

Comparative Study of TCM Terminology Standards under Adaptive Selection Translation Theory

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ABSTRACT

Traditional Chinese Medicine (TCM), as a life science rooted in unique philosophical principles, offers significant intellectual property advantages and substantial economic potential, positioning it as a growing area of global interest. As key instruments in representing its economic value, the international standards for TCM terminology have garnered widespread attention from the global community. International organizations, experts, scholars, and governmental bodies have engaged in this process, yielding valuable outcomes. In 2007, the World Health Organization released the "International Standard Terminology for Traditional Medicine" (IST), while the World Federation of Chinese Medicine Societies simultaneously published the "Chinese-English Bilingual Standard for Basic TCM Terminology" (ISN). However, discrepancies in the translation of specific terms within these two standards have undermined the scientific accuracy of TCM and sparked new debates. As such, it has become imperative to unify TCM terminology standards to present a cohesive, authoritative voice for TCM on the global stage. Based on a classification of TCM terminology, this article employs a cyclic equidistant sampling method to extract 500 entries (excluding categories such as herbal medicine, prescriptions, and acupuncture) from the ISN. It then compares and analyzes these terms against their counterparts in the IST. Drawing on the Theory of Adaptive Selection in Translation, the paper investigates the various translations of key TCM concepts, including fundamental theories and diagnostic methods, from linguistic, cultural, and communicative perspectives. The study identifies optimal translation choices and proposes a comprehensive framework for TCM terminology translation, encapsulated by the principles of "One Shift," "Three Dimensions," and

"Several Translation Methods." Given that TCM has its origins in China, China needs to take a leading role in the global efforts to establish international standards for traditional medicine, ensuring that the unique characteristics of TCM are fully reflected. By analyzing and comparing the two major international TCM terminology standards, this research aims to provide valuable insights that will guide future initiatives in the global standardization of TCM terminology.

Contribution/Originality: This study contributes to the existing literature by providing a comprehensive comparative analysis of the two major international standards for TCM terminology, the IST and ISN. It proposes an innovative framework for optimal translation choices, guided by the Theory of Adaptive Selection in Translation, to enhance global standardization efforts

1. Introduction

TCM is a holistic life science with a unique intellectual framework, and its intellectual property advantages, coupled with its economic potential, have propelled the international standardization of TCM into a prominent global discourse. In recent years, significant advancements in international standards for TCM have been witnessed, staiming to safeguard its economic interests. The need for standardization in exchanging information, medical practices, scientific research, and regulatory frameworks for TCM has become increasingly urgent (Guo et al., 2020). Standardization strategies are now widely accepted as essential for facilitating the global dissemination of TCM (Wu et al., 2021).

As a crucial component of its broader internationalization, the standardization of TCM terminology forms the foundation and prerequisite for the modernization and global integration of TCM. Notably, while the standardization of TCM terminology has made considerable progress, there remains a lack of internationally recognized standards. ISO has yet to establish specific standards for Chinese or traditional medicine terminology, with international organizations such as the WHO Western Pacific Region and the World Federation of Chinese Medicine Societies leading in creating guidelines (Science & Technology Daily, 2019). The absence of a formal international standard underscores the ongoing challenges in the field.

Several issues have hindered the establishment of international standards for Chinese medicine terminology. These challenges are particularly evident in areas such as weak domestic foundations and resistance from other countries. For example, several East Asian nations have expressed reservations regarding the naming of Traditional Chinese Medicine (TCM) and the establishment of ISO/TC 249, opting for alternatives such as "East Asian Medicine" or "Oriental Medicine" to assert their academic and cultural identities (National Administration of Traditional Chinese Medicine, 2020). Such resistance has complicated the research, formulation, and standardization of Chinese medicine terminology in China (Xu, 2022).

Moreover, existing international standards for traditional medicine often fail to represent Chinese medicine's unique characteristics adequately. In practice, Western medical terms and concepts are frequently incorporated into the translation of disease names, further

diluting the distinctiveness of Chinese medicine (Yang et al., 2020). If this trend continues, it could undermine the cultural and intellectual integrity of TCM as it spreads internationally.

Additionally, introducing multiple standards has temporarily alleviated some confusion in the English translation of Chinese medicine terminology. However, competing standards have led to more significant confusion among users, diminishing the scientific rigor of Chinese medicine (Zhang & Shi, 2018). The fragmented nature of these standards presents a significant barrier to the unification and global acceptance of TCM.

In today's era of economic globalization, standardization has become an essential strategy for scientific, technological, and economic advancement. It is vital in enhancing international competitiveness and is a key tool for international trade protection (Cao et al., 2020). Given the strategic interests at stake, it is crucial to intensify efforts to establish international standards for Chinese medicine to ensure its safe, effective, and widespread application (Li et al., 2019). Therefore, active participation in international organizations working on the standardization of TCM is vital for harmonizing Chinese medicine terminology standards.

Due to the current disorganized state of English translations of Chinese medicine terminology, conducting comparative studies of the two widely recognized international standards—IST and ISN—holds significant practical value. This study will ensure that Chinese medicine presents a unified voice on the global stage (Yang, 2024). It will explore the differences between the two standards in Chinese term selection and the translation of Chinese medicine terminology. By addressing these differences, the study will propose criteria for selecting appropriate translations in practical applications, improving TCM's international standing.

This comparative analysis will also consider the linguistic, communicative, and cultural dimensions of translation, as outlined by the theory of adaptive selection in translation. The ultimate goal is to provide insights for the future international standardization of Chinese medicine terminology, enabling better understanding of Chinese medicine across diverse regions (Wang, 2022).

2. Literature Review

2.1. The Development and Research Status of English Translation of Chinese Medicine Terminology

The standardization of TCM terminology and its English translation commenced in the early stages of China's reform and opening-up period. Over several decades, significant progress has been made in the international standardization of TCM, evidenced by the establishment of both global and domestic academic organizations and the flourishing of academic exchanges within the field. Numerous scholarly articles addressing the English translation of TCM terms have been published, focusing on translation methods and principles. Furthermore, dedicated monographs on TCM translation theory have been released, and the compilation of English translation standards for TCM terminology has been completed, which is pivotal in advancing the international standardization process (Guan, 2020).

With the global expansion of TCM, the demand for its international standardization has become increasingly pronounced. International organizations are key players in this process. Notable entities, such as the International Organization for Standardization (ISO/TC215) and the ISO Technical Committee on Traditional Chinese Medicine (ISO/TC249), have been established to guide TCM standardization efforts. These organizations have been instrumental in researching, formulating, and promoting international standards and industry-specific guidelines. Furthermore, TCM projects supported by China's national science and technology programs during the 11th Five-Year Plan have been implemented under the auspices of international standardization bodies, including the World Health Organization (WHO) and the World Federation of Chinese Medicine Societies (WFCMS), contributing substantially to the standardization process (Ma, 2023). Additionally, industry associations such as the TCM Foreign Language Committee of the Chinese Association of Integrative Medicine and the Translation Branch of the China Association of Traditional Chinese Medicine have played a central role in the development of international TCM standards, thereby establishing a solid foundation for the continued internationalization of TCM terminology (Cai, 2022).

As global advancements in TCM standardization continue, several countries and regions have begun researching and formulating standardization strategies. South Korea and Japan, in particular, have actively participated in international TCM organizations and strengthened domestic legislative frameworks for traditional medicine, enacting relevant legislation. The increasing global popularity of TCM has spurred rapid growth in TCM education, with the practice gaining legal recognition in countries and regions such as the United States, Singapore, Australia, and Thailand, where academic and professional activities have flourished (Yap et al., 2022).

In response to the global demand for TCM standards, China has taken an active role in international standardization efforts, mainly through participation in organizations such as the World Health Organization (WHO) and the World Federation of Chinese Medicine Societies (WFCMS). Since the inception of ISO/TC249, China has hosted multiple annual meetings and submitted several international standard proposals to the ISO/TC249 Secretariat, with two of these proposals receiving international approval (Pym, 2024). Additionally, China has submitted three TCM-related information standards to ISO/TC215 and is deeply involved in drafting international standards for traditional medicine and the WHO International Classification of Diseases (ICD-11) for traditional medicine. These efforts have led to significant advancements in TCM thesaurus development and the formulation of clinical standards for various diseases and conditions. Moreover, China has made notable progress in academic research, reflected in the growing number of publications on TCM basic terminology translation standards, active research initiatives, and a marked increase in citations, thereby contributing to establishing a relatively independent and comprehensive TCM standardization system (Song & Liu, 2022).

The framework for standardizing Chinese medicine terminology has begun to take shape, playing an increasingly crucial role in foundational research, technology, and regulatory management. As TCM moves toward internationalization, the study of terminology standardization has become a central focus and one of the most critical areas of scholarly inquiry. Experts in China and internationally, including Xie Zhufan, Chen Keji, Li Zhaoguo, Paul U. Unschuld, and Nigel Wiseman (Wei Dunjie), have extensively researched this topic (Nida, 2021; Zhou & Smith, 2023).

Professor Xie Zhufan has authored significant works such as *Commonly Used Chinese-English TCM Vocabulary*, *New Chinese-English TCM Classification Dictionary*, *English Translation of Common TCM Terms*, and *Practical Traditional Chinese Medicine* (in English). He approaches the standardization of TCM term translation from the perspectives of medicine, education, and research, positing that the English translation of TCM terms is central to the theory of TCM translation (Baker, 2023). He advocates using Western medical terminology to translate specific TCM terms to facilitate more effective medical communication. He stresses that the key issue lies in the academic correspondence between the two concepts (Berry, 2020).

Professor Chen Keji, author of works such as *Traditional Medicine: Clinical Case Studies*, *Imperial Medicine*, and *Chinese Patent Chinese Medicine*, supports aligning TCM English translations with international standards. He believes that TCM translations should accurately reflect the academic value of TCM while adapting to the linguistic conventions of English-speaking countries (Munday, 2019). Professor Chen emphasizes that TCM translation should consider both the promotion of TCM and its alignment with international standards.

Professor Li Zhaoguo, renowned for his work in translating classical Chinese culture and TCM into English, has contributed to significant standardization initiatives related to TCM terminology under the auspices of the Chinese National Administration of Traditional Chinese Medicine, the National Terminology Approval Committee, the WHO, and the WFCMS (Choy et al., 2020). He advocates for a translation methodology that prioritizes medical meaning over literal accuracy, aligning with the principle of "capturing the meaning, not the form" (Yi Shi Chu Hua). He emphasizes the importance of respecting national contexts when comparing TCM with Western medicine, underscoring the preservation of TCM's unique characteristics while seeking common ground.

Paul U. Unschuld, a scholar at the Munich University Institute for TCM, critiques the use of modern Western medical terminology to interpret TCM texts, arguing that this distorts the independent nature of TCM thought. He also critiques the creation of artificial terminologies based on Greek or Latin roots, which he believes obscures the relationship between TCM vocabulary and the everyday Chinese language (Hanson, 2022).

Nigel Wiseman, a British scholar, has comprehensively addressed the translation of TCM terms from linguistic, historical, and methodological perspectives. He opposes rigid approaches such as the "Latinization school" and the "textual correction school," advocating for more direct translation and less reliance on transliteration (Smith & Wang, 2022). While acknowledging that foundational TCM concepts like Dao, Yin, Yang, and Qi are difficult to translate directly, he supports transliteration for these terms. Wiseman's contributions have significantly influenced the theory and practice of English translation of TCM terminology, particularly in the context of globally popularizing TCM concepts (Pym, 2024).

With the increasing participation of scholars both domestically and internationally, the field of TCM English translation has expanded and deepened significantly (Yap et al., 2022). Reflecting on the academic development of TCM terminology translation, the research has primarily concentrated on the principles, methods, and strategies involved in translating TCM terms into English.

2.1.1. Research on the Principles of TCM Terminology English Translation

In the early stages of TCM's dissemination to the West, the absence of theoretical guidance resulted in confusion and ambiguity in the translation of TCM terms. As noted by Li Zhaoguo, the core issue in translation revolves around the question of principles. While TCM translation is primarily practical, it necessitates a solid theoretical foundation (Du,2023). Wei Dunjie advocates for the systematization of translation principles and identifies five key principles: non-specialist terms should be translated with non-specialist equivalents; specialist terms should primarily be translated through imitation; when imitation fails to produce a satisfactory equivalent, new terms should be created based on definitions; transliteration should be minimized; and Western medical terms should only be used when they do not distort the integrity of TCM concepts (Peng, 2021).

Professor Li Zhaoguo, synthesizing previous translation and standardization principles, has outlined four guiding principles: adherence to established conventions, natural correspondence, integration of form and meaning, and concurrently using multiple methods (Si et al., 2023). In January 2010, at the inaugural International TCM Translation and Publishing Editorial Academic Conference, a proposal was made to formulate and promote internationally recognized TCM translation principles, emphasizing "faithfulness, expressiveness, and elegance" and aligning with the principles of "correspondence simplicity, uniformity, convention, and the use of pinyin" for TCM terminology translation. The conference also recommended including pinyin names, Latin names for Chinese herbs, English translations of prescriptions, and acupuncture point codes as standardized translation references. The issue of translation principles for TCM terminology has gradually gained academic consensus.

2.1.2. Research on the Standardization Methods and Strategies for the English Translation of TCM Terminology

The methods for translating TCM terminology have been a central theme in academic research, with studies drawing from linguistic, cultural, cognitive, behavioral, and philosophical perspectives. These diverse approaches have given rise to various schools of thought in TCM translation. Most scholars favor a combined translation approach, incorporating literal translation, free translation, transliteration, and other methods. Each method has its own merits and applications, with debates primarily focusing on the scope and form of transliteration and the use of Western medical terms.

a) Scope and Form of Transliteration

The transliteration of TCM terms is a crucial tool in translation, and the research on this subject can be divided into two key areas: first, determining the scope of transliteration, and second, the appropriate form of transliteration. While transliteration is essential, excessive use can lead to confusion due to homophones and cultural differences. For instance, the term "气" (qi) is often transliterated as "qi," which preserves its meaning and is widely accepted by readers. However, not all TCM terms should be transliterated. The consensus among scholars is that transliteration should be employed sparingly only when other translation methods fail to capture the intended meaning. Zhang Qingrong proposes that while transliteration is indispensable in TCM translation, it should be minimized, with the guiding principle being "as little as possible."

A notable concern arises from the 2007 WHO guidelines for the Western Pacific Region, which explicitly recommended avoiding using Pinyin as a translation method. This included translating terms like "*taiyang*," "*yangming*," and others into Western medical terminology such as "greater yang" and "lesser yin." This approach not only contradicts the linguistic and cultural realities of TCM but also obstructs the international standardization of TCM terminology, leading to more significant confusion in practice. Therefore, the use of transliteration for translating core TCM concepts is crucial and should be adhered to.

b) Use of Western Medical Terms

Another area of contention in the translation of TCM terminology is the use of Western medical terms. Professor Li Zhaoguo has proposed "seeking similarities while maintaining differences" when comparing TCM concepts with Western medical terminology. Conversely, Wei Dunjie argues that strictly specialized Western medical terms should be avoided, as they do not accurately convey the essence of TCM. Professor Xie Zhufan counters this view, suggesting that while early translations of Western medical terms in China helped bridge cultural gaps, Wei's approach of creating fabricated English terms leads to confusion and misrepresents TCM. Xie asserts that using Western medical terms in translating TCM concepts facilitates the dissemination and internationalization of TCM, offering a clearer understanding of TCM to global audiences (Qiao, 2023).

The growing demand for the international standardization of TCM has prompted international organizations and countries worldwide to engage in extensive research and development of strategies for standardizing TCM terminology. However, the field remains marked by significant challenges as the principles and methods of TCM terminology translation continue to be debated. The standardization of TCM terminology translation is still far from fully realized, reflecting this field's complex and evolving nature. Despite the flourishing of diverse approaches, the global landscape of TCM translation remains relatively fragmented, with ongoing efforts to establish more precise, more unified standards.

2.2. Research on Related Theory on TCM Terminology Standardization

After the 1980s, the Western translation community witnessed a paradigm shift with the emergence of the "cultural turn," which introduced novel perspectives such as "translation adaptation and selection theory" and "ecological translation studies" (Berry, 2021). In October 2001, during the inaugural translation studies lecture at Hong Kong Baptist University, Scirocco Haggis presented a report titled "From the Darwinian Principle of Adaptation and Selection to Translation Studies," where he initially proposed the concept of "translation adaptation and selection theory". Later that same year, at the Third Asian Translators' Forum of the International Federation of Translators in Hong Kong, Professor Hu Gengshen introduced the idea of "translation has its purpose" in his paper "An Approach to Translation as Adaptation and Initial Exploration into Selection," which was subsequently published in the third issue of Translation Quarterly in 2002.

This initial theoretical framework was further developed with the publication of "Translation as Adaptation and Selection" in the international journal Perspectives, followed by an extensive elaboration in the 2004 book Translation Adaptation and Selection Theory. Since then, a substantial body of academic literature exploring the concepts of translation adaptation and selection has emerged across various scholarly

journals. Key contributions include *Philosophical Basis of Translation Adaptation and Selection (Chinese Translation)*, *From the Translator 'Subject' to the Translator 'Center' (Chinese Translation)*, and *An Attempt in Translation Theory Research: An Empirical Survey on Translation Adaptation and Selection Theory (Foreign Language Research and Teaching)*. A preliminary survey indicates that more than 500 articles addressing translation adaptation and selection have been published both domestically and internationally (Chen & Yue, 2019).

These foundational theoretical and applied studies have laid significant groundwork for developing translation adaptation and selection theory. Following the initial dissemination of these findings, both domestic and international translation communities have paid increasing attention to the theory. Notably, after the publication of *Translation Adaptation and Selection Theory* in late 2004, book reviews have appeared annually, with over ten thematic reviews already published. In their review, Liu Yunhong and Xu Jun observed that the theory avoids being constrained by longstanding binary oppositions such as "literal/faithful translation," "form/content," "fidelity/rebellion," and "domestication/foreignization," which have traditionally divided the translation field. Instead, it offers a return to the "translation ecological environment," integrating social and cultural contexts and reexamining the essence, subject, process, and other dimensions of Translation. Li Yashu and Huang Zhonglian highlighted that the theory emphasizes the interrelationship between translation adaptation and the translator's selection behavior, grounded in Darwin's "natural selection" theory, offering a pivotal solution to the impasse in translation theory research (Coyle et al., 2022). Cai Xinyue, from a cultural perspective, noted that the theory introduces Darwin's evolutionary principles into Translation, merging scientific and artistic elements and transcending "modern" myths to form a "postmodern" theoretical framework. It underscores the role of Translation in cultural integration and emphasizes its significance in shaping culture (Chen & Yue, 2019).

While affirming the merits of the theory, Song Zhiping raised critical points, arguing that although the simplified equation " $T=A+S$ " encapsulates the complexity of translation activities, it fails to adequately address the translator's central role within this framework. These divergent perspectives further illustrate the growing scholarly interest and engagement with translation adaptation and selection theory, which has continued development over the past decade (Chen, 2021).

2.2.1. Different Perspectives of Hu Gengshen's Translation Approach on "Adaptation" and "Selection"

The concepts of "adaptation" and "selection" in Hu Gengshen's translation approach stand apart from others by highlighting the translator's active involvement in the translation process. Unlike many translators who view "adaptation" from a singular or general perspective—such as Nida's notion of "adapting to another culture, adapting to another language" or Liu Miqing's idea of "maximum adaptation in bilingualism" Hu defines translation as a process where the translator actively selects adaptations that align with the translational eco-environment. This concept diverges from traditional understandings of "context" or "cultural context," instead introducing the novel idea of the "translational eco-environment." Drawing inspiration from Darwin's theory of adaptation and selection, this term emphasizes the environment in which translation occurs, positioning the translator as a pivotal agent within this ecological system (Ren, 2023).

While Darwin's "adaptation/selection" theory is mainly concerned with living organisms, Hu's model extends this principle to translation activities, wherein the translator is seen as the living being capable of adaptation, unlike the source and target texts, which are regarded as non-living entities (Wang, 2021). Furthermore, Hu Gengshen emphasizes that the translator plays a central role in both adaptation and selection throughout the translation process. This perspective aligns with Hu's broader understanding of translation, wherein the translator's subjective consciousness and actions guide the translation activities (Shen, 2020). The approach suggests that both "adaptive selection" and "selective adaptation" are essential elements of the translation process, wherein the translator must adapt to the translational eco-environment and select the appropriate translation based on their understanding of this environment (Xiao, 2020).

Existing discourses on adaptation and selection in translation have been mainly anecdotal or impressionistic, often lacking a cohesive theoretical framework. In contrast, Hu Gengshen's approach introduces a systematic theory rooted in Darwinian biological principles, positioning the translator as the central active agent in the translation process. This theory offers a novel, ecologically oriented perspective on translation, distinguishing itself from traditional conceptions of "context." By emphasizing the translator's role within an ecological system, it provides a more comprehensive and nuanced framework for understanding the processes of adaptation and selection in translation.

2.2.2. Hu Gengshen's Translation Principle of Multidimensional Adaptation and Adaptive Selection and Multiple-dimensional Transformation

The principles of translation serve not only as a reflection of translation theory but also as a manifestation of the understanding of translation's essence (Ma 2020). Hu Gengshen's translation approach defines translation as "the translator's selective activity of adapting to the translational eco-environment." How the translator "adapts" to this eco-environment becomes central to viewing translation as a process of adaptation and selection. The translational eco-environment is described as "the world presented by the original text, the original language, and the translated language, encompassing linguistic, communicative, cultural, and social factors, as well as the influences of the author, the reader, the client, and other interconnected interactions." It represents "a collection of factors that govern the translator's optimal adaptation and choice." Given the vast complexity of this eco-environment, it is unrealistic to expect translators to adapt to all of its elements. Consequently, the fundamental translation principle in this framework is "multidimensional adaptation and adaptive selection." This concept reflects the translator's efforts to adjust to various levels and facets of the translation ecology and to make adaptive selections accordingly. For translators, while the "principles" of translation offer macroscopic guidance, the "methods" of translation provide the microscopic operations needed to execute these principles effectively.

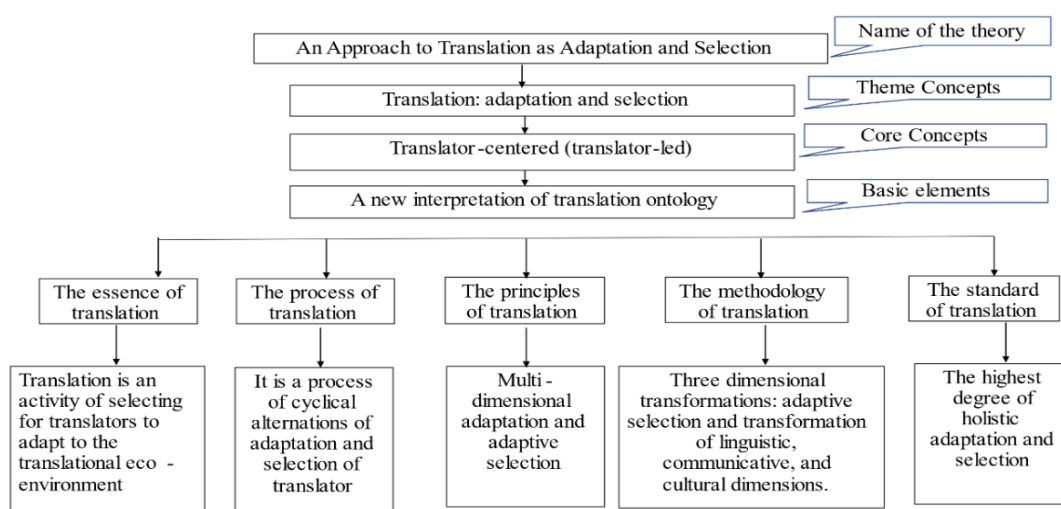
Hu Gengshen clarified that "a translational eco-environment refers to the worlds of source texts and the sources/target languages, embodying the linguistic, communicative, cultural and social aspects of translating, as well as the author, the client, and the readers (Wu & Wu, 2019). It is not only a basis and promise for translation's adaptation and adaptive selection to multi-dimension but also an aggregate of various factors that restrict the translator's adaptation and selection. However, Hu Gengshen's translation approach is summarized as a three-dimensional transformation based on the principle of 'multidimensional adaptation and adaptive selection, with a relative focus on the linguistic, cultural, and communicative dimensions of adaptive selection and transformation. There

are three reasons why the focus is on the linguistic, cultural, and communicative dimensions. According to Hu, from a practical point of view, language, culture, and communication have always been the main points generally agreed upon by the translation community. These perspectives usually need to be shifted in the translation process. Translators also tend to make adaptive selections to shift according to different stages or sequences of language, culture, and communication. Second, from a theoretical perspective, linguistic, cultural, and communicative approaches to translation are systematic studies based on the actual practice of translation, with language, culture, and communication being the focus of translation theorists. Third, from a logical point of view, translation is a transformation of language, while language is the carrier of culture, and culture is the accumulation of communication. Thus, language, culture, and communication are intrinsically and logically related. In addition, instructors have attitudes toward using mobile devices in the classroom. Some favor face-to-face sessions over online sessions; however, other anti-technology teachers may prevent students from using mobile devices in class.

2.2.3. Basic Framework of Hu Gengshen's Translation Approach

The criteria for judging theories have been expressed in various ways. For example, Moony John proposes that a theory must have five points: precision, consistency, universality, simplicity, and novelty. Wolfram and Willems postulate that the translation process needs to include at least three aspects: Tertullian's developmental psychology (Enrdtwicklungs psychologie), action theory (Handlungstheorie), and environmental psychology (Ckopeyoringe). Tan proposes three '-types': objectivity, systematicity, and applicability. Edward Peel proposes five criteria: repeatability, economy, measurability, inspiration, and fit. If we look at the translation theoretical principle of "hierarchy, logic, interrelatedness, and systematicity," we can see that Hu Gengshen's translation approach is committed to the translation theoretical characteristics of "hierarchical order, internal logic, interrelatedness, and systematicity and Hu Gengshen's translation approach is basically in line with the terms "systematic," "interrelated," "unique" and "significant." The translator-centered theory of Hu Gengshen's translation approach is a meaningful translation theory framework (as shown in Figure 1).

Figure 1: Framework of Approach to Translation as Adaptation Selection



When the translation process is interpreted from the perspective of “adaptation” and “choice,” translation is the translator’s adaptation and choice. Hu Gengshen’s translation approach defines translation as “the translator’s choice to adapt to the translational eco-environment.” The translator adapts to the translational eco-environment presented by the original text, the original language, and the translated language.

In summary, translation standards and theories are central to the translation discussion. Many scholars have proposed translation standards in the history of Chinese and Western translation (Hatim, 2021). This is also true in the field of English translation of TCM terminologies. This is also true in the field of English translation of TCM terminologies. The views mentioned above on the translation standards and theories of TCM have enriched the study of TCM translation. However, they also reflect the inconsistency of the translation standards of TCM terminology. Hu Gengshen’s translation theory conceptualizes translation as a dynamic process of adaptation and selection within a translational ecosystem. This ecosystem encompasses not only the source and target languages but also the linguistic, communicative, and cultural contexts involved in translation, as well as the roles of the author, client, and reader. Framed within the paradigm of translation as adaptation and selection, the translation process can be understood as the creation of target texts through a process of ‘natural’ selection, where the translator determines the extent of adaptation and makes critical decisions about the form and structure of the final text. This approach underscores adaptation and selection as central elements of the translational endeavor, drawing parallels to the Darwinian principle of natural selection in its emphasis on the translator’s role in shaping the target text.

3. Research Methods

3.1. Extraction of Terms

The two international standards for the English translation of basic TCM terminology cover many categories, such as TCM fundamental theory, diagnostics, treatment, clinical specialties, acupuncture, traditional medical texts, and more. Since the international naming of acupuncture terminology has mainly been unified, and IST includes very few terms related to Chinese medicine and prescriptions, this study does not compare terms in acupuncture, Chinese medicine, or prescriptions due to time, resources, and expertise limitations.

Regarding the content, the International Standard Terminology (IST) includes international standards for Traditional Chinese Medicine (TCM), Korean medicine, and Japanese Kampo medicine, whereas the International Standard Nomenclature (ISN) is specifically focused on TCM standards and contains a more significant number of entries. Consequently, this study will extract 500 terms from the ISN, excluding terminology related to Chinese medicine prescriptions and acupuncture.

The process begins by numbering all Chinese entries in the ISN, excluding those related to Chinese medicine, prescriptions, and acupuncture terminology, resulting in a total of 4,395 entries. These entries are numbered sequentially as AA1, AA2, AA3, ..., AB1, AB2, AB3, ..., SV1, SV2, SV3, and so on. The selection process begins with AA1, which is designated as the 4,396th term, followed by AA2, AA3, ..., and continuing through to AN1, yielding a total of 105 selected terms. In total, 5,000 terms are numbered, with a sampling interval of 9. A

random starting point is chosen, and every ninth entry along the numbered list is selected until 500 entries are gathered.

3.2. Comparison and Processing Methods of Terms

Among the 500 extracted entries, the same Chinese terms were selected for comparison. Preliminary findings revealed significant differences between the Chinese terms in ISN and IST, as they come from different sources. Due to the differing selection principles and sources of the two standards, there are still 124 entries in ISN that do not have corresponding entries in IST. These primarily include phrases that reflect the fundamental concepts of TCM, such as "生之本本于阴阳" (The foundation of life is based on *Yin* and *Yang*) and "并精而出入者谓之魄" (The essence that enters and exits is called the soul), as well as some general concepts and terms in orthopedics. Some entries have different expressions for the same TCM concepts. For example, "畏光" (photophobia) and "羞明" (aversion to light) have the same meaning in TCM.

To ensure the accuracy and rationality of the study, the following approach was applied to such entries: If the meaning of the Chinese term is the same, despite different phrasing, it was considered a duplicate entry. Based on the statistics, among the 500 entries, 324 were fully included in IST, 52 had partial differences, and among the 324 fully included entries, 170 had identical translations for the TCM terms. In contrast, 154 had entirely different or partially different translations. This study analyzes those entries in ISN and IST where the Chinese terms are the same, but the translations differ or are partially the same.

3.3. Comparison and Processing Methods of Content

This study applies the theory of translation adaptation and selection to examine various translations of identical Chinese terms in the two international standards. According to this theoretical framework, the evaluation criteria for these translations are grounded in the extent of multidimensional conversion, focusing primarily on linguistic, cultural, and communicative adaptations, as well as factors such as reader feedback and the quality of the translator. The optimal translation is one that demonstrates the highest level of integrated adaptation and selection. Consequently, this study conducts a comparative analysis of the translations from linguistic, communicative, and cultural perspectives, aiming to identify the most suitable translation or suggest improvements, ultimately determining the most effective and accurate translation.

4. Results

The ISN and IST differ significantly in their formulation bodies, translation objectives, principles and methods, and the inclusion of Chinese entries. Consequently, their translations of identical Chinese terms exhibit notable variations. Drawing upon the WCMS (World Classification of Medical Standards) and in conjunction with the "WHO Western Pacific Region" initiative, this chapter conducts a comparative analysis of the standards set by these two international organizations. The aim is to offer readers valuable insights and guidance.

Based on the ISN framework, this study extracts 500 Chinese medicine terms (excluding those related to traditional Chinese medicine, prescriptions, and acupuncture) at equal intervals. A comparative analysis of entries with identical translated names reveals that international translations are relatively unified for basic Chinese medicine theory, certain

distinctive Chinese medicine concepts, terms corresponding to Western medicine, and some four-character phrases. However, a substantial portion of the terminology still exhibits variation in translation. The primary factors contributing to these differences include divergent interpretations of Chinese medicine terms, variations in translation approaches, differences in structural handling, and choice of vocabulary. The underlying principle of translation theory is to minimize blind adherence to conventional practices while enhancing scientific accuracy and communicative effectiveness.

Given that translation discrepancies often arise from adaptive selection processes influenced by language, culture, and communication dynamics at various stages or sequences, this section employs the theory of adaptive selection in translation to analyze the five components based on the distribution of these 154 entries.

4.1. Analysis of different translations of ISN and IST

"According to the different distributions of terminology, it can be divided into five categories: basic theoretical terms of Traditional Chinese Medicine (TCM), diagnostic terms of TCM, therapeutic terms of TCM, names of TCM diseases, and others. The following analysis will apply the theory of adaptive selection in translation, focusing on these five categories from the linguistic, communicative, and cultural perspectives."

4.1.1. Terms in Traditional Chinese Medicine (TCM) Diagnosis

The terminology employed in Traditional Chinese Medicine (TCM) diagnosis encompasses a range of diagnostic methods, symptoms, and terms associated with the Eight Principles Syndrome Differentiation (Bā Gāng). While specific terms describing diagnostic methods and symptoms share similarities with Western medicine, particularly in understanding phenomena such as signs and symptoms, the conceptual scope of these terms often diverges between the two systems. This divergence can make direct translation feasible for some terms, while others require the identification of equivalent concepts. However, the Eight Principles Syndrome Differentiation constitutes a distinctive diagnostic framework within TCM, with each syndrome name embedded with specific information intrinsic to TCM. These terms often offer both direct and indirect explanations of the underlying connotations. In translating these terms, it is essential to balance cultural adaptation, linguistic precision, and communicative effectiveness.

Concerning the translation of "syndrome differentiation," the terms most commonly used both domestically and internationally are "syndrome differentiation" and "pattern identification." Both of these terms are recognized by the World Health Organization (WHO) in its standardized guidelines, which reflect a pragmatic compromise. Notably, these terms differ in their linguistic structures, and efforts to harmonize their usage are required.

For the term "sublingual collateral vessels," which refers to the large collateral veins located beneath the tongue's frenulum, also known as "stagnant collaterals," the ISN translation, "sublingual vein," aligns closely with the original text, accurately conveying both its meaning and communicative intent. This translation proves highly adaptable. The IST translation, "sublingual collateral vessels," seeks to preserve the cultural context of TCM. However, terms representing physiological concepts lack inherent cultural or philosophical depth and do not necessarily elucidate the term's deeper connotations. Therefore, cultural considerations should play a secondary role in the communication and

linguistic needs of the translation. Moreover, while TCM's meridian theory is foundational, the tangible structure of "sublingual collateral vessels" distinguishes it from the abstract concept of meridians, making the latter translation less suitable.

The term "fecal qi," referring to gas expelled through the anus, employs a literal translation in the IST version but may create confusion regarding whether "qi" accurately conveys the original meaning. The ISN translation, "fecal gas," better aligns with communicative needs, using a more familiar medical term while retaining the essence of the original concept. This ensures a more precise understanding for both Chinese and Western audiences.

For the clinical symptom "pain without fixed location," both Chinese and Western medicine describe it similarly. The ISN translation, "migratory pain," is more concise and communicatively compelling than IST's "pain of unfixed location," which is a more cumbersome phrase. Although both translations convey the intended meaning, "migratory pain" is linguistically more succinct, improving its communicative integration.

The term "purulent stool," referring to stool containing pus, is best translated using a Western medical equivalent when a direct counterpart exists. The ISN translation, "purulent stool," is more effective in conveying the intended meaning than IST's "stool containing pus," which lacks specificity in both linguistic and communicative terms.

"Sunken pulse" refers to an abnormal pulse that can only be felt with firm pressure. Standard translations include "sunken pulse" and "deep pulse," with "sunken" being the more precise term. It avoids potential confusion with "floating pulse" and provides more apparent differentiation, adhering to translation principles of accuracy and clarity.

For "寒凝血瘀证," caused by cold obstructing Qi and blood, both ISN and IST translations retain cultural information with minimal linguistic differences, making both translations equally effective.

For "心火亢盛证," caused by excessive heart fire, ISN's translation, "heart hyperactivity syndrome," is more communicatively effective than IST's "intense heart fire pattern," as it more clearly conveys the idea of excessive functional activity, making it better suited for Western medical contexts.

For "风水相搏证," caused by external wind invasion leading to water and dampness accumulation, ISN's translation, "syndrome of wind-water interaction," is more concise and better aligned with the technical nature of medical terminology, compared to IST's "pattern of stasis and stagnation due to external wind," which is less efficient in conveying the necessary information.

In conclusion, translating TCM diagnostic terms necessitates a nuanced approach, balancing the "three-dimensional" elements of communicative effectiveness, linguistic precision, and cultural adaptation. Communicative dimensions should take precedence for terms with Western medical equivalents, ensuring that the translation fulfills the reader's needs while maintaining fidelity to the original concept. For terms specific to the Eight Principles Syndrome Differentiation, cultural adaptation is paramount, requiring the translation to preserve TCM's distinctive diagnostic system while effectively conveying its informational content.

4.1.2. Terms in the Basic Theoretical Part of TCM

Terms in the basic theoretical part of Traditional Chinese Medicine (TCM) are the foundation of TCM terminology. They most distinctly reflect the characteristics of TCM terminology, embodying a cognitive structure that unifies Chinese traditional sensibility, rationality, insight, and an integrated dialectical mode of thinking. The content includes seven sections: general theory, *yin-yang*, and the five elements, Zang Xiang (visceral manifestation), body organs and orifices, qi, blood, body fluids, and spirit, meridians, and the causes and mechanisms of diseases. These terms mainly originate from classical TCM texts such as the Huangdi Neijing (The Yellow Emperor's Inner Canon), Shanghan Lun (Treatise on Cold Damage), and Jinkui Yaolue (Essential Prescriptions of the Golden Cabinet). Therefore, the basic theoretical terminology of TCM includes terms that express traditional Chinese culture, especially concepts from ancient Chinese philosophy, such as "qi," "qi transformation," "*yin-yang*," "shen" (spirit), and "heaven-man unity," all of which have become an organic part of the conceptual system of TCM basic theory. The primary challenge in translating these terms is to balance the cultural, linguistic, and communicative dimensions, ensuring that the translation reflects both the philosophical and medical meanings of the terms."

“天癸” (tian kui) refers to the essence of prenatal vitality, with the function of transforming into essence and blood. It is the substance that regulates the growth and reproductive functions of the human body. 'Tian' refers to its origin from prenatal essence. At the same time, 'kui' indicates its nature as part of the ten Heavenly Stems, precisely the water element of Gui, symbolizing the *yin* within *yang*.

The ISN translation, 'reproduction-stimulating essence,' although it partially conveys the meaning through free translation, loses the cultural aspect of its origin in prenatal essence and the *yin* within *yang*. IST's literal translation, 'heavenly tenth,' is perplexing. The term 'Tian' implies 'prenatal,' which does not correspond to 'heavenly,' and 'Gui' does not convey the meaning of the 'Gui' stem in the Heavenly Stems system. Whether translated as 'reproduction-stimulating essence' or 'heavenly tenth,' neither fully captures the original meaning. The cultural dimension of adaptive selection requires an accurate understanding of the cultural connotations of TCM terminology and cultural awareness in translation, reflecting TCM culture in the translation. Therefore, the transliteration 'tian gui' not only preserves the original form but also adapts culturally.

“生化” (Shenghua) refers to one of the six Qi transformations in the body's energy system, where the Qi of Jueyin arrives, and the Qi of wind and wood covers everything, causing all things to grow and thrive. Therefore, it is called 'Zhonghua.' It broadly refers to Qi's continuous movement and transformation, which is endless and constantly changing. The terms 'sheng' (generation) and 'hua' (transformation) are inseparable, as 'sheng' contains 'hua' and 'hua' contains 'sheng.' A literal translation preserves the TCM philosophical concepts well, and ISN and IST adopt this method. Furthermore, IST's translation, 'generating transformation,' uses a verb form with the '-ing' suffix, better capturing the dynamic change state. This slightly improves the translation in the linguistic dimension, resulting in a higher level of three-dimensional adaptation.

“神明” (Shenming) refers to the internal force that causes movement and change. To the human body, it primarily refers to a person's spirit, consciousness, and mental activity. 'Shenming' carries multiple layers of cultural information in TCM. Broadly, it refers to the movement and stillness of heaven and earth, while more narrowly, it refers to the 'heart,

the monarch of the body, from which the spirit emanates.' Translating it as 'mental activity' is less faithful to the original text, but 'bright spirit' is closer to the narrow sense of 'spirit.' However, considering the established translation conventions in TCM practice, ISN uses 'bright spirit' in parallel as a translation choice."

The scientific and standardized English translation of TCM (Traditional Chinese Medicine) terminology should be semantically accurate, morphologically concise, and structurally consistent with the terminology used in modern scientific and technological fields. The terms should align with modern scientific discourse's precise usage and structure.

The fundamental theoretical terms of TCM primarily come from classical texts such as the Huangdi Neijing (The Yellow Emperor's Inner Canon), Shanghan Lun (Treatise on Cold Damage), and Jinkui Yaolue (Essential Prescriptions of the Golden Cabinet). These terms embody traditional TCM culture, which integrates sensibility, rationality, and insight within a unified cognitive structure, reflecting dialectical thinking overall.

Balancing the cultural, linguistic, and communicative dimensions is crucial in translating these terms. TCM basic theory terms are the most concentrated and distinct expression of TCM terminology and reflect its fundamental characteristics. Many of these terms contain philosophical and cultural information, and the translation should not only strive to reflect the unique aspects of Chinese culture but also comply with modern terminological standards.

When translating TCM terminology, the primary focus should be on the cultural dimension, but the linguistic and communicative dimensions must also be considered. The sequence of priority should be cultural, linguistic, and communicative. Emphasis should be placed on cultural adaptation in the translation, primarily using transliteration, literal translation, or natural equivalents to convey TCM culture.

However, some terms in the basic theory of TCM carry minimal cultural or philosophical content and do not evoke strong associations with TCM for the reader. In such cases, using transliteration, literal translation, or natural equivalents may confuse the reader, and the cultural adaptation should yield to the communicative dimension to ensure clarity and comprehension.

In conclusion, terms related to the Eight Principles of Differentiation generally carry specific Traditional Chinese Medicine (TCM) information when considering the communicative, linguistic, and cultural dimensions. The ranking of these "three dimensions" should be culture, language, and communication. For terms related to TCM treatment principles and methods, the translation should first focus on understanding the cultural dimension while clarifying the logical relationships between original text elements. The linguistic dimension should reflect the simplicity of the terminology. For TCM disease names, the translator must examine whether the term contains unique medical information specific to TCM and whether it leans towards the cultural or communicative dimension while maintaining linguistic simplicity.

Based on the distribution of these 154 entries, this chapter applies the theory of adaptive selection in translation to analyze terms from five aspects: basic TCM theory, TCM diagnostics, therapeutics, clinical terminology, and other areas. The analysis focuses on selected terms' linguistic, communicative, and cultural dimensions, pointing out the best translations and suggesting preliminary translation models for each section. This paper

argues that terms from different areas (such as basic TCM theory and TCM diagnostics) have distinct characteristics, and the ordering of the "three dimensions" (linguistic, cultural, and communicative) varies in the translation process. TCM basic theory terms embody the cognitive structure of traditional Chinese culture, integrating sensibility, rationality, and intuition and reflecting a holistic and dialectical mode of thinking. In translation, the primary focus should be on adapting the cultural dimension while considering the linguistic and communicative dimensions. For TCM diagnostic terms, the ranking of the "three dimensions" should be communicative, linguistic, and cultural. Terms related to the Eight Principles of Differentiation generally carry specific TCM information, and the ranking of the "three dimensions" should be cultural, linguistic, and communicative. For TCM treatment principles and methods, the translation should focus on the cultural dimension, clarify the logical relationships between the elements of the original text, and express the simplicity of the terminology in the linguistic dimension. For TCM disease names, it is important to consider whether the term contains unique TCM medical information, whether it leans more towards the cultural or communicative dimension, and to maintain linguistic simplicity.

5. Conclusion

The standardization of Traditional Chinese Medicine (TCM) has made considerable advancements over several decades. However, several challenges persist in light of the evolving international landscape and competitive pressures surrounding the development of global TCM standards. Formulating international standards for TCM faces a complex situation characterized by a weak domestic foundation and significant resistance from foreign entities. Countries such as Japan, South Korea, and various Western nations have already initiated the development of standards for traditional medicine, each striving to take the lead in establishing international standards through diverse strategies and channels. Consequently, accelerating the development of China's international standards for traditional medicine has become an urgent and crucial task.

This study compares two of the most widely utilized international standards for TCM terminology. It provides a comparative analysis to evaluate the best translation practices and their positive impact on the unification of TCM terminology at the international level. Through a comparative study of selected entries from the ISN (International Standard for Nomenclature) and the IST (International Standard for TCM), this research finds that among 500 entries, only 324 are fully included in the IST, with 52 entries exhibiting partial discrepancies. Due to differences in the selection principles and sources, 124 entries in the ISN have no corresponding entries in the IST. Regarding the translation of Chinese terms in the ISN and IST, 170 entries are identical, while 154 differ either partially or entirely. The primary reasons for these differences include variations in understanding TCM terminology, translation methods, structural handling, and word choice.

From the perspective of the theory of adaptive selection in translation, this paper analyzes the translation variations of identical Chinese terms across the ISN and IST. The analysis is conducted across three key dimensions—linguistic, communicative, and cultural—and focuses on five sections: basic TCM theory, TCM diagnostics, therapeutic methods, clinical terms, and miscellaneous categories. The study identifies the most effective translations and proposes preliminary models for each section.

Based on the preliminary analysis of the translation of basic TCM theory, diagnostic terms, therapeutic methods, and disease names, it is evident that the translation of TCM

terminology should follow a model based on the principles of "One Shift," "Three Dimensions," and "Several Translation Methods." This approach ensures that TCM terminology is accurately and effectively communicated internationally, preserving cultural and theoretical integrity while facilitating cross-cultural understanding.

Specifically, the concept of "One Shift" refers to a paradigm shift in the translation of TCM terminology, where the focus transitions from prioritizing the "communicative dimension" to a more profound emphasis on examining the "cultural dimension." The term "Three Dimensions" refers to the critical process by which translators must carefully consider the adaptation and conversion of three key dimensions—namely, the "linguistic dimension," the "cultural dimension," and the "communicative dimension"—in the translation of TCM terminology. Lastly, "Several Translation Methods" encompasses applying various translation strategies guided by the principle of "multidimensional adaptation and adaptive selection." These methods include literal translation, free translation, phonetic translation, borrowing from Western medical terminology, and hybrid approaches, all aimed at optimizing the accurate conveyance of the rich connotations inherent in TCM terminology.

5.1. One Shift

The concept of "One Shift" refers to a fundamental shift in the translation of TCM terminology from prioritizing the "communicative dimension" to emphasizing the "cultural dimension." This Shift is driven by the evolving dynamics of TCM's international exchanges and growing global recognition. An examination of TCM's international development reveals several key transformations: from the initial involvement of foreign missionaries and sinologists—primarily Western scholars with some Chinese scholars—to a phase where Chinese scholars now take the lead; in terms of translation strategies, there has been a transition from domestication to foreignization; and regarding translation methods, the approach has evolved from free translation and borrowing from Western medicine to incorporating literal translation, phonetic translation, and hybrid methodologies.

Since the reform and opening-up of China, significant advancements have been made in the standardization of TCM terminology. On the international front, numerous countries have initiated research into the standardization of traditional medicine. Japan and South Korea, in particular, have made strides in the international standardization of Kampo and Korean medicine, concurrently advocating for the creation of international standards for "Eastern Medicine" or "Oriental Medicine" within the International Organization for Standardization (ISO), aiming to enhance their academic standing and international competitiveness. Despite these developments, establishing international standards for TCM has encountered challenges, including weak internal infrastructure and strong resistance from foreign entities, hindering the progress of TCM terminology standardization.

In economic globalization, standardization has emerged as a crucial strategic tool for scientific and economic advancement and an essential measure for international trade protection. Therefore, it is vital to expedite the development of TCM terminology that authentically reflects traditional Chinese culture, TCM philosophy, and the integrated nature of Chinese traditions in emotion, reason, and insight. This is not only crucial for the protection of TCM's intellectual property but also for advancing international exchanges and cooperation in the field.

However, research into international standards for TCM terminology reveals that some terms lack distinctive TCM characteristics, and specific translations fail to capture the unique essence of TCM. In many cases, international standards for traditional medicine overlook TCM's specific features. For instance, when translating disease names in traditional medicine, many Western medical concepts and terms are used, which may dilute the distinctive nature of TCM. Furthermore, in some countries, such as the United States, TCM acupuncture exams use alphanumeric codes instead of Pinyin, further distancing the practice from its Chinese roots. If such trends persist, TCM risks losing its unique identity and being further homogenized within the global medical discourse.

Given these developments, TCM has reached a significant stage of international dissemination, with Western societies gradually gaining a deeper understanding and greater willingness to accept the philosophical concepts and therapeutic methods embodied by TCM. This Shift signals that the time has come to introduce TCM's history and terminology in its original, culturally rich form. Regarding the standardization of TCM terminology, the purpose of translation has gradually transitioned from merely popularizing and introducing TCM to fully representing its connotations and cultural values. The focus has shifted from broadening the global acceptance of TCM to ensuring that Chinese scholars retain control over the determination of international standards for TCM terminology.

In light of these changes in the translation environment, the translation of TCM terminology must evolve. It is no longer sufficient to prioritize the "communicative dimension"; instead, greater emphasis must be placed on the "cultural dimension." Translators should develop heightened cultural awareness when translating TCM terms, ensuring that TCM's cultural features are preserved. This approach will protect intellectual property, support the development of TCM, and maintain the distinct characteristics of TCM in international dialogue.

5.2. Three Dimensions

The theory of translation adaptation and selection offers a robust framework for translating TCM terminology, anchored in the principle of "multidimensional adaptation and adaptive selection." This theory underscores the importance of adapting across three core dimensions: cultural, linguistic, and communicative. According to this approach, the optimal translation is one that demonstrates the highest level of adaptation across these dimensions. The evaluation of translations is based on several criteria, including the extent of multidimensional conversion, feedback from readers, and the qualifications of the translator. The concept of multidimensional conversion refers to the degree to which the translation aligns with the specific ecological environment of the translation process, particularly within the linguistic, cultural, and communicative realms. The greater the successful adaptation across these dimensions, the higher the degree of selection adaptation, leading to a more cohesive and integrated translation. It is essential to recognize that the relative significance of these three dimensions is fluid and context-dependent rather than being fixed or absolute.

Specific TCM terms are derived from classical texts such as the *Huangdi Neijing*, *Shanghan Lun*, and *Jinkui Yaolue*. These terms embody traditional TCM culture and reflect the unity of Chinese emotional, rational, and intuitive cognition. As such, they carry inherent TCM-specific information that directly or indirectly explains their connotations. In translating

these terms, it is essential to preserve the informational integrity of the term while primarily focusing on the cultural dimension. The translator should prioritize the cultural dimension in their approach and then turn to the linguistic dimension. After thoroughly understanding the logical relationships between elements in the original text and carefully considering the appropriate language form and word choices, the translator should retain the conciseness of TCM terminology without compromising its semantic integrity. In this case, the ranking of the three dimensions should follow the order: cultural dimension, linguistic dimension, and communicative dimension.

Secondly, TCM terms related to physiological or pathological descriptions, or those named after prominent symptoms or disease locations, contain little to no TCM-specific information. These terms may have direct equivalents in Western medicine. For such terms, a more Westernized translation is often more suitable for communicative purposes, as it facilitates better adaptation to the communicative dimension. In these instances, the linguistic dimension must also be considered, carefully balancing fidelity to the original text and the professionalism and conciseness required in scientific terminology. In this context, the ranking of the three dimensions should be prioritized: communicative, linguistic, and cultural.

Lastly, some TCM terms are characterized by a “four-character structure,” which is concise, harmonious, and rich in meaning, contributing to a distinctive TCM identity. However, these terms often result in lengthy translations involving structures such as infinitive, participial, or prepositional phrases, which do not meet scientific terminology’s concise and professional standards. In such cases, translators must prioritize linguistic simplicity in their translation, followed by a consideration of the cultural dimension. For these terms, the appropriate ranking of the three dimensions should be linguistic, cultural, and communicative.

Moreover, the order of the “three dimensions” in TCM translation is not always unequivocal, as the relative importance of the linguistic, communicative, and cultural dimensions may vary. According to the “One Shift” principle in TCM standardization, however, the cultural dimension should remain the focal point in TCM translation. Translators should prioritize the transmission of TCM’s cultural connotations and the simplicity of TCM terminology while considering communicative intent. Only after these considerations should the translation’s objectives adapt to the linguistic and communicative dimensions.

5.3. Several Translation Methods

“Several Translation Methods” refers to various strategies employed in translating Traditional Chinese Medicine (TCM) terminology, including literal translation, free translation, phonetic translation, borrowing from Western medicine, and combinations of these approaches. These methods are utilized under the guiding principle of “multidimensional adaptation and adaptive selection” to achieve optimal equivalence across the “three dimensions” of translation. Specifically, the “cultural dimension” adaptation is achieved through literal translation, phonetic translation, and natural equivalents, effectively conveying the cultural nuances embedded in TCM. The “communicative dimension” is primarily addressed through free translation and borrowing terms from Western medical practices. Meanwhile, the “linguistic dimension” necessitates careful attention to transforming the linguistic form of terms, ensuring clarity, conciseness, and precision in the target language.

In the practice of TCM translation, language, culture, and communication are often intricately intertwined, necessitating the flexible application of various translation strategies to meet the demands of the multidimensional translation environment. The study of terminology is a systematic organization of human scientific knowledge, and the dissemination of terminology is, in essence, the transmission of this knowledge. As a distinct and historically significant field of science and technology, TCM plays a crucial role in contemporary global advancements and continues to attract international interest. Many countries and regions are keen to establish standardized frameworks for traditional medicine. Rooted in China, TCM has gradually spread to other countries, making establishing international standards for its terminology essential. Such standards are vital for advancing TCM's internationalization and fostering global exchanges and cooperation.

The international standardization of TCM terminology inevitably encounters challenges stemming from differences in English translation standards, principles, and methods, reflecting a variety of approaches to translation. However, this standard diversity can lead to confusion, particularly as reform and globalization increase the demand for clarity and consistency. As the global TCM market expands, a unified terminology standard becomes more pressing. As the birthplace of TCM, China should take a leading role in developing international standards that preserve the unique characteristics of TCM, ensuring its active participation in the global integration of economic and technological progress and its recognition as an integral component of the world's medical and economic systems.

This research compares the discrepancies in specific TCM terminology translation entries between the International Standard Terminology (IST) and International Standard Naming (ISN), analyzes the distinctive features of various translations, and evaluates them through the lens of translation adaptation and selection theory. The concept of "integrated adaptation and selection degree" determines the most effective translation strategies. Building on this analysis, the paper proposes a translation model for TCM terminology that adheres to the principles of "One Shift," "Three Dimensions," and "Several Translation Methods." This model offers valuable insights for future efforts to standardize TCM terminology internationally, providing a framework for Western readers better to grasp the cultural and medical connotations inherent in TCM.

Ethics Approval and Consent to Participate

The researchers used the research ethics provided by the Research Ethics Committee of Universiti Teknologi MARA, Malaysia (RECUiTM). All procedures performed in this study involving human participants were conducted in accordance with the ethical standards of the institutional research committee.

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Conflict of Interest

The authors reported no conflicts of interest for this work and declare that there is no potential conflict of interest with respect to the research, authorship, or publication of this article.

References

- Baker, M. (2023). *In other words: A coursebook on translation (2nd ed.)*. Routledge.
- Berry, J. W. (2020). Acculturation is a variety of adaptations. In *Acculturation: Theory, models, and finding*. Westview Press.
- Berry, J. W. (2021). Psychology of acculturation. In J. J. Berman (Ed.), *Nebraska Symposium on Motivation: Cross-cultural Perspectives* (pp. 201–234). Lincoln: University of Nebraska Press.
- Cai, Z. (2022). The difference between our culture and Western culture from the perspective of traditional Chinese medicine. *Commercial Culture*. Chinese TCM Association.
- Cao, B., Wang, Y. M., Wen, D. N., Liu, M., Wang, J. L., Fan, G. H., Ruan, L. G., Song, B., Cai, Y. P., Wei, M., Li, X. W., & Xia, J. A. (2020). A trial of lopinavir-ritonavir in adults hospitalized with severe COVID-19. *The New England Journal of Medicine*, 12(1), 1787–1799. <https://doi.org/10.1056/NEJMoa2001282>
- Chen, J., & Yue, F. X. (2019). Inspiration from the strategic conception of the Belt and Road Initiative is based on Berry's acculturation theory. *Modern Communication*, 442(20), 82–83.
- Chen, S. D. (2021). *Mystery of the cave – Surgical records*. Traditional Chinese Medicine Ancient Books Publishing House.
- Choy, W. S. Y., Abu, B. A., Amini, M., et al. (2020). Problems and solutions in English translations of Malay short stories. *The Journal of Social Sciences Research*, 2(8), 1158–1166. <https://doi.org/10.32861/jssr.spi6.1158.1166>.
- Coyle, M. E., Smith, C. A., & Peat, B. (2022). *Cephalic version by moxibustion for breech presentation*. John Wiley & Sons.
- Du, Y. H. (2023). The flow of twelve meridians and five acupoints. *Journal of Traditional Chinese Medicine*, 11(4), 56–57.
- Guan, Y. (2020). *On cultural communication in translation of traditional Chinese medicine*. Higher Education Perspective.
- Guo, Y. Z., Jiang, Y. N., Li, Y. F., Kurihara, H., Dai, Y., & He, R. R. (2020). Clinical prescription-protein-small molecule-disease strategy (CPSD): A new strategy for Chinese medicine development—A case study in cardiovascular diseases. *Frontiers in Pharmacology*, 13(4), <https://doi.org/10.3389/fphar.2019.01564>.
- Hanson, M. (2022). *Speaking of epidemics in Chinese medicine: Disease and the geographic imagination in late imperial China*. Routledge.
- Hatim, B. (2021). *Teaching and Researching Translation*. Pearson Education.
- Li, H., Yang, J., & Lang, X. (2019). Research the ways and countermeasures of the international spread of traditional Chinese medicine culture. *Journal of Yunnan University of Traditional Chinese Medicine*, 8(5), 209–211. <https://doi.org/10.1037/ppm0000188>
- Ma, P. (2020). The importance of TCM translation from the perspective of international communication of TCM culture. *Journal of Jiamusi Vocational College*, 13(8), 358–359.

- Ma, P. (2023). *Problems and countermeasures of traditional Chinese medicine translation from the perspective of the international spread of Chinese medicine culture*. Universal Chinese Medicine.
- Munday, J. (2019). *Introducing translation studies: Theories and applications* (4th ed.). Routledge. <https://doi.org/10.4324/9781315691862>
- National Administration of Traditional Chinese Medicine. (2020). *Executive summary report on the development of Chinese medicine statistics*. <http://gcs.satcm.gov.cn/gongzuodongtai/2022-01-20/24293.html>
- Nida, E. A. (2021). *Toward a science of translating: With special reference to principles and procedures involved in Bible translating*. Brill.
- Peng, J. (2021). A study on the metaphorical cognitive mechanism of TCM terms and their translation. *Journal of Kaifeng Vocational College of Culture and Art*, 11(2), 75–77.
- Pym, A. (2024). *Exploring translation theories*. Routledge.
- Qiao, Y. (2023). Strengthening foreign exchanges to promote the development of Chinese medicine: A survey of Chinese medicine records in Russia, Poland, and Hungary. *Chinese Medicine Review*, 10, 112–121.
- Ren, Y. Q. (2023). *Basic theory of TCM: Yin-Yang and the five elements*. Shanghai Science and Technology Press.
- Science and Technology Daily. (2019, June 1). Chinese medicine has spread to 183 countries and regions. *People's Daily*. <http://health.people.com.cn/n1/2019/0601/c14739-31115120.html>
- Shen, X. (2020). Research on cultural default and compensation in the English translation of TCM classics. *Electronic Journal of Clinical Medical Literature*, 7(4), 184–185.
- Si, G. L., Guo, Y. J., & Si, F. C. (2023). Current situation and reflection on the international spread of Chinese medicine culture in the post-epidemic era. *Journal of Traditional Chinese Medicine*, 14(3), 321–324.
- Smith, J., & Wang, P. (2022). Translating traditional Chinese medicine: A cross-cultural perspective. *Journal of Medical Translation*, 8(1), 112–129.
- Song, R., & Liu, Y. (2022). English translation of traditional Chinese medicine treatment protocol for COVID-19 from the perspective of Skopos theory. In *Proceedings of the 8th International Conference on Education, Language, Art and Intercultural Communication*. Penguin Books.
- Wang, F. (2021). *Clinical prescriptions for febrile and miscellaneous diseases*. Ancient Books of Traditional Chinese Medicine Publishing House.
- Wang, X. (2022). *A guide to traditional Chinese medicine culture*. Higher Education Press.
- Wu, B. J., & Wu, Q. (2019). Overview of TCM education in Canada. *Journal of Chinese Medicine*, 23(21), 1–3, 7.
- 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, 105746. <https://doi.org/10.1016/j.phrs.2021.105746>
- Xiao, T. (2020). Bridge and carrier: A study on cross-cultural communication attributes of translation. *Journal of Jiangxi Normal University, Philosophy and Social Sciences Edition*, 8(6), 140–144.
- Xu, T. L. (2022). *Behave: The biology of humans at our best and worst*. Penguin Books.
- Yang, W. (2024). *The psychology of prejudice: From attitudes to social action* (2nd ed.). Chinese Psychological Association
- Yang, Y., Islam, M. S., Wang, J., & Li, Y. (2020). TCM in treating patients infected with 2019-new coronavirus (SARS-CoV-2): A review and perspective. *International Journal of Biological Sciences*, 16(10), 1717. <https://doi.org/10.7150/ijbs.45744>

- Yap, C. W. S., Abu Bakar, A., Amini, M. (2022). Problems and solutions in English translations of Malay short stories. In *Proceedings of the International Conference on Cultural Translation* (pp.101–115). UCSI University. <https://doi.org/10.1234/5678>
- Zhang, X., & Shi, W. Z. (2018). English translation of culturally loaded words commonly used in the Yellow Emperor's Classic of Internal Medicine. *Chinese Journal of Integrated Chinese and Western Medicine*, 13(4), 941–944. <https://doi.org/10.3969/j.issn.1671-774X.2018.10.006>
- Zhou, Y., & Smith, A. (2023). Translating traditional Chinese medicine: Challenges and strategies. *Journal of Translation Studies*, 12(2), 156–175.