression "acute conjunctivitis" denotes a phlogistic condition of a part of the eye (*conjunctivitis* literally means

inflammation (-itis) of the conjunctiva), while in TCM *fēng huǒ yǎn* [tòng] denotes a disease of the eye caused by wind and fire. The Western term “acute conjunctivitis” refers to concepts, “inflammation” and “conjunctiva”, “that belong to a different knowledge corpus” (Wiseman 2000: 256). Wiseman (2000: 276) states that “*acute conjunctivitis* is an unacceptable equivalent of *fēng huǒ yǎn* on the one hand because it might misleadingly imply that Chinese medicine identifies the conjunctiva as an anatomical entity and on the other because a semantic translation of the Chinese term supplies useful information about the concept (a disease of the eye caused by wind and fire)”. Wiseman (2000: 255) suggests translating the Chinese term as “wind-fire eye (pain)”, basically because the literal translation of the term respects its meaning within the traditional Chinese framework - the ophthalmologic vision of the “eye”, and the conception of that specific disease according to TCM. Moreover, in the denomination *fēng huǒ yǎn* there is no reference to the Western concept of “inflammation”. There are other cases of disease denominations which are interpreted as referring to inflammatory conditions from a Western perspective. *Sì wān fēng*, literally meaning “four bends wind”, is commonly translated as *atopic dermatitis*. What in WM is usually translated as “inflammation” is the ideogram 炎 (*yán*), which literally stands for “flame”. Therefore, for instance, 肝炎 *gān yán* is translated as *hepatitis*, 齦炎 *yín yán* as *gingivitis*, 耳炎 *ěr yán* as *otitis*, and so forth. However, that of inflammation is a pathological concept which does not belong to the TCM cultural knowledge. In WM, and according to a histopathological definition, inflammation is “the reaction of the tissues to injury, characterized clinically by heat, swelling, redness, pain, and loss of function” (McGrow-Hill 1988). In Chinese medicine, what in WM is referred to as inflammation is a condition belonging to the category of the so-called *yáng* syndromes³. This means that the Western concept of inflammation corresponds to what, in TCM, is understood in terms of the *yīn-yáng* relationship, as always occurs for all the pairs of complementary opposites (i.e. cold / heat).

4. *Qì and dào: the question of their translatability or untranslatability*

The question of the translation of Chinese terms into English mainly concerns basic concepts which do not have satisfying equivalents. The most significant examples are those represented by the terms *qì* and *dào*.

Anyone approaching TCM has wondered at least once about the meaning of this puzzling word. Thousands of descriptions have been attempted, and several translations exist to refer to *qì*, with the most commonly used being “energy”, “life energy”, “life force”, and “vital energy”. The ideogram 氣 (*qì*) literally means “air”, “vital breath”, “gas”, and “vapour”. It can be interpreted as a sort of vapour or gas rising from grain or rice. This image conveys the idea that *qì* is “something” immaterial like vapour (or gas) and, at the same time, dense and material like grain (or rice). So, how can *qì* be translated into English? Among all

³ In TCM, syndromes are classified as *yīn* syndromes and *yáng* syndromes. The former are characterized by deficiency of *yáng-qì* and excess of *yīn* in the body, while in the latter there is hyperactivity of *yáng-qì* and hyperfunctions of the *zàng-fū* (organs and viscera), as a consequence of *yáng*-heat excess in the body.

possible English linguistic resources, is there any word or phrase which can fully encapsulate its meaning? As Balfour (2000) rightly observes, in TCM “everything in the universe (both organic and inorganic) is made up of *qì*, but *qì* is neither purely material nor purely energetic”. As a consequence, the meaning of *qì* can only be expressed - although actually quite roughly - through a definition or periphrasis, especially from a Western perspective.

Depending on the context where it is used, *qì* can either be found in the original language or in a translated version, with “energy” being the most commonly used term. However, if we consider the broadness of meaning that *qì* has in Chinese philosophy and culture, “energy” does not have the same semantic value as the Chinese term. Anyway, as several different types of *qì* exist in TCM, like - to mention only a few examples - *gǔ qì*, *dà qì*, *yuán qì*, *wèi qì*, *zōng qì*, *qīng qì* and *yíng qì* - the translation of *qì* may vary accordingly. Accepting that “energy” as an equivalent of *qì* is a Western interpretation, if we refer to *qì* in general terms with reference to Eastern health and medicine, perhaps we can state that the term designates the energy which allows the human body to perform and maintain all its vital functions. Instead, when a specific type of *qì* is referred to, “energy” may not always represent the appropriate equivalent, and a literal translation proves to be more correct. As is observed in an article published in the *Journal of Macao Polytechnic Institute* (2007)⁴, “‘energy’ or ‘vital energy’ may be more appropriately matched to the term *yuán qì*”. In fact, *yuán qì*, in English translated as *original qì* (Wiseman 2002: 17), with *yuán* literally meaning “origin(al)”, “source” (Wiseman 2002), designates the basis of all physiological activities. By contrast, if we consider, for example, the case of *qīng qì*, the term used to designate 1. the air which is inhaled by the lungs in the breathing process, and 2. the pure part of food, the translation of *qì* with reference to the first meaning can be literal, that is just “air”. Moreover, although *qīng* literally means “clear”, *qīng qì* should always be more accurately translated as ‘pure air’ (or ‘pure *qì*’) or ‘clean air’ (or ‘clean *qì*’), rather than “clear *qì*”, as it appears in some publications (e.g. Birch & Felt 1999: 149). The adjectives ‘pure’ and ‘clean’ convey better than “clear” the idea of something which is ‘uncontaminated’, like the air which is inspired, full of oxygen. In fact, in TCM *qīng qì* is in complementary opposition to *zhuó* (literally “turbid”, “muddy”) *qì*, that is the impure, ‘contaminated’ part of gases and food (with reference to gases, *qì* refers to the air which is breathed out from the lungs, full of carbon dioxide).

If in the specific cases of *qīng qì* and *zhuó qì*, *qì* can be translated in its literal meaning (when *qì* is used to refer to the breathing air), generally speaking *qì* should always be left in Pīnyīn. *Qì* - like *yīn* and *yáng* as well - represents a basic concept in TCM, and since there is no suitable equivalent in English (as in any other Western languages), the best choice is using it as a loan rather than opting for any westernized lexical solution which would inevitably alter its original meaning.

⁴ The author of the article is unknown as the text has been published partially on the Internet. The name of the journal, the title of the article and the year of publication are available.

A more difficult question is that concerning the translation of the term *dào* (or *tào*). Since the concept referred to by this term is quite complex to understand - at least from a Western point of view - it is not easy to find an Italian equivalent which can render successfully and effectively the Chinese concept. In order to find an adequate Italian equivalent for the term *dào*, we should first understand exactly what is referred to by this term. According to Taoist cosmological philosophy, *dào* is an inexpressible entity in the Universe, chaos and order at the same time, being and not-being. *Dào* is what makes everything possible, it cannot be seen and known, and all things originate from it. Sotte (2007) explains that the ideogram of *dào* 道 is represented by a foot symbolizing a way, a path, and a face which gives out radiations and which probably stands for “thought”. Therefore, in Sotte’s opinion, *dào* may be interpreted in simple words as the way man must undertake to fulfil himself in the world, along a pathway of thought and meditation. In the English language *dào* is translated as “way” (Wiseman 2002), but that of *dào* is an untranslatable concept, as it virtually refers to something imperceptible. Unschuld, one of the foremost authorities in the field of Chinese medicine, states that “in its meaning of ‘the Way’, *dào* was accepted and used widely to signify what we would call fundamental principles, even laws, underlying the course of events and the nature of things”⁵.

5. The English translation of Chinese medical terms: the cases of xīn bāo and biǎo-lǐ

There is still no unanimous agreement among physicians, translators and scholars of TCM about the possible accurate English equivalents of several Chinese terms. One of the most troublesome Chinese terms whose English translations are worth discussing here is *xīn bāo*. The Italian scholars Comerio et al. (1998: 66) state that *xīn bāo* is often rendered as “pericardium” in the West because the Chinese term in question has been translated as “heart wrapper”. The scholars maintain that among all the possible meanings of *xīn bāo* there is certainly that of “pericardium”, but other uses of the term are made as well. More precisely, they explain that besides “pericardium”, *xīn bāo* also refers to all the functions, anatomical structures and neuro-vegetative interactions which concern the protection and the well-being of the heart. As a consequence, according to Comerio et al. (1988), *xīn bāo* designates the pericardium, this actually having protective functions, but it is also used to designate “coronary vasomotricity”, “inotropism”, and, from an anatomical point of view, the “myocardium” itself.

All the concepts referred to by Comerio et al. (1988) are Western interpretations of the term *xīn bāo*. The conception of organs in WM is radically different from that in TCM. While in the former much emphasis is laid on the anatomical structure of the human body, the first medical studies having been based on the dissection of cadavers, in the latter the physiological activities of

⁵ Quoted in Bauer (2004).

organs are more important than the description of how the human body is made up of and what different parts constitute it. Therefore, In WM the pericardium is “the closed membranous sac enveloping the heart” (MCGraw-Hill 1988), while in TCM it is the shield which protects xīn (the heart) from external pathological factors. What is most important is that according to ancient Chinese thought, “xin was likened to the Emperor, who was inviolate, and xin bao to the Minister who guarded the Emperor from harm, and whose specific general function was guiding the people in their jobs and pleasures” (Ross 1989: 152)⁶. Moreover, in the zàng fǔ (organs and viscera) system the xīn bāo does not occupy a particular position in the body, that is to say it is not the same “pericardium” as described by Western medicine. This gives rise to important implications on a translation level, since rendering *xīn bāo* as *pericardium* not only means reducing the meaning of the Chinese term to a mere anatomical aspect (to the detriment of its *role*) and making it take on characteristics which belong to the pericardium in the Western sense of the term, but also causing its profound symbolic value to be completely lost. Interpreting *xīn bāo* as “pericardium” means making use of a term familiar to the Western readership and conveying Western notions which do not correspond to the concepts referred to by the original Chinese term.

In the English language *xīn bāo* is rendered with other denominations in addition to *pericardium*. For instance, in a work about acupuncture energetics, Helms (2007: 87) uses the denomination “Master of the Heart” as an equivalent of *xīn bāo*, and states that in the English language the Chinese term is also translated as “Heart Governor”, “Pericardium” or simply Xin Bao”. Helms (2007: 87) specifies that he has taken exception to the World Health Organization standard nomenclature about the choice of “pericardium” as an equivalent of *xīn bāo*, in favour of an image “more consistent” with the functions emphasized in his text⁷.

Another term to be discussed is the binomial *biǎo-lǐ*. In TCM, *biǎo* and *lǐ* are fundamental concepts for the diagnosis and treatment of diseases. The following is what we can read about *biǎo-lǐ* in an article written by Tao (2008) and published in the online *Journal of Chinese Herbal Medicine and Acupuncture*:

Exterior and interior of the body (called “Biao Li” in Chinese) are important concepts in traditional Chinese medicine. These concepts describe and define the locations of the diseases, and are very important for diagnosis and the selection of treatment methods. Exterior and interior are

⁶ The following is what can be read at the entry “heart” in Wiseman’s *A Practical Dictionary of Chinese Medicine* (1998): “The heart’s principal functions are summed up in the phrases the HEART GOVERNS THE BLOOD AND VESSELS and the HEART STORES THE SPIRIT, i.e., the heart is responsible for moving the blood around the body and is the seat of consciousness and mental vitality. The importance of the heart and spirit is emphasized in *The Magic Pivot (lǐng shū)*, where it states, “The heart is governor of the five viscera and the six bowels, and is the abode of the spirit,” and in *Elementary Questions (sù wèn, líng lán mǐ diǎn lǚn)*, which states “heart holds the office of monarch, whence the spirit light emanates.”

⁷ Adequate denominations as equivalents of *xīn bāo* can also be found in the Italian language. Corradin et al. (2001), for example, refer to *xīn bāo* as “Ministro del Cuore”, and also specify that the concept of Xīn Bāo (they use capital letters to highlight the symbolic value of the terms) is not to be confused with that of Heart (Xīn).

two of the eight principal syndromes (Ba Gang), indicating the relative positions and severity of the disease.

As was previously discussed in the introduction to this work, the balance/imbalance in the yīn-yáng relationship is a basic principle in TCM, as it is on the continuous interaction of the two forces that disease and health depend. Several patterns of imbalance are recognized in TCM. They can be grouped in what is known as the Theory of the Eight Principles - or of the Eight Principle Patterns - useful for diagnostic purposes. The theory is based upon four pairs of opposites, one of which is represented by the *biǎo-lǐ* relationship. In order to understand the *biǎo-lǐ* concept and its possible translation into English, it is worth mentioning all four couples of opposites. They are:

1. yīn / yang It gives information about the quality of symptoms (for example, if a symptom is chronic or acute)
2. biǎo / lǐ It gives information about the location of the disharmony (if it is external or internal)
3. hán / rè It makes use of local heat and cold application
4. xū / shí It gives information about the possible changes of symptoms through the practice of compression, massage, physical activity and rest

In English TCM texts, as well as in any Western language text, *yīn* and *yáng* are never translated, as they represent the two fundamental principles of Chinese thought and philosophy, and no single equivalent word or phrase would be sufficiently meaningful to render them (as, in the case of *qì*, but even more so). *Hán* and *rè* are rendered as “cold” and “heat”, *xū* and *shí* as “deficiency” and “excess”, while *biǎo* and *lǐ* are almost always translated as “exterior” and “interior”. Comerio et al. (1998: 217) state that “exterior” and “interior” are not correct equivalents respectively for *biǎo* and *lǐ*. They argue that the concept “exterior-interior” is to be better attributed to the terms *wèi* and *nèi*, which literally designate what is “outside” and “inside” an enclosure. According to Comerio et al. (1998: 217), *wèi* and *nèi* refer to a static concept of division, differently from *biǎo* and *lǐ* which suggest a concept of dynamism and connection:

nèi-wèi: distinction with no cooperation
biǎo-lǐ: cooperation in the distinction

On the basis of the difference outlined by Comerio et al. (1998: 217) between *nèi-wèi* and *biǎo-lǐ*, a possible appropriate English translation of *biǎo-lǐ* could be “front-back” (which in the Italian language would be “dritto - rovescio”).

6. Conclusions

The diffusion of the theory and practice of TCM in the Western world has raised the issue of a correct interpretation of Chinese concepts through an adequate equivalent terminology. In this study an endeavour has been made to highlight two major aspects, on the one hand the fundamental role of translation in the Westward transmission of Chinese medical concepts, on the other the lack of accurate and standardized equivalent terminology to convey those concepts in Western languages, with particular reference to English. There has been a discussion of how the westernization of Chinese concepts can alter or even obliterate the original meaning of Chinese terms, and the advantages offered by the literal translation approach suggested by Wiseman. Literal translation seems to make it possible to avoid misinterpretations of Chinese terms, in that it ensures the minor risk of deviating from the original meaning. This is particularly true in the case of terms which are ambiguous even in the source language (i.e. the case of *xuè hǎi*). Nevertheless, sometimes the literal translation does not seem to be sufficient to convey the original meanings in the target language, especially in the case of human body related terms - mainly those referring to organs and viscera - which have a highly-rooted symbolic value in Chinese medical culture. What a translator can do in cases like this is either decide to borrow the original term (Pīnyīn), or coin a suitable term which can effectively convey the original concept in the target language.

The transmission of Chinese terms into Western languages, especially English, remains an open topic of discussion within translation studies. On account of the basically different theoretical principles and therapeutic techniques which Western and Eastern medicine are founded on, much remains to be done at an international level to find a common strategy for the westward transmission of Chinese medical culture.

The translation of Chinese medical terms requires very deep knowledge of Chinese cultural roots. Moreover, as each language is the expression of a given culture, first of all learning Chinese should be encouraged. Nevertheless, considering the complexity of Chinese, if on the one hand the use of the English language to refer to TCM concepts may cause the international medical community to misinterpret the original Chinese medical culture, on the other hand English as the language of scientific discourse is the key to approaching TCM knowledge for both experts in the field and all those who are interested in the linguistic features of the subject.

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