SCM



世界中医药学会联合会 World Federation of Chinese Medicine Societies

SCM **-20**

中医药术语国际标准编译通则

General principles for developing and translating international terminology standards in Chinese medicine

目 次

前言	1
引言	2
1 范围	3
2 规范性引用文件	3
3 术语和定义	3
4 术语的收录	7
5 概念体系的建立	8
6 术语的定名	9
7 定义的撰写	13
8 汉语拼音的标注	16
9 术语的翻译	16
10 书写样式	17
附录 A	18
附录 B	19
参考文献	21
Foreword	22
Introduction	23
1 Scope	
2 Normative references	
3 Terms and definitions	
4 Collection of term data	
5 Development of Concept System	
6 Formation of terms	
7 Writing of definitions	
8 Annotation of Chinese <i>pinyin</i>	
10 Writing styles	
Annex A (Informative) Writing Styles	
Annex B(Informative) Examples for different types of concept systems	

前言

请注意本文件的某些内容可能涉及专利。本文件的发布机构不承担识别专利的责任。

主要起草单位:中国中医科学院中国医史文献研究所、全国科学技术名词审定委员会、全国中医药学名词审定委员会、中国中医科学院、中华中医药学会、浙江省中医药研究院。

参与起草的单位:

主要起草人:朱建平、洪梅、高新颜、秦济成、都立澜、吴文清、江凌圳、庄爱文、崔 昶旭、张露可、魏慧敏、刘成。

参与起草人及审阅专家(按姓氏拼音排序):

中国: 方廷钰、王奎、单宝枝、苏祥飞;

法国: 朱勉生;

意大利: 何嘉琅;

加拿大: 吴滨江;

西班牙: 陈春信;

澳大利亚: 林子强;

埃及: 塔里克;

沙特阿拉伯: 茉莉;

摩洛哥: 阿里;

美国: 杨观虎。

.....

本文件的起草程序遵守了世界中医药学会联合会发布的 SCM1.1-2021 《标准化工作导则第 1 部分:标准制修订与发布》。

本文件由世界中医药学会联合会发布,版权归世界中医药学会联合会所有。

引言

中医药在数千年发展过程中,传承创新,形成了独特的生命观、健康观、疾病观、防治观,自然科学与人文科学相融合,为中华民族的健康和繁衍昌盛做出了卓越贡献,对世界文明进步产生了积极影响。

如今,中医药走向世界的步伐越来越大,但由于语言不同,文化差异,其接受度和影响力仍不理想,原因很多,中外翻译是其中重要因素之一。

中医药术语是中医药国际化、标准化的基础。中医药走向世界,规范的术语定名、定义及翻译是第一步。只有正确理解中医药概念的内涵,并规范概念的定义表述,才能进行准确的思想传达和语言转换。因此,深挖中医药文化内涵,进行中外文化比较分析,开展中医药学、术语学、翻译学、认知语言学等多学科研究,规范术语与定义表述,攻克中医药标准化中术语翻译统一的难关,是实现中医药国际化的基本要求。

本文件的制定和推广应用,将为中医药术语国际标准编制工作提供实用性、可操作的技术规范,为切实解决当前中医药名词术语翻译工作中存在的诸多问题提供可遵循的标准,对促进中医药现代化、标准化、产业化,以及中医药走向世界具有重要而深远的意义。

中医药术语标准编译通则

1 范围

本文件规定了中医药学术语的收录、概念体系建立、术语定名、定义撰写、汉语拼音标注方法、术语翻译、术语样式等内容。

本文件适用于中医药学术语标准编制与翻译工作,可供各类中医药标准中涉及的术语与定义相关章节、条文等参考使用。

2 规范性引用文件

下列文件中的内容通过文中的规范性引用而构成本文件必不可少的条款。其中,注日期的引用文件,仅该日期对应的版本适用于本文件;不注日期的引用文件,其最新版本(包括所有的修改单)适用于本文件。

GB/T 16159 汉语拼音正词法

GB/T 19102-2003 术语部件库的信息描述规范

GB/T 20001.1-2001 标准编写规则 第1部分: 术语

ISO 704: 2022 Terminology work — Principles and methods

ISO 860: 2007 Terminology work — Harmonization of concepts and terms

ISO 1087: 2019 Terminology work and terminology science — Vocabulary

3 术语和定义

下列术语和定义适用于本文件。

3.1 概念

3. 1. 1

概念

通过对特征的独特组合而形成的知识单元。

注:概念不受语种限制,但是受社会和文化背景的影响。

[来源: ISO 1087:2019, 3.2.7]

3. 1. 2

特征

一个客体或一组客体特征的抽象结果。

注:特征是用来描述概念的。

[来源: ISO 1087:2019, 3.2.1]

3. 1. 3

区别特征

一个概念同其他相关概念相区别的本质特征。

[来源: ISO 1087:2019, 3.2.5]

3. 1. 4

内涵

构成一个概念的全部特征。

[来源: ISO 1087:2019, 3.2.6]

3. 1. 5

外延

一个概念对应的客体的总和。

[来源: ISO 1087:2019, 3.1.2]

3. 1. 6

概念体系

根据概念间相互关系建立的结构化概念集合。

[来源: ISO 1087:2019, 3.2.28]

3. 1. 7

属种概念体系

体系中, 所有概念相互都呈现属种关系。

[来源: ISO 704: 2022,5.6.3]

3. 1. 8

整体与部分概念体系

体系中, 所有概念相互之间都呈现整体与部分的关系。

[来源: ISO 704: 2022,5.6.3]

3. 1. 9

关联概念体系

体系中, 所有概念之间都是相互关联的。

注: 任何两个概念之间的关联关系都可在其体系内变化。

[来源: ISO 704: 2022,5.6.3]

3. 1. 10

术语集

专门语言中一组指称的集合。

注:注意术语term(单个概念指称)与术语集terminology(一组指称)区别,中文语境中很多情况下术语指术语集。

[来源: ISO 1087:2019, 3.1.11]

3. 1. 11

术语标准

特定领域的概念及其定义的标准术语集。

[来源: GB/T1.1-2020, 4.2b, 修改]

3.2 术语

3. 2. 1

指称

概念的表达方式。

注:指称分为三类:一般概念词语指称,术语;指称个别概念的名称;既指称一般概念,又指称个别概念的符号。

[来源: ISO 1087:2019, 3.4.1]

3. 2. 2

术语

特定领域中一般概念的词语指称。

注: 在中国,术语也称作名词。

[来源: ISO 1087:2019,3.4.2]

3. 2. 3

术语部件

组成多词术语的词。

注:特定专业领域中,结合紧密、生成能力强、使用稳定的语言片断也可看作是术语部件。

[来源: GB/T 19102-2003, 3.5]

3. 2. 4

多义现象

在一种自然语言中,一个指称表述两个或更多概念的现象。

注:即一词多义。

[来源: ISO 1087:2019, 3.4.28]

3. 2. 5

同义现象

在一种自然语言中,由几个指称表述同一个概念的现象。

注:即一义多词。

[来源: ISO 1087:2019, 3.4.23]

3. 2. 6

标准术语

被标准化或专业组织机构授权发布的术语。

3.3 定义

3. 3. 1

定义

描述一个概念,并区别于其他概念的表述。

[来源: ISO 1087:2019, 3.3.1]

3. 3. 2

内涵定义

用上位概念和区别特征描述概念内涵的定义。

[来源: ISO 1087:2019,3.3.2]

3. 3. 3

外延定义

列举根据同一准则划分出的全部下位概念来描述一个概念的定义。

[来源: ISO 1087:2019, 3.3.3]

3.4 翻译方法

3. 4. 1

直译法

目的语译名与源语言术语在内容和形式上对等的翻译方法。

注:属于异化翻译策略,即在目的文本中保留源语语言文化特征。

3. 4. 2

意译法

目的语译名与源语言术语在内容和形式上不完全对等或不对等的翻译方法。

注:属于归化翻译策略,即在目的文本中顺应目的语语言文化特征。

3. 4. 3

音译法

将源语言术语按照发音转写为目的语文字符号的翻译方法。

注:中医药术语音译是汉语拼音的转写。

3. 4. 4

兼译法

一个术语的译名中兼有直译、意译、音译的翻译方法。

示例: 五脏 five zang organs 同时采用意译和音译的方法。

3. 4. 5

多译法

一个术语有两种及以上译名的翻译方法。

注:一些术语,尤其中医药文化负载词的翻译,同时采用异化、归化两种翻译策略,或采用两种或两种以上译法,而产生两个风格截然不同的译名,具有互补作用,且部分已约定俗成。

示例: 痹 bi disease; impediment disease。

4 术语的收录

4.1 收录原则

4.1.1 专有性

系统地收录中医药专业领域独有,如阴阳两虚,或中西医共有术语在中医药领域有其独 特内涵的概念,如脾、目。

4.1.2 共识性

在中医药专业领域内基本达成一致认识的概念。

4.1.3 实用性

立足于当今中医药现实,尽量不收录已淘汰和无现实意义的术语,或多义术语的过时概念。

4.2 收录范围

4.2.1 本学科专有术语

中医药各个学科领域的专有术语。

- a) 本学科专有术语。
- b) 本学科与其他学科交叉紧密的术语。

4.2.2 短语和句子的收录

某些重要的中医药学概念以短语或句子的形式呈现,应予收录。

示例: 先天之本、肝开窍于目、土生金。

4.2.3 现代医学术语的收录

a) 现代新出现的概念,如果没有可以指称的中医术语,可选用内涵相同的现代医学术语。

示例:子宫内膜异位症。

b) 中医治疗具有优势的现代医学疾病,可以适当选用。

示例: 艾滋病。

4.2.4 新术语

中医药学科及其学科前沿新出现的内涵清晰、相对成熟稳定的术语,如中药配方颗粒。

4.3 收录来源

4.3.1 标准术语

由权威机构公布的术语标准及其他标准中的术语部分,主要包括:国家科学技术名词审定机构;国家标准化管理机构;国家药典制定机构;世界卫生组织;国际标准化组织;其他世界中医药组织等。

国际及各个国家标准中的术语,经过评估,准确者则可直接或修改后引用。

4.3.2 教材与工具书

权威机构编纂的工具书、中医药高校统编教材中的重要术语。

4.3.3 前沿期刊专著

反映中医药科学研究前沿领域期刊或专著中新出现的重要术语。

4.3.4 其他

其他古今中医药学文献中的重要术语。

4.4 不宜收录的术语

尽量不收自然淘汰的旧术语、已废除的术语、概念尚不清晰的新术语。旧术语的范畴由 领域专家共识确定。

示例:

"结核"

- ——中医曾指一类生于皮里膜外,结如果核,坚而不痛的病证。
- ——现代医学术语指由结核分枝杆菌复合群引起的慢性感染性疾病。
- ——不宜收录,可用肿块、结块等词替代。

5 概念体系的建立

5.1 概念的分级

- 5.1.1 根据概念之间的关系,对学科及分支领域概念进行分级。
- 5.1.2 明确学科通用概念和分支领域特有的概念。

5.2 概念体系的构建

- 5. 2. 1 按照本领域通行的或参考相关知识架构,根据概念之间的关系,将收集到的概念进行 梳理、排列,搭建概念体系的框架。
- 5.2.1.1 属种概念体系: 体系中, 所有概念相互都呈现属种关系。

[来源: ISO 704: 2022,5.6.3]

示例:

见附录B-1 属种概念体系。

5.2.1.2 整体与部分概念体系:体系中,所有概念相互之间都呈现整体与部分的关系。

示例:

见附录B-2 整体部分概念体系。

[来源: ISO 704: 2022,5.6.3]

5. 2. 1. 3 关联概念体系: 体系中, 所有概念之间都是相互关联的。任何两个概念之间的关联 关系都可在其体系内变化, 示例见附录B.3。

[来源: ISO 704: 2022,5.6.3]

5.2.2 概念体系框架搭建完成后,基于学科领域知识,对概念进行增加、删减或位置调整等,进一步完善概念体系。

5.3 概念与术语的协调

建立概念体系时,应协调概念与术语,保证术语系统的均衡性、系统性、完备性,可参考 ISO 860: 2007 Terminology work — Harmonization of concepts and terms。

- 6 术语的定名
- 6.1 定名原则
- 6.1.1 单义性

一个概念仅确定一个规范的中文名称,即"一义一词"。

6.1.2 科学性

术语的定名应准确表达概念的中医药科学内涵和本质属性。

6.1.3 系统性

同一系列概念的术语定名应体现逻辑性。

6.1.4 简明性

定名要简洁易懂,方便使用。

6.1.5 保持中医药特色

定名时,应保持中医药术语的中华优秀文化特色。

6.1.6 协调性

同一个概念, 应充分协调, 统一定名。

6.1.7 约定俗成

对于使用范围较广,使用时间较久,专业领域或社会已普遍接受的术语,不宜轻易改动。

6.2 定名方法

6.2.1 实现单义性方法

- a) 一词多义实现单义性的方法有:
 - 1) 分化不同义项;

示例 1:

- "咳嗽"与"咳嗽[病]"
- ——义项1: 症状名,指出现在其他疾病中的伴随症状。规范后咳嗽仅代表其他疾病伴随症状。
- ——义项2:疾病名,指以咳嗽为主症的疾病。规范后"咳嗽"后加"[病]"以与症状区别。

示例 2:

"厥"

- ——义项1:症状名,指四肢冷。规范后,以"肢厥"专指四肢逆冷的表现。
- ——义项2:疾病名,指昏厥。规范后,以"厥证"专指以突然昏倒,不省人事为主要表现的疾病的统称。
 - 2) 淘汰不常用的义项;

示例:

"瘀"

- ——义项1: 指瘀血,常用。规范后保留,专指"瘀血"。
- 一一义项2: 瘀积停滞,鲜用。规范后,淘汰此义项。
 - 3) 允许在不同专业领域里使用;

示例:

"七情"

- ——义项1:〈中医基础理论〉,人的七种情志活动,即喜、怒、忧、思、悲、恐、惊的总称;
- ——义项2:〈中药学〉,中药的七种配伍关系,即单行、相使、相须、相畏、相杀、相恶、相反的总称。
 - 4) 根据不同专业领域分别定名。

示例:

"血虚"原来既指血虚病机,又指血虚证。规范后,保留"血虚"为病机术语,而将证候术语定名为 "血虚证",从而实现术语的单一性。

b) 一义多词实现单义性的方法有:

1) 选定一词,舍弃他词。一个概念使用多个术语时,应选择最能反映其基本特征的 术语作为首选术语:

示例:

"蛇串疮"

- ——同义词有"蛇串疮""缠腰龙""缠腰火丹""火带疮""蛇丹"等。
- ——"蛇串疮"最能反映该病的发病部位及症候特点,且共识度最高,故选为首选术语,舍弃他词。
- 2) 选定一词,保留又称。一个概念使用多个术语,而难以选定正名时,可确定一个术语为正名(首选术语,包括完整形式和缩写形式),同时保留另一个术语为又称(许用术语)。

示例:

定义——寒、热、温、凉、平等药性的统称。

四气——首选术语

四性——许用术语

6.2.2 实现科学性的方法

a) 术语的定名应准确表达概念的中医药科学内涵和本质属性。

示例:

"痈"

——abscess [disease] 又称"外痈"。生长于皮肉之间,以局部光软无头,红肿疼痛,结块范围多在6cm[°]9cm 大小,发病迅速,易肿、易溃、易敛,或有恶寒、发热、口渴等全身症状为主要表现的急性化脓性疾病。

[来源: GB/T 42467.2-2023 中医临床名词术语 第2部分: 外科学]

- ——现代医学"痈"指多个相邻毛囊及毛囊周围炎症相互融合而形成的皮肤深层感染。相当于中医的"有头疽" [headed]carbuncle。
 - b) 术语的定名应注重其学术性,避免借用生活用语。

示例:

髌骨——规范后作为正名,不使用"菠萝盖"等非学术用语。

c) 术语的定名应具有透明性,能根据术语名称判断其概念内涵或外延。

示例:

"耳疖"

——生于外耳道的疖肿。

[来源: GB/T 42467.2-2023 中医临床名词术语 第2部分: 外科学]

一一原名"耳疔",容易被误解为疔疮的一种,故不用。

6.2.3 实现系统性的方法

a) 保持术语部件使用的一致性;

示例:

- 一一上位概念: 淋证;
- ——下位概念: 热淋、石淋、气淋、血淋、劳淋、膏淋;

b) 明确术语及术语部件间的层次结构;

示例:

- "炮制"
- ——下位概念包括水制、火制、水火共制等。
- ——古称"炮炙",而"炙"属火制,是"炮制"的下位概念之一,故不能用。
- c) 注重术语的逻辑相关性和构词能力等。

示例:

- "诊法"
- ——以"×诊"为结构构建和命名中医药诊法术语;
- ——下位术语统一命名为"×诊",如四诊之"望诊""闻诊""问诊""切诊";还可以构成"腹诊""眼诊""手诊"等较新或新出现的诊法术语。

6.2.4 实现简明性的方法

a) 避免生僻字;

示例:

- "半身汗出"
- ——仅身体的左侧,或右侧,或上半身,或下半身多汗的表现。
- ——"汗出偏沮"为同义古旧术语,且"沮"字生僻,规范后不用。
- b) 对于较长的术语,在不损失词义的前提下,可以适当缩略。

示例:

"壮水之主以制阳光"可以缩略为"壮水制阳"。

6.2.5 保持中医药特色的方法

优先采用中医药固有术语,只有在中医药固有术语无法表述其概念时,才采用其他医 学术语。

示例1:

富有中国文化特色的中医药固有术语——阴阳、五行、天人相应、君、臣、佐、使等。

示例2:

- "顿咳"
- 一一中医术语"顿咳",准确描述了该病阵发性、痉挛性咳嗽的特点。
- ——现代医学术语"百日咳",规范时不采纳。

示例3:

- "玄府"
- 一一体表出汗的孔窍。因其细微不可见,或汗液色玄,从孔而出,能反映中医对汗孔及出汗的独特认 知。
 - ——现代医学术语"汗孔"指汗腺在皮肤表面的开口。规范时不予采纳。

6.2.6 实现协调性的方法

- a) 同一个概念在不同学科或领域中命名不一致时,应遵循上述原则及方法,充分协调, 统一定名。
 - b) 新术语定名与已发布的相关术语标准原则上应保持一致;
 - c) 从现代医学引入的概念,应与现代医学术语保持一致;

示例:

- "胰"、"前列腺"等从现代医学引入的术语,应与现代医学一致。
- d) 对于新出现的概念,中医不能定名的,应采用国际通用术语。

示例:

"获得性免疫缺陷综合征(艾滋病)""严重急性呼吸综合征(萨斯)""新型冠状病毒感染"。

6.2.7 约定俗称

示例:

- "十八反":
- ——原包括18种药物,后世补充,早已超过18种;
- ——概念所含药物数量超过术语所描述数量,名不副实;
- ——因其流传已久,影响较广,规范后沿用。

7 定义的撰写

7.1 撰写原则

7.1.1 准确性

定义的描述应明晰、客观、符合中医药逻辑。

7.1.2 适度性

定义应紧扣概念的外延, 不可过宽或过窄。

示例:

- "穴位埋线疗法"
- ——正确定义:将可吸收性外科缝线置于穴位内,利用线对穴位产生的持续刺激作用以防治疾病的方法。「来源:GB/T 21709.10-2008 针灸技术操作规范 第10部分 穴位埋线〕
 - ——外延过窄: "将羊肠线埋入穴位,利用其对穴位的持续刺激作用以治疗疾病的方法"。

7.1.3 简明性

定义应言简意赅,只描述事物的本质特征或一个概念的内涵(或者外延),一般不必给 出其他说明性、知识性的解说。

7.1.4 合理使用否定定义

应合理使用否定定义,具体要求如下:

a) 一般定义不宜使用否定表述。

示例:

- "经间期出血"
- ——正确定义: 以月经周期基本正常,在两次月经之间(排卵期)发生周期性出血为特征的月经病。
- ——否定定义:不在正常月经期内发生的子宫出血。
- b) 只有在概念本身是否定性的情况下,才可使用否定定义。

示例:

- "逆证"
- ——病情发展不符合一般规律,忽然加重,或突然变化,预后不良的证候;
- ——概念内涵本身即为否定性,可使用否定定义。

7.1.5 避免使用循环定义

避免两个概念互相引用, 避免使用术语定义术语。

示例:

脑:元神之府。——第1个概念。

元神之府: 脑。——第2个概念。

7.1.6 符合书面语言

定义应符合汉语书面语言的习惯及其特点。

示例:

- "头痛•肝阳上亢证"
- ——正确定义: 肝阳上扰所致的内伤头痛证候,常见症为头昏胀痛,两侧为重,心烦易怒,夜寐不宁,口苦面红,或兼胁痛,舌红,苔黄,脉弦数等。
- ——定语过长: 肝阳上扰, <u>以头昏胀痛,两侧为重,心烦易怒,夜寐不宁,口苦面红,或兼胁痛,舌</u> 红,苔黄,脉弦数等为常见症的内伤头痛证候。

7.1.7 经过定义或注释

定义中的术语应是经过定义或注释的。

示例:

- "胃缓"
- ——正确定义:以脘腹坠胀作痛,食后或站立时为甚等为主要表现的疾病。

[来源: GB/T 42467.1-2023 中医临床名词术语 第1部分: 内科学]

——错误定义"多因长期饮食失调,或因劳倦太过等,使中气亏虚,脾气下陷,肌肉瘦削不坚,固护升举无力,以致胃体下坠,以脘腹坠胀作痛,食后或站立时为甚的<u>劳病</u>类疾病。"其中"劳病"未经过定义或注释。

7.1.8 撰写定义时充分关注学科发展,及时更新定义。

示例:

"证"

- ——最新教材定义:《中医诊断学》(2021)的"证是对疾病过程中所处一定(当前)阶段的病位、病性等所做的病理性概括,是指机体对致病因素做出的反应状态,是对疾病当前本质所做的结论",来替代以往其他定义。
 - ——教材定义无法直接采用,需要根据术语定义"种差+属概念"的要求进行改写。
- ——正确定义:对疾病过程中一定阶段的病位、病因、病性、病势及机体抗病能力的强弱等本质的概括。

7.2 撰写方法

7.2.1 内涵定义

内涵定义的常用方式是:种概念=种差+属概念。

示例:

"热淋"

- ——完整定义: 以起病急, 尿频, 尿急, 尿道灼热涩痛, 尿黄为主要表现的淋证。
- ——种差,即区别特征:起病急,尿频,尿急,尿道灼热涩痛,尿黄;
- ——属概念,即上位概念:淋证。

7.2.2 外延定义

- 7.2.2.1 适用范围:外延定义主要用于集合术语。
- 7.2.2.2 术语由两个下位词构成(AB: A与B),用"合称"。

示例:

针灸:针和灸的合称。

7.2.2.3 术语含有确定的数字时(5A: 1A、2A、3A、4A、5A),用"总称"。

示例:

五脏:心、肝、脾、肺、肾的总称。

7.2.2.4 概念外延的数目不确定时(nA: 1A、2A、3A、4A、5A.....nA),用"统称"。

示例:

温病:感受温邪引起的外感热病的统称。

7.2.3 内涵定义与外延定义联用

内涵定义和外延定义可以联用,以更准确地揭示概念的内涵和外延。

示例:

"气机不利"

- ——内涵定义:气流通不畅,甚至阻滞,或气郁不散,从而导致脏腑、经络功能障碍的病理变化。
- ——外延定义:包括气滞、气郁等。
- ——完整定义:气流通不畅,甚至阻滞,或气郁不散,从而导致脏腑、经络功能障碍的病理变化。包括气滞、气郁等。

7.2.4 描述性定义

无法使用内涵定义或外延定义时,可通过描述概念的主要特征加以定义。描述性定义适用于中药名、方剂名、腧穴名、人物名、医书名等类术语的定义。

示例:

"逍遥散"

- ——同名方约有 20 首, 现选《太平惠民和剂局方》卷九治妇人诸疾方。组成: 甘草(微炙赤)半两, 当归(去苗, 剉, 微炒)、茯苓(去皮, 白者)、芍药(白)、白术、柴胡(去苗)各一两。上为粗末。 每服二钱,水一大盏,加烧生姜一块(切破),薄荷少许,同煎至七分,去滓热服,不拘时候。煎服。
 - ——方剂的定义包括方名、出处、组成、用法 4 个主要特征(组成和用法采用出处原文)。

7.2.5 插图

对于经络、腧穴、正骨手法、推拿手法、养生导引功法、医疗器械等类术语的定义,可 辅加插图,但不能用插图代替文字定义。

8 汉语拼音的标注

- 8.1 术语及其同义词的每个汉字都用汉语拼音字母注音。
- 8.2 人名、书名、地名、穴名、方名、药名等专有名称的注音应符合《GB/T 16159-2012 汉语拼音正词法基本规则》的标注要求。
- 8.3 非专有名称术语的注音参见GB/T 16159-2012 中"变通规则"(见7.1、7.2),单独标注,不接排。

示例:

中医眼科学 zhōng yī yǎn kē xué 脾主肌肉 pí zhǔ jī ròu。

9 术语的翻译

9.1 术语翻译原则

- 9.1.1 对应性
- 9.1.1.1 译名词义与中文术语及概念相对应,即内涵对应。
- 9.1.1.2 译名结构在形式上与中文术语保持一致或相近,即形式对应。
- 9.1.1.3 术语在翻译时,应优先遵从内涵对应。

9.1.2 系统性

为保证学科概念体系的完整性,翻译时应须注意上级概念术语与下级概念术语的衍生关系。

9.1.3 简洁性

译名简洁,便于行文应用,避免解释性翻译。

9.1.4 同一性

- 9.1.4.1 同一概念的术语只用同一规范目的语进行对译;其同义词(又称)仅作为次推荐使用。
- 9.1.4.2 不同类别术语,含义相同的同一术语部件翻译应相同。

9.1.5 约定俗成

目前已通行的译名,与前述原则虽然不完全符合,仍可考虑采用。

9.1.6 保持中医药特色

译名应保持中国传统科学、文化内涵。

9.2 术语分类翻译

9.2.1 有对等词的术语

中医药术语在目的语中有对等词的常采用直译法,如形体、官窍、病理、症状、疾病、治法等。

9.2.2 无对等词的术语

- a) 无对等词可译。多数中医药术语在译语中没有对等词,采用异化策略和仿造法直译。
- b) 极少数复杂概念无法翻译,或已约定俗成,采用异化策略音译。音译须严格控制,尽量避免同音词。音译时应符合GB/T 16159 《汉语拼音正词法》的相关规定。

9.2.3 专有名称

人名、书名、方名、中药名、腧穴名等中医药专有名称采用音译、音译+意译、音译+ 编码、音译+意译+拉丁药名等,音译为必要手段。

10 书写样式

- 10.1 术语名称的书写应符合附录A的要求。
- 10.2 定义译文的书写格式应符合 ISO 704:2022 术语工作 原则与方法 (Terminology work Principles and methods) 的相关要求,并符合对应语种的语言习惯。

附录 A

(规范性)

书写样式

A. 1 中文术语书写样式

编号

中文术语 汉语拼音

英文术语

定义

示例:

3.1

月经病 yuè jīng bìng

menstrual disorders, menopathy

月经的周期、经期和经量、经质、经色发生异常,伴随月经周期或于经断前后出现明显 不适症状的疾病的统称。

A. 2 英文术语书写样式

number

English term 中文术语 汉语拼音

definition

EXAMPLE:

3.1

menstrual disorders

menopathy

月经病 yuè jīng bìng

a collective term for disorders characterized by abnormal menstrual interval, duration, quantity, quality, and color, accompanied by obvious discomfort, as well as manifest symptoms with the periods or around menopause

附录 B (资料性) 概念体系样例

B.1 属种概念关系

属种概念体系:体系中,所有概念相互都呈现属种关系。例如:第一步,全面收集中医内科疾病术语,根据中医内科临床情况,将中医内科疾病分为若干类。第二步,构建概念体系,通常以画图的形式呈现概念详细分级情况。第三步,协调概念与术语,获得领域共识。

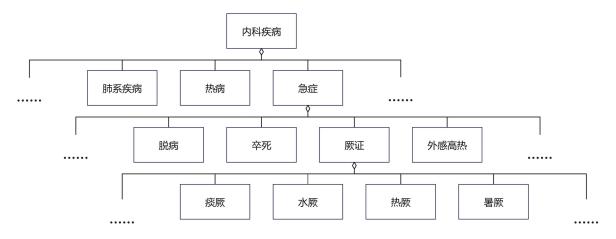


图 B-1-1 临床学科概念体系构建示例

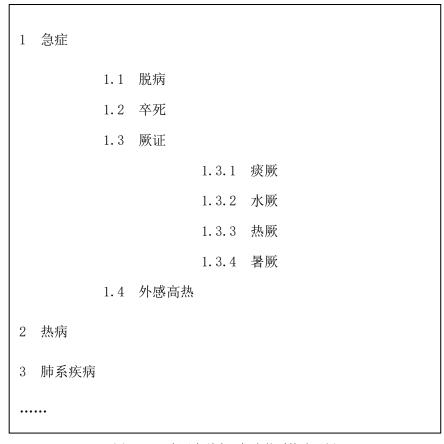


图 B. 1-2 中医内科病证概念体系构建示例

B. 2 整体与部分概念关系

体系中,所有概念相互之间都呈现整体与部分的关系。

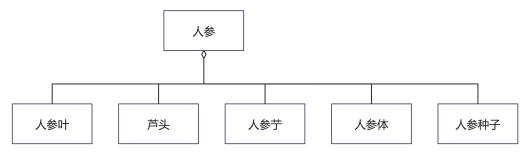


图 B.2 整体与部分概念关系示例

B. 3 关联概念体系

体系中, 所有概念之间都是相互关联的。任何两个概念之间的关联关系都可在其体系内变化。

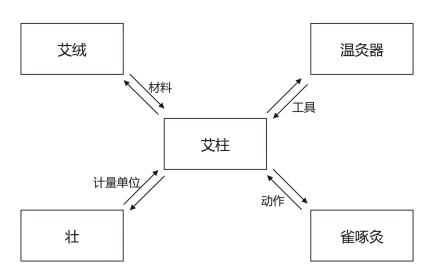


图 B.3 关联概念关系示例

参考文献

- [1] 李振吉.国际中医医师专业技术职称分级标准[M].北京:人民卫生出版社,2011.
- [2] 中医药名词审定委员会.中医药学名词[M].北京:科学出版社,2005.
- [3] 中医药名词审定委员会.中医药学名词:内科学妇科学儿科学 2010.北京:科学技术出版 社,2011.
- [4] 中医药名词审定委员会.中医药学名词:外科学皮肤科学肛肠科学眼科学耳鼻喉科学骨伤 科学 2013.北京:科学技术出版社,2014.
- [5] 国家中医药管理局.中医基础理论术语:GB/T 20348-2006[S].中国标准出版社,2006.
- [6] 全国针灸标准化技术委员会(TC 475).针灸学通用术语:GB/T 30232-2013[S].中国标准出版社,2013.
- [7] 中国中药协会 编.中药学基本术语 中药学[M].北京:中国中医药出版社,2015.
- [8] 全国中医标准化技术委员会(SAC/TC 478).中医药学主题词表编制规则:GB/T 40670-2021[S].中国标准出版社,2021.
- [9] 全国中医标准化技术委员会(SAC/TC 478).中医临床诊疗术语 第 1 部分:疾病: GB/T 16751.1-2023[S].中国标准出版社,2023.
- [10] 全国中医标准化技术委员会(SAC/TC 478).中医临床诊疗术语 第 2 部分:证候: GB/T 16751.2-2021[S].中国标准出版社,2021.
- [11] 全国中医标准化技术委员会(SAC/TC 478).中医临床诊疗术语 第 3 部分:治法: GB/T 16751.3-2023[S].中国标准出版社,2023.
- [12] 全国中医标准化技术委员会(SAC/TC 478).中医病证分类与代码: GB/T 15657-2021[S]. 中国标准出版社,2021.
- [13] 全国中医标准化技术委员会(SAC/TC 478).中医临床名词术语 第 1 部分: 内科学: GB/T 42467.1-2023[S].中国标准出版社,2023.
- [14] 全国中医标准化技术委员会(SAC/TC 478).中医临床名词术语 第 6 部分: 妇科学: GB/T 42467.6-2023[S].中国标准出版社,2023.
- [15] ISO 704: 2022 Terminology work Principles and methods [S].
- [16] ISO 860: 2007 Terminology work Harmonization of concepts and terms [S].
- [17] ISO 1087: 2019 Terminology work and terminology science Vocabulary [S].
- [18] 苑 祯, 马 然, 张 林. 宋 代 方 剂 煎 服 法 中 " 盏" 的 量 值 研 究 [J]. 北 京 中 医 药 大 学 岁 报,2019,42(09):738-741.

Foreword

Please note that some content of this document may involve patents. The issuing organization of this document does not assume the responsibility for identifying patents.

The main drafting units include China Institute for the History of Chinese Medicine and Medical Literature, China Academy of Chinese Medical Sciences; National Committee for Terms in Sciences and Technologies; National Committee for Terms in Traditional Chinese Medicine; China Academy of Chinese Medical Sciences; China Association of Chinese Medicine; and Zhejiang Academy of Traditional Chinese Medicine.

The main drafters include Zhu Jianping, Hong Mei, Gao Xinyan, Ioannis Solos, Du Lilan, Wu Wenqing, Jiang Lingzhen, Zhuang Aiwen, Cui Changxu, Zhang Luke, Wei Huimin, and Liu Cheng.

Participating countries, drafters and review experts (in alphabetical order by surname):

Australia: Lin Ziqiang;

China: Fang Tingyu, Su Xiangfei ,Shan Baozhi, Wang Kui, Wang Lili, Yang Liwen;

Canada: Wu Binjiang;

Egypt: Tarek Ali Ibrahim Rabie;

France: Zhu Miansheng;

Italy: He Jialang;

Morocco: Ali Elguard;

Spain: Chen Chunxin;

Saudi Arabia: Yasmeen Saeed Askool;

USA: Yang Guanhu.

The drafting process of this document complies with SCM1.1 - 2021 "Guidelines for Standardization Work - Part 1: Standard Development, Revision and Publication" issued by the World Federation of Chinese Medicine Societies.

This document is issued by the World Federation of Chinese Medicine Societies (WFCMS), and the copyright belongs to the WFCMS.

Introduction

In the thousands of years of evolution, Chinese medicine develops with inclusive and integrative heritage and innovation, which formed unique views on life, health, diseases, prevention and treatment, achieved the integration and unity of natural sciences and humanities, made outstanding contributions to the prosperity and development of the Chinese nation, and enriched the tapestry of human civilization.

Chinese Medicine is gaining significant global momentum. However, variations in language equality and cultural cognition contribute to comparatively lower global acceptance and influence. This can be attributed to multiple factors, with the constraints in Sino-foreign translation standing as a pivotal obstacle.

Chinese medicine terminology work is the foundation for its internationalization and standardization. Thus, systematic terminology management with standardized terms, definitions and translations forms the prerequisite for its worldwide dissemination. Accurate comprehension of the intrinsic properties of the Chinese medicine concepts and standardized articulation of their definitions are imperative for precise cross-cultural knowledge transfer and linguistic conversion. Therefore, fundamentally, Chinese medicine internationalization requires standardized terms and definitions to conquer the challenges of achieving terminological unification in Chinese medicine translation by means of delving into the philosophical depths of Chinese medicine culture, conducting comparative analysis between Chinese and other cultures, initiating synergetic research integrated the methodologies of Chinese medicine, philosophy, translation studies, terminology and the cognitive linguistics.

The formulation and implementation of this document will provide a practical and operable guideline for the development of international Chinese medicine terminology standards. It is a guide standard can effectively solve the epistemological multitude in translational praxis in Chinese medicine terminology translation works, which carries significant and far-reaching implications for propelling the global integration, standardization, and industrialization of Chinese medicine, thereby accelerating its international proliferation.

General principles for developing and translating international terminology standards in Chinese medicine

1 Scope

This document establishes the basic principles and methods for the collection of Chinese medicine concepts, the development of concept systems, the formation of terms, the writing of definition, the *pinyin* annotation guidelines, the translation of terms, and the writing styles.

This document is applicable to the development of Chinese medicine terminology standards and the translation works, and can also guide the writing and translation of the terminology entries in various Chinese medicine standards.

2 Normative references

The content of the following documents constitutes essential clauses of this document through normative references in the text. For dated references, only the version corresponding to that date applies to this document; for undated references, the latest version (including all amendment sheets) of the referenced document applies to this document.

GB/T 16159 The basic rules of Chinese phonetic alphabet orthography GB/T 19102 — 2003 Specification for description of term component database GB/T 20001.1 — 2001 Rules for drafting standards — Part 1: Terminology ISO 704: 2022 Terminology work — Principles and methods ISO 860: 2007 Terminology work — Harmonization of concepts and terms ISO 1087: 2019 Terminology work and terminology science — Vocabulary

3 Terms and definitions

The following terms and definitions apply to this document.

3.1 Concept

3.1.1

concept

unit of knowledge created by a unique combination of characteristics

Note: Concepts are not necessarily bound to particular natural languages. They are, however,

influenced by the social or cultural background which often leads to different categorizations.

[SOURCE: ISO 1087: 2019, 3.2.7]

3.1.2

characteristic

abstraction of a property

Note: Characteristics are used to describe concepts.

[SOURCE: ISO 1087: 2019, 3.2.1]

3.1.3

delimiting characteristic

essential characteristic used for distinguishing a concept from related concepts [SOURCE: ISO 1087: 2019, 3.2.5]

3.1.4

intension

set of characteristics that make up a concept

[SOURCE: ISO 1087: 2019, 3.2.6]

3.1.5

extension

set of all of the objects to which a concept corresponds

[SOURCE: ISO 1087: 2019, 3.1.2]

3.1.6

concept system

set of concepts structured in one or more related domains according to the concept relations among its concepts

[SOURCE: ISO 1087: 2019, 3.2.28]

3.1.7

generic concept system

a concept system in which all the concepts relate to each other as generic concepts and specific concepts

[SOURCE: ISO 704: 2022,5.6.3]

3.1.8

partitive concept system

a concept system in which all the concepts relate to each other as comprehensive concepts and partitive concepts

[SOURCE: ISO 704: 2022,5.6.3]

3.1.9

associative concept system

a concept system in which all the concepts relate to each other by means of associative relations

Note: The type or subtype of associative relation between any two concepts may vary within a system concept plus at least one additional delimiting characteristic.

[SOURCE: ISO 704: 2022,5.6.3]

3.1.10

terminology

set of designations and concepts belonging to one domain or subject Note: Pay attention to the difference between the concepts "term (the linguistic designation for a single concept)" and "terminology (set of designations)". In many Chinese contexts, "术语" refers to "术语 terminology".

[SOURCE: ISO 1087: 2019, 3.1.11]

3.1.11

term standard

a standard set of terms for concepts and their definitions in a specific field [SOURCE: GB/T1.1 - 2020, 4.2b, modified]

3.2 Term

3.2.1

designation

representation of a concept by a sign which denotes it in a domain or subject Note: Designations are divided into three categories: term, linguistic name for general concept, proper names that designate individual concepts; symbols that designate both general and individual concepts.

[SOURCE: ISO 1087: 2019, 3.4.1]

3.2.2

term

designation that represents a general concept by linguistic means

[SOURCE: ISO 1087: 2019, 3.4.2]

Note: Term is also called "名词 míng cí" in China

3.2.3

term component

a word that composes a multi - word term

Note: In a specific field, the language fragments that are closely combined, have strong generative ability, and are stably used can also be regarded as term components.

[SOURCE: GB/T 19102 - 2003, 3.5]

3.2.4

polysemy

relation in which a designation represents two or more related concepts [SOURCE: ISO 1087: 2019, 3.4.28]

Note: That is, one word with multiple meanings.

3.2.5

synonymy

relation between designations in a given natural language representing the same concept

Note: That is, one meaning with multiple words.

[SOURCE: ISO 1087: 2019, 3.4.23]

3.2.6

standardized term entries

term entries officially issued by authoritative standardization organizations or professional institutes

3.3 Definition

3.3.1

definition

representation of a concept by an expression that describes it and differentiates it from related concepts

[SOURCE: ISO 1087: 2019, 3.3.1]

3.3.2

intensional definition

definition that conveys the intension of a concept by stating the immediate generic concept and the delimiting characteristic(s)

[SOURCE: ISO 1087: 2019,3.3.2]

3.3.3

extensional definition

definition that enumerates all the subordinate concepts of a superordinate concept under one criterion of subdivision

[SOURCE: ISO 1087: 2019, 3.3.3]

3.4 Translation methods

3.4.1

literal translation

translation method in which the designated equivalent in the target language and the correspondent term in the source language gain form-content equivalence

Note: It belongs to foreignization translation strategy, which keep the linguistic and cultural features of the source language in the target text.

3.4.2

free translation

translation method in which the designated equivalent in the target language and the correspondent term in the source language are partially equivalent or non-equivalent in content and form

Note: It belongs to domestication translation strategy, which conform to the linguistic and cultural features of the target language in the target text.

3.4.3

transliteration

translation method that transcribes the terms of the source language into the script symbols of the target language according to the pronunciations

Note: The transliteration of Chinese medicine terms is the transcription of Chinese *pinyin*.

3.4.4

combined translation

translation method in which the designated equivalent in the target language combines literal translation, free translation, or transliteration

EXAMPLE

"五脏 five zang-organs" uses both free translation and transliteration.

3.4.5

multiple translation

translation method in which a term has two or more translated names Note: For some terms, especially Chinese medicine culture-loaded words, the translation simultaneously adopts two translation strategies of foreignization and domestication, or uses two or more translation methods, resulting in two translated names with distinct styles, which reflect different aspects of the connotations of a concept and are complementary to each other. Some of these combinations became conventional.

EXAMPLE

痹证 bi disease; impediment disease

4 Collection of term data

4.1 Collection principles

4.1.1 Exclusivity

To systematically collect the term data of the exclusive concepts in Chinese medicine fields.

EXAMPLE:

阴阳两虚 yin-yang deficiency

The terms of the concepts with unique Chinese medicine connotations shared by both traditional Chinese and modern medicines.

EXAMPLE:

脾 spleen (one of five-*zang* organ systems), 目 eye (orifice of liver).

4.1.2 Consensus

The concepts basically reached epistemic concordance in Chinese medicine field.

4.1.3 Practicality

Anchored in the contemporary status of Chinese medicine, avoid collecting terms phased out, and that have no practical significance, or the outdated concepts of polysemous terms.

4.2 Collection scope

4.2.1 Discipline-specific terms

Specific terms in various disciplinary fields of Chinese medicine.

- a) Discipline-specific terms.
- b) Closely related interdisciplinary terms.

4.2.2 Collection of phrases and sentences

Important Chinese medicine concepts presented in the form of phrases or sentences should be included.

Example:

先天之本 xiān tiān zhī běn innate foundation, 肝开窍于目 gān kāi qiào yú mù liver opening at eye, 土生金 tǔ shēng jīn earth generating metal.

4.2.3 Collection of modern medical terms

a) For newly emerging modern medical concepts, if there are no corresponding terms in Chinese medicine, equivalent in modern medical vocabularies can be used.

EXAMPLE:

"子宫内膜异位症 zǐ gōng nèi mó yì wèi zhèng" for "endometriosis".

b) The diseases in modern medicine for which Chinese medicine has advantages in treatment shall be included.

EXAMPLE

"艾滋病 ài zī bìng" for "AIDS".

4.2.4 Newly emerging terms

Newly emerging terms with clear connotations that are relatively mature and stable in Chinese medicine disciplines and frontiers shall be included.

EXAMPLE

"中药配方颗粒 zhōng yào pèi fāng kē lì" for "Chinese medicinal granule for formula".

4.3 Sources of term data

4.3.1 Standardized terms

Term entries in terminology standards and other types of standards established by authoritative institutions, mainly including: national science and technology terminology approval institutions; national standardization management institutions; national pharmacopoeia-compilation institutions; the World Health Organization; the International Organization for Standardization; other world organizations of traditional Chinese Medicine etc.

Term entries in international and national standards can be cited directly or after evaluation for accuracy.

4.3.2 Textbooks and reference books

Important concepts in the reference books compiled by the authoritative institutions and in the unified textbooks for Chinese medicine universities.

4.3.3 Frontier journals and monographs

Important concepts newly emerged in the journals or monographs that reflecting the frontiers of Chinese medicine scientific research.

4.3.4 Others

Important concepts in the other ancient and modern Chinese medicine literature.

4.4 Deprecated concepts and terms

Exclude naturally phased-out terms, abolished terms, and new terms with unclear concepts. The scope of old terms is determined by domain experts through consensus study.

EXAMPLE

结核 jié hé

- Chinese medicine, it once referred to a type of disease with fruit-seed sized lumps growing between the skin and muscle membranes, which were firm and painless.
- In modern medicine, it refers to a chronic infectious disease caused by the mycobacterium complex.
- The term 结核 should be excluded, and the words such as "肿块 lump" or "结块 nodule" can be used instead.

5 Development of Concept System

5.1 Concept arrangement and hierarchy

- **5.1.1** Establish a conceptual hierarchy across disciplines and their subfields by analyzing inter-concept relationships.
- **5.1.2** Distinguish between core disciplinary concepts and subfield-specific concepts.

5.2 Establishment of concept system

5.2.1 Referred to the established disciplinary or other types of knowledge frameworks, systematically construct Chinese medicine conceptual frameworks by organizing and sequencing collected concepts according to their interrelationships.

5.2.1.1 Generic concept system

EXAMPLE

See Annex B-1

5.2.1.2 Partitive concept system

EXAMPLE

See Annex B-2

5.2.1.3 Associative concept system

EXAMPLE

See Annex B-3

5.2.2 After the concept system is constructed, based on domain knowledge, add, delete, or adjust the positions of concepts to improve the concept system.

5.3 Basic requirements

When establishing a concept system, coordinate concepts and terms to ensure the balance, systematicness, and completeness of the term system. Specifically, refer to ISO 860: 2007 *Terminology work* — *Harmonization of concepts and terms*.

6 Formation of terms

6.1 Principles for formation of terms

6.1.1 Monosemy

Maintain univocity in terminology by assigning exactly one standardized Chinese designation per concept.

6.1.2 Scientificity

The designation of terms must precisely articulate the scientific connotation and essential attributes of concepts within the framework of Chinese medicine.

6.1.3 Systematicness

The designation of terms for a series of related concepts should reflect their logic

relations.

6.1.4 Conciseness

The designation of terms shall be concise, intelligible, and practical.

6.1.5 Preserve the distinctive identity of Chinese medicine

The designation of terms shall keep quintessential cultural heritage of Chinese medicine.

6.1.6 Coordination

For a single concept, full coordination is required to achieve terminology unification.

6.1.7 Conventionality

The terms with broad adoption, historical persistence, and professional or societal consensus shall be maintained without unwarranted revision.

6.2 Methods for the formation of terms

6.2.1 Methods for achieving monosemy

- a) Methods for achieving monosemy from polysemous words
- 1) Align distinct acceptations of a term to different terminological counterparts; EXAMPLE 1

"咳嗽 ké sou cough" and "咳嗽[病] ké sou [bìng] cough [disease]"

- ACCEPTATION 1: The symptom designation 'cough' specifically denotes a concomitant manifestation occurring secondary to other diseases. Post-standardization, 'cough' exclusively serves to describe such associated presentations.
- ACCEPTATION 2: The disease designation 'cough [disease]' refers specifically to pathological conditions primarily characterized by coughing. Post-standardization, the Chinese term '咳嗽' is annotated with '[病]' to distinguish it from symptomatic presentations.

EXAMPLE 2

厥 jué

- ACCEPTATION 1: A symptom designation denotes cold limbs. Post-standardization, 肢厥 zhī jué is exclusively reserved for the pathological manifestation of cold extremities.
- ACCEPTATION 2: A disease designation denotes fainting. Post-standardization, 厥证 is exclusively reserved as a collective designation for the conditions characterized by sudden syncope with unconsciousness.
- 2) Deprecate infrequently used acceptations;

EXAMPLE

瘀 yū

- ACCEPTATION 1: Core pathological term denotes blood stasis. Post-standardization, it is reserved to describe such presentations.
- ACCEPTATION 2: Outdated concept denotes congestion and stagnation of qi and blood.
 Post-standardization, this acceptation is retired.
- 3) Permit the application of polysemous terms across distinct domains; EXAMPLE

七情 qī qíng

- ACCEPTATION 1: < Basic theory of traditional Chinese medicine >, collective term for the seven emotional activities of humans, namely joy, anger, worry, pensiveness, grief, fear, and fright.
- ACCEPTATION 2: <Chinese Materia Medica>, collective term for the seven compatibility relationships of traditional Chinese medicinals, namely single-use, mutual assistance, mutual reinforcement, mutual restraint, mutual suppression, mutual inhibition, and mutual opposition.
- 4) Implement domain-specific designation.

EXAMPLE

血虚 xuè xū

Originally, "blood deficiency" referred to both a pathological state and its resulting pattern. Post-standardization, "血虚 blood deficiency" is reserved as a pathological term, while "血虚 blood deficiency pattern" designates the corresponding clinical pattern. This terminological segregation achieves univocity by decoupling pathological concepts from diagnostic entities.

- b) Methods to achieve univocity for concept with multiple synonyms:
- 1) Select one as preferred term and pruned the others. When a concept have multiple synonyms, the term that reflects its essential characteristics should be designated as the preferred term.

EXAMPLE

蛇串疮 shé chuàn chuāng snake-like sore; herpes zoster

- Synonyms include 缠腰龙 chán yāo lóng, 缠腰火丹 chán yāo huǒ dān, 火带疮 huǒ dài chuāng, 蛇丹 shé dān, etc.
- The designation 蛇 串 疮 optimally reflects both the specific disease site and symptomatology of this condition, while demonstrating the highest consensus level. Consequently, it is designated as the preferred term, deprecating alternative designations.
- 2) Select a preferred term and keep one as admitted term. When a concept possesses multiple synonyms that hinder the selection of a preferred term (encompasses both full form and abbreviated form), one term should be designated as the preferred term while reserving another as an admitted term.

EXAMPLE

Definition — a collective term for the medicinal properties of cold, hot, warm, cool, and neutral in traditional Chinese medicine

Preferred term — 四气 sì qì frour natures

Admitted term — 四性 sì xìng four properties

6.2.2 Methods to achieve scientificity

a) The designation of terms should precisely articulate the scientific connotations and essential attributes of Chinese medicine concepts. EXAMPLE

痈 yōng abscess [disease]

- "痈 Abscess [disease]", also known as "external abscess". It is an acute suppurative disease occurring between the skin and flesh, characterized by a localized soft swelling without a defined head, accompanied by redness and pain, ranging from 6 cm to 9 cm in size, progressing rapidly with fast swelling, rupture, healing, and may be accompanied by systematic symptoms including aversion to cold, fever, and thirst.
- [SOURCE: GB/T 42467.2 2023]
- In modern medicine, "痈 abscess" refers to a deep-skin infection formed by the fusion of inflammation around multiple adjacent hair follicles and their surrounding tissues. It is equivalent to "有头疽 yǒu tóu jū headed carbuncle" in traditional Chinese medicine.
- b) The designation of terms should prioritize scholarly character and avoid the appropriation of colloquial expressions.

EXAMPLE

髌骨 bìn gǔ patella — After standardization, the designation 髌骨 is used as the preferred Chinese term, and non-scholarly expressions such as "菠萝盖 bō luó gài" are deprecated.

c) The designation of terms should be transparent, enabling the determination of conceptual intension or extension based on the term itself.

EXAMPLE

耳疖ěr jié ear furuncle

a furuncle that occurs in the external auditory canal

[SOURCE: GB/T 42467.2 - 2023]

— The original Chinese term 耳疗ěr dīng is easily misinterpreted as a type of deep-rooted sore, so it is pruned.

6.2.3 Methods to achieve systematicness

a) Maintain uniformity in the usage of term components.

EXAMPLE

- Superordinate concept: 淋证 lìn zhèng strangury disease.
- Subordinate concepts: 热淋 rè lìn heat stranguria, 石淋 shí lìn stony stranguria, 气淋 qì lìn qi stranguria, 血淋 xuè lìn hematuric stranguria, 劳淋 láo lìn overstrain stranguria, 膏淋 gāo lìn unctuous stranguria.

b) Clarify the hierarchical structure among relevant terms and their components. EXAMPLE

炮制 páo zhì processing [of Chinese materia medica]

- Subordinate concepts include 水制 shuǐ zhì, 火制 huǒ zhì, and 水火共制 shuǐ huǒ gòng zhì, etc.
- It is also called "炮炙 páo zhì" in ancient times, but "炙 zhì" belongs to fire processing and is one of the subordinate concepts of "炮制 processing of Chinese materia medica", so it cannot be used.
- c) Pay attention to the logical relevance and word-forming ability of terms and their components.

EXAMPLE

诊法 zhěn fǎ diagnostic methods

- —The formation of subordinate terms of 诊法 shall be based on term component "诊 zhěn";
- —Subordinate terms include 望诊 wàng zhěn, 闻诊 wén zhěn, 问诊 wèn zhěn, 切诊 qiè zhěn, and other terms like 腹诊 fù zhěn, 眼诊 yǎn zhěn, 手诊 shǒu zhěn.

6.2.4 Methods to achieve conciseness

a) Avoid using obscure characters in terminology work.

EXAMPLE

半身汗出 bàn shēn hàn chū half-body sweating

- Excessive sweating occurring exclusively on either the left or right side, or the upper or lower part of the body.
- "汗出偏沮 hàn chū piān jū" is an old synonym for 半身汗出 , and the character "沮 jū" is rarely used, so it is pruned after standardization.
- b) For longer terms, appropriate abbreviation is allowed without losing the meaning.

EXAMPLE

"壮水之主以制阳光 zhuàng shuǐ zhī zhǔ yǐ zhì yáng guāng" can be abbreviated as "壮水制阳 zhuàng shuǐ zhì yáng".

6.2.5 Methods to preserve the distinctive identity of Chinese medicine

Priorly adopt inherent Chinese medicine terms. Only when inherent Chinese medicine terms cannot express the concept should other medical terms be used.

EXAMPLE 1

Inherent Chinese medicine terms rich in Chinese culture features— 明 yin, 阳 yang, 五行 five phases,天人相应 correspondence between man and nature,君 monarch,臣 minister,佐 assistant,and 使 guide,etc.

EXAMPLE 2

顿咳 dùn ké whooping cough

— The Chinese medicine term "顿咳 dùn ké" precisely characterizes the paroxysmal and

spasmodic nature of the cough in this condition.

— The modern medical term "百日咳 pertussis" is not adopted after standardization.

EXAMPLE 3

玄府 xuán fǔ

- 玄府 xuán fǔ refers to the pores on the body surface for sweating. The Chinese term embodies that they are imperceptible, or the sweat color is dark and exudes from them, which epitomizes Chinese medicine's unique cognition of sweat pores and perspiration phenomena.
- The modern medical term "汗孔 sweat pore" only refers to the opening of the sweat gland on the skin surface. It is not adopted after standardization.

6.2.6 Methods to achieve coordination

- a) When inconsistent designations exist for a single concept across disciplines or fields, the aforementioned principles and methods shall be applied to achieve harmonized designation.
- b) Principally, the designation for new concepts shall be consistent with the relevant established terminologies.
- c) Concepts introduced from modern medicine shall maintain consistency with established contemporary medical terminology.

EXAMPLE

"胰 pancreas" and "前列腺 prostate"

d) If it is difficult to find proper designations for emerging concepts in Chinese medicine, international established terms should be adopted.

EXAMPLE

获得性免疫缺陷综合征 acquired immunodeficiency pattern (AIDS), 严重急性呼吸综合征 (萨斯) severe acute respiratory pattern (SARS), and 新型冠状病毒感染 coronavirus disease 2019 (COVID-19).

6.2.7 Conventionality

EXAMPLE

- 十八反 shí bā fǎn eighteen incompatibilities
- While the original compilation included 18 medicinal agents, subsequent additions have long exceeded this number.
- The actual number of medicinal agents contained in the concept exceeds the quantity denoted by the Chinese term +人反, rendering the term misrepresentative.
- Due to its longstanding historical prevalence and extensive influence, this term was reserved as preferred term after standardization.

7 Writing of definitions

7.1 Writing principles

7.1.1 Accuracy

The description of the definition should be explicit, objective, and in line with the logic of traditional Chinese medicine.

7.1.2 Appropriateness

Definition shall strictly align with the extension of the concepts, avoiding excessive breadth or narrowness.

EXAMPLE

穴位埋线疗法 xué wèi mái xiàn liáo fǎ acupoint thread embedding therapy

 Correct definition: a therapy for diseases prevention and treatment involving implantation of absorbable surgical sutures in acupoint to exert continuous stimulation

[Source: GB/T 21709.10-2008]

 Narrowed definition: a therapy for diseases treatment involving implantation of catgut sutures in acupoints to exert continuous stimulation

7.1.3 Conciseness

Definitions shall be concise and precise, only describing the essential characteristics of an object or the intension (or extension) of a concept. Generally, it is not necessary to provide other explanatory or ecyclopedic elaborations.

7.1.4 Rational usage of negative definitions

The application of negative definitions shall be rational and comply with the following requirements:

- a) Generally, negative expressions should be avoided in definitions.
- b) Negative definitions shall be employed when the concept itself is negative. EXAMPLE

逆证 nì zhèng unfavorable pattern

- A pattern contrary to the normal disease progression, characterized by abrupt exacerbation, or sudden deterioration, indicating a poor prognosis.
- As the conceptual intension itself is inherently negative, the use of a negative definition is therefore justified.

7.1.5 Avoid circular definitions

Avoid mutual referencing between two concepts and refrain defining term with its synonym.

EXAMPLE

Brain: the house of the primordial spirit. - The first concept.

House of primordial spirit: brain. - The second concept.

7.1.6 Conform to written language

The definition shall conform to the habits and characteristics of written Chinese. EXAMPLE

头痛•肝阳上亢证 tóu tòng·gān yáng shàng kàng zhèng headache with pattern of liver yang hyperactivity

- Correct definition: An pattern of internal injury headache caused by liver yang hyperactivity characterized by dizziness, bilateral distending pain, irritability, restlessness, bitter taste, flushed face, and possible hypochondriac pain, red tongue with yellow coating, and wiry rapid pulse.
- Definition with an overly long attributive: A <u>liver yang hyperactivity induced internal</u> <u>injury headache</u> pattern manifested as dizziness, bilateral distending pain, irritability, restlessness, bitter taste, flushed face, and possible hypochondriac pain, red tongue with yellow coating, and wiry rapid pulse.

7.1.7 The terms in the definition should be defined or annotated.

EXAMPLE

胃缓 wèi huǎn stomach ptosis

 Correct definition: A disease mainly manifested as epigastric and abdominal distension with dragging pain, worsened after eating or standing.

[Source: GB/T 42467.1-2023]

— False definition: "a <u>overstrain category disease</u> (劳病类疾病) caused by long-term dietary irregularities or excessive fatigue leading to middle qi deficiency and downward sinking of the spleen qi, resulting in flabby and weak muscles failed in supporting and lifting sagging stomach, mainly manifested by epigastric and abdominal distension with dragging pain, worsened after eating or standing." The term "overstrain disease 劳病" has not been defined or annotated.

7.1.8 Definitions shall align with disciplinary advancements and be updated promptly.

EXAMPLE

₩ zhèng pattern

— Definition from the latest textbook *Diagnostics of Traditional Chinese Medicine (2021)*: "pattern is a pathological generalization of the location and nature at a certain (current) stage of a disease. It denotes the state of the body response to pathogenic factors and represents the current essence of the disease". It replaced other previous definitions.

- The textbook definition cannot be directly adopted and needs to be rewritten according to the terminology definition requirement of "differentia + genus concept".
- Correct definition: Generalization of the essence of an illness including the location, causes, nature, progression trend, and the body's resistance ability at a certain stage.

7.2 Writing methods

7.2.1 Intensional definition

The standard approach to intensional definition is: Species concept = Differentia + Genus concept.

EXAMPLE

热淋 rè lín heat stranguria

- Complete definition: one of stranguria mainly manifested by sudden onset, frequent urgent urination, burning and painful urethra, and yellow urine.
- Differentia: Sudden onset, frequent urgent urination, burning and painful urethra, yellow urine.
- Genus concept: stranguria.

7.2.2 Extensional definition

- **7.2.2.1** Scope of application: Extensional definitions are mainly used for combined or collective terms.
- **7.2.2.2** When a term is composed of two subordinate words (AB: A and B), use "combined term".

EXAMPLE

针灸 zhēn jiǔ Acupuncture and moxibustion: <u>combined term</u> for acupuncture and moxibustion.

7.2.2.3 When a term contains a definite number of subordinate concepts (5A: 1A, 2A, 3A, 4A, 5A), use "umbrella term".

EXAMPLE

five *zang*-organs: umbrella term for the heart, liver, spleen, lung, and kidney.

7.2.2.4 When the number of the extensional concepts is uncertain (nA: 1A, 2A, 3A, 4A, 5A... nA), use "collective term".

EXAMPLE

warm diseases: collective term for exogenous febrile diseases caused by warm pathogens.

7.2.3 Combined use of intensional and extensional definitions

Intensional and extensional definitions can be used jointly to precisely reveal both the intension and extension of a concept.

EXAMPLE

气机不利 qì jī bú lì disorder of qi movement

- Intensional definition: A pathological change caused by sluggish qi flow, even blocked, or qi stagnation failing to disperse, resulting in dysfunction of the *zang-fu* organs and channels.
- Extensional definition: Including qi stagnation, qi depression, etc.
- Complete definition: A pathological change caused by sluggish qi flow, even blocked, or qi stagnation failing to disperse, resulting in dysfunction of the *zang-fu* organs and channels. Including qi stagnation, qi depression, etc.

7.2.4 Descriptive definition

When neither intensional nor extensional definitions are applicable, descriptive definition may be adopted by outlining the concept's key characteristics. This method is particularly suitable for defining terms such as names of traditional Chinese medicinals, formulas, acupoints, historical figures, and medical books.

EXAMPLE

逍遥散 xiāo yáo sǎn xiaoyao powder

There are approximately 20 homonymous formulas bearing this name in historical records. The current selection is from *Taiping Huimin Heji Jufang*, Volume 9: *Formulas for Treating Women's Disorders*. Ingredients: licorice (slightly roasted) 0.5 *liang*¹, angelica (remove herb, filed into fragments, and slightly fried) 1 *liang*, poria (peeled, white) 1 *liang*, peony (white) 1 *liang*, atractylodes 1 *liang*, bupleurum (remove herb) 1 *liang*. Grind the above medicinals into coarse powder, take two *qian*² each time, boil the powder with 1 *dazan*³ of water, add a piece of roasted ginger (cut open) and a small amount of peppermint. Decoct until reduced to 70% of the original volume, strain and take warm without strict timing restrictions. Decoct for administration.

— The definition of a formula includes 4 main characteristics including name, source text, ingredients, and usage (the ingredients and usage are cited from the source text).

7.2.5 Illustrations

For terms related to meridians, acupoints, bone-setting techniques, *tuina* manipulations, health-preserving *daoyin* exercises, and medical devices, illustrations can be supplemented, but must not replace textual definitions.

8 Annotation of Chinese pinyin

8.1 Each Chinese character of the term and its synonyms should be phonetically annotated with Chinese *pinyin*.

¹ In Song Dynasty 1 两 liang≈37.5g

 $^{^2}$ In Song Dynasty 1 钱 qian pprox 3.75g

³ 大盏 dazan: Song Dynasty volume unit (1 大盏 dazan≈702 ml).

- **8.2** Proper nouns including personal names, book titles, place names, acupoint names, formula names, and medicinal names shall be phonetically annotated in accordance with *GB/T 16159-2012 Basic Rules of Chinese Pinyin Orthography*.
- **8.3** The phonetic annotation for other terms shall refer to the flexible rules (7.1, 7.2) of *GB/T 16159-2012 Basic Rules of Chinese Pinyin Orthography*, and each Chinese character's Pinyin is annotated separately.

EXAMPLE

中医眼科学 zhōng yī yǎn kē xué Traditional Chinese Ophthalmology 脾主肌肉 pí zhǔ jī ròu the spleen governs the muscles

9 Translation of terms

9.1 Translation principles for terms

9.1.1 Correspondence

- **9.1.1.1** The translation shall align with the meaning of the Chinese term and its conceptual connotation, i.e., semantic equivalence.
- **9.1.1.2** The translation shall be consistent or similar to the structure of the Chinese term, i.e., form equivalence.
- **9.1.1.3** In terminology translation, conceptual connotation (semantic equivalence) should take precedence over form equivalence.

9.1.2 Systematicness

To ensure the integrity of a disciplinary conceptual system, the hierarchical relationship between superordinate and subordinate terms shall be reserved.

9.1.3 Conciseness

The translation shall be concise, readily applicable in writing, avoiding explanatory paraphrasing.

9.1.4 Univocality

- **9.1.4.1** Maintain one-to-one correspondence between source and target terms; relegating synonyms to non-preferred status.
- **9.1.4.2** Translation of identical term components shall be consistent across categories.

9.1.5 Conventionality

Currently prevalent translated terms, even if they do not fully conform to the aforementioned principles, can still be considered for adoption.

9.1.6 Maintaining the characteristics of traditional Chinese medicine

The translation shall reserve the scientific and cultural connotations and contents of Chinese medicine.

9.2 Classification and translation of terms

9.2.1 Terms with equivalent words

For traditional Chinese medicine (Chinese medicine) terms that have equivalent words in the target language, the literal translation method is often adopted, such as terms related to the body form, sense organs, pathology, symptoms, diseases, treatment methods, etc.

9.2.2 Terms without equivalents

- a) Terms without equivalent but translatable. Most Chinese medicine terms have no equivalents in target language, foreignization strategy and literal translation by calque shall be adopted.
- b) For very few untranslatable concepts, or established terms in convention, the foreignization strategy and transliteration shall be adopted. Strictly control the application of transliteration, and avoid homophones. Transliteration shall comply with *GB/T 16159-2012 Basic Rules of Chinese Pinyin Orthography*.

9.2.3 Proper nouns

Proper nouns like personal names, book titles, formula names, names of acupoints, etc. comprehensive translations methods shall be adopted: single translation, translation + free translation, translation + coding, translation + free translation + Latin names of medicinal materials, etc., and translation is a necessary means.

10 Writing styles

- **10.1** The writing styles should meet the requirements of Annex A.
- **10.2** The writing style of the translated definitions should comply with the relevant part in *ISO 704: 2022 Terminology work Principles and methods*, and conform to the written language habits of the target language.

Annex A (Informative) Writing Styles

A.1 Example for Writing Styles of Chinese Terms

3. 1

月经病 yuè jīng bìng

月经的周期、经期和经量、经质、经色发生异常,伴随月经周期或于经断前 后出现明显不适症状的疾病的统称。

A.2 Example for Writing Styles of English Terms

3.1

menstrual disorders

menopathy

emmeniopathy

a collective term for disorders characterized by abnormal menstrual interval, duration, quantity, quality, and color, accompanied by obvious discomfort, as well as manifest symptoms with the periods or around menopause

Annex B (Informative)

Examples for different types of concept systems

B.1 Generic concept relations

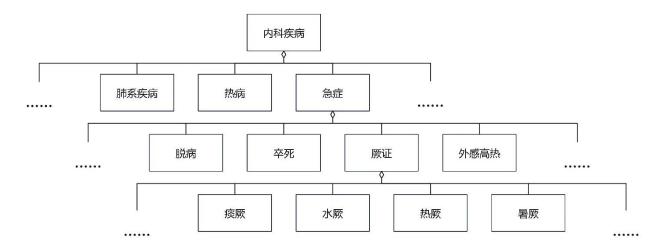


Fig. B-1-1 Generic concept relations

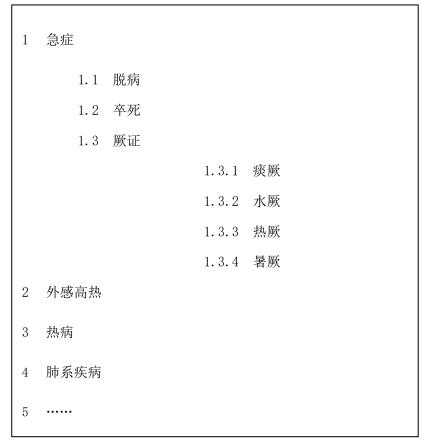


Fig. B-1-2 Generic concept relations

B.2 Partitive concept relations

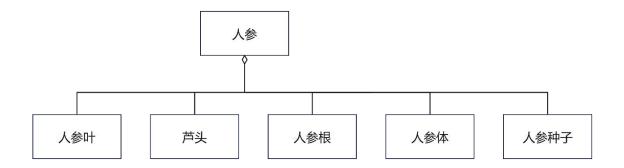


Fig. B-2 Partitive concept relations

B.3 Associate concept relations

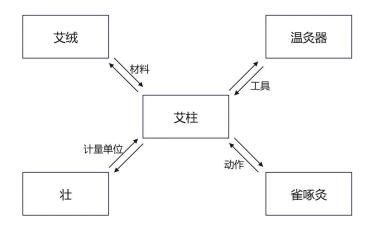


Fig. B-3 Associate concept relations