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Corpus-Based Analysis of Challenges and Strategies in Acupuncture and Moxibution Translation

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Abstract

The paper focuses on acupuncture and moxibustion translation practices supported by corpus technology, analyzing the core challenges including terminology standardization dilemmas, syntactic structure disparities, discourse logic reconstruction difficulties, and the inherent limitations of corpora. Targeted translation strategies and optimization pathways were proposed in the paper. Through analysis, the study demonstrates that by constructing dynamic terminology databases, optimizing cross-language syntactic adaptation mechanisms, strengthening discourse functional equivalence translation models, and incorporating iterative upgrades in corpus technology, the accuracy of acupuncture and moxibustion translation and the efficacy of cross-cultural communication are effectively enhanced.

Keywords

corpus-based translation, acupuncture and moxibustion terminology, syntactic structure divergence, cross-cultural dissemination

Introduction

The international dissemination of the acupuncture and moxibustion theory faces dual challenges of linguistic conversion and cognitive adaptation. The holistic thinking, a unique feature in traditional Chinese medicine (TCM), exhibits fundamental differences from the analytical expression system of Western medicine, leading to frequent semantic loss and logical discontinuity during cross-linguistic conversion of acupuncture and moxibustion texts. Traditional translation methods relying on individual experience struggle to meet the requirements of terminological systematization, expression standardization, and knowledge structuring. In contrast, corpus technology, through comparative analysis of large-scale authentic language materials, provides quantitative support for resolving cultural-loaded terminology gaps and syntactic

heterogeneity problems. By analyzing the technical nature of translation barriers, the paper explores solutions that balance cultural fidelity and audience acceptability, thereby pioneering new approaches for the international dissemination of traditional medicine.

1. Core Values of Promoting Acupuncture and Moxibustion

1.1 Improving International Dissemination and Cognition of TCM

Acupuncture and moxibustion translation serves as the critical medium for achieving cross-cultural transcoding of TCM theoretical systems. The cognitive logic of TCM centers on the "concept of holism," with notions such as "man-nature correspondence" and "meridian circulation" constituting a unique explanatory framework for life sciences.Precise translation requires transcending superficial semantic correspondence. For instance, rendering "circulation of qi and blood (气血运行)" as dynamic energy flow rather than static blood transportation preserves TCM's systemic cognition of vital activities during linguistic conversion. The abundant metaphorical expressions in acupuncture and moxibustion's literature—such as "reinforce healthy qi to eliminate pathogenic factors (扶正祛邪)" embodying ecological equilibrium thinking—must be transformed through translation into comprehensible medical strategies. It enables international readers to recognize TCM therapeutics not merely as technical manipulations, but more fundamentally as proactive adaptations to life's regulatory principles[1]. The profound trans-cultural mediation fosters authentic dialogue, where the complete articulation of "syndrome differentiation and treatment (辨证论治)" demonstrates personalized diagnostic logic, and where the precise rendering of "midnight-noon ebb-flow (子午流注)" represents chronomedical principles. Through such translation fidelity, TCM will transcend its stereotypical "alternative therapy" label and achieve recognition as a unique medical paradigm.

1.2 Advancing Integration and Innovation Between TCM and Western Medicine

Acupuncture and moxibustion translation constructs a knowledge interchange pathway between the two medical systems. While Western medicine emphasizes material structures and quantitative analysis, TCM prioritizes functional states and systemic equilibrium - such cognitive divergence demands innovative solutions in the translation process of terminology. A representative case is establishing a bidirectional interpretation mechanism for "acupoints(穴位)" translation, simultaneously annotating anatomical landmarks while preserving their energetic node properties, thereby creating conceptual interfaces for interdisciplinary research. This mutual-interpretation paradigm engenders novel research dimensions: the investigation of acupuncture analgesia mechanisms has expanded from neurotransmitter release to the meridian system's holistic regulation of pain signals; the refinement of moxa moxibustion therapy now incorporates both thermal radiation monitoring technology and the preservation of its foundational "warming and unblocking the meridians(温通经络)" therapeutic principle. The common semantic space created through translation stimulates innovative thinking—in chronic disease management, TCM

constitution differentiation integrates with Western metabolic marker analysis to formulate precision interventions; in rehabilitation medicine, acupuncture and moxibustion's healing mechanism research and neuroplasticity theory mutually validate each other.

1.3 Addressing Global Public Health Needs

Advancing the inclusive value of non-pharmacological therapies through acupuncture and moxibustion translation, this approach highlights the safety and accessibility advantages of acupuncture and moxibustion in addressing public health challenges caused by chemical drug dependence. By standardizing translations, it effectively transforms the TCM preventive concept of "Treating Disease Before its Onset" into practical medical protocols that guide seasonal constitutional regulation for populations across different climatic zones, thereby demonstrating acupuncture and moxibustion's potential in global public healthcare solutions.In the field of pain management, accurately conveying the principles of "selection of distal points" facilitates efficient symptom control in resource-limited regions, while in chronic disease intervention, standardized protocol translation ensures correct implementation of "syndrome differentiation and points selection" by practitioners across diverse cultural backgrounds. This linguistic transformation enhances the universality of medical techniques, establishing acupuncture and moxibustion as a crucial complement to primary healthcare services[2].The emergency applications during public health emergencies particularly highlight the strategic value of translation, where cross-linguistic dissemination of standardized operational guidelines ensures both accuracy and safety in technical implementation, thereby providing technological support for building resilient health systems.

2. Corpus-Based Challenges in Acupuncture and Moxibustion Translation

2.1 Difficulties in Translating Terminology

The terminology system of acupuncture and moxibustion is constructed upon TCM's unique cognitive framework, exhibiting fundamental differences in linguistic encoding from Western medicine. Culture-bound terms constitute core barriers. For instance, the translation of "气" has oscillated between "vital energy" and the transliterated "qi." While the former risks misleading Western readers into interpreting it as a physics-based energy concept, the latter preserves cultural specificity at the expense of functional explanation.The English translation of "经络(meridian)" similarly presents dilemmas. While the borrowed term "meridian" maintains historical continuity, its geographical connotations fail to convey the core TCM functions of qi and blood circulation and visceral interconnection. Polysemy further complicates translation—the term "穴(acupoints)"simultaneously denotes specific anatomical loci and embodies therapeutic functional properties, a dual semantic load that current translation approaches cannot adequately bear.The metaphorical nature of specialized terminology introduces risks of interpretive deviation. Literal translations of therapeutic principles like "clear and reduce liver fire (清肝泻火)" may be misconstrued as physical cooling procedures, failing to convey the dynamic regulatory

connotations within the TCM context. The development of standardized terminology databases faces theoretical conflicts: while functional equivalence theory demands adaptation to target-language cultures, excessive domestication risks deconstructing TCM's conceptual framework. No consensus has yet been reached on achieving equilibrium between cultural transplantation and academic fidelity.

2.2 Challenges from Syntactic Structure Divergence

The conflict between Chinese parataxis and English hypotaxis norms profoundly impacts acupuncture and moxibustion translation. TCM classics skillfully employ four-character phrases and parallel structures to convey information – as seen in formulations like "treat deficiency with reinforcement, treat excess with purgation(虚则补之，实则泻之)" – which must be deconstructed into conditional adverbial clauses in English, consequently compromising the compactness of diagnostic-therapeutic logic. The frequent occurrence of subjectless sentences presents unique translation challenges. Classical formulations like "key points in needling is that the arrival of qi ensures curative effect (刺之要，气至而有效)" omit agentive subjects, creating a dilemma when English requires explicit agency: whether to preserve the TCM's concept of holism emphasizing therapeutic process, or to accommodate Western cognitive patterns by specifying actors. Structural divergences in tense systems induce temporal dimension distortion, whereby therapeutically perennial principles in TCM theories risk being misrepresented as historically contingent empirical summaries within English tense frameworks.The rigid positioning of modifiers constrains semantic restructuring. For instance, the statement in a formula verse "Zusanli (ST36) regulates spleen-stomach dysfunction (足三里治脾胃伤)," the conversion of such prepositive attributive structures into English necessitates headword displacement, consequently attenuating the semantic linkage between therapeutic indications and acupoints. Interpretive deviations arising from syntactic compression prove particularly pronounced, as exemplified by the statement "Heat syndrome requires swift needle insertion (热则疾之)"—a formulation that encapsulates composite information encompassing etiological assessment, pathological mechanisms, and therapeutic strategy, yet risks fragmented logical coherence when linearly deployed in target languages.

2.3 Discourse Coherence and Logical Expression Issues

The distinctive cognitive logic inherent in TCM texts faces deconstruction risks during cross-linguistic conversion. The coherence of analogical reasoning becomes difficult to sustain—for instance, therapeutic effect metaphors "like melting snow with boiling water (如汤沃雪)" may lose its cultural connotations of rapid dissolution in English contexts, resulting in distorted efficacy expectation transmission. Furthermore, holistic discourse becomes forcibly fragmented: the original textual pattern of establishing syndrome differentiation through parallel symptom clusters must incorporate logical connectors in English translation, potentially reducing TCM's integral correlations to linear causal chains. Cognitive focus shift disrupts information architecture. For instance, the statement "Healthy qi is sufficient inside the body thus the

pathogenic qi cannot invade the body (正气存内，邪不可干)" undergoes significant epistemic transformation: while the Chinese original emphasizes the centrality of body's defense mechanisms, English SVO syntax inadvertently foregrounds "pathogenic qi" as the grammatical subject, thereby reinforcing the perceived agency of pathogenic factors.This structural realignment forces linearization of TCM's characteristic spiral argumentation. The theoretical network traditionally constructed through cumulative exemplification becomes reduced to sequential deduction, effectively flattening the multidimensional nature of TCM systems.

2.4 Inherent Limitations of Corpus-Based Approaches

Current acupuncture and moxibustion corpus construction paradigms exhibit systemic deficiencies. A pronounced diachronic discontinuity exists, where evolutionary trajectories of terminological usage across historical periods remain insufficiently annotated. This lacuna induces semantic disambiguation failures in computational processing—exemplified by "Shu Xue(俞穴)", which denoted specific acupoints during the Qin-Han dynasties yet generalized to encompass all acupuncture points by the Song-Ming periods.Synchronic corpora demonstrate domain coverage imbalance, characterized by disproportionate representation of clinical records versus theoretical canons. This skewed distribution enhances corpus proficiency in processing procedural texts while inadequately supporting the linguistic transposition of syndrome differentiation and treatment cognitive paradigms[3]. Insufficient alignment precision in parallel corpora fails to specially annotate TCM's unique "symptom-pattern-treatment" correspondence within existing alignment models, consequently attenuating the therapeutic principle-symptom association. Monolingual corpora lack cultural annotations, where the philosophical connotations and clinical empiricism underlying key concepts remain unstructured—for instance, "arrival of qi (得气)" encompasses both the practitioner's tactile perception and patients' experience, yet such information go unlabeled.

3. Corpus-Based Approaches to Acupuncture and Moxibustion Translation

3.1 Terminology Translation

The translation of acupuncture and moxibustion terminology requires the establishment of a multidimensional mapping mechanism. For core cultural concepts, the transliteration preservation method should be adopted—standardized transliterations such as "qi" must be consistently used for foundational terms, supplemented by embedded annotations. Within the textual flow, footnotes should clarify its functional attributes as "the dynamic force driving vital activities."For secondary core terminology, functional equivalence conversion should be implemented. For instance, "扶正祛邪" can be rendered as "regulating physiological balance," preserving the holistic perspective of traditional medicine while ensuring the comprehensibility of therapeutic principles. The translation of metaphorical expressions should adopt a dual-track approach. The main text renders

"清肝泻火" as "reducing hepatic hyperactivity," while marginal annotations explicate the correlative logic between TCM heat syndrome and organ functional hyperactivation[4]. The terminology database should implement a dynamic layered model that separates and labels the anatomical localization attributes from therapeutic functional attributes, while establishing an acupoint name mapping table - for instance, "足三里" should be cross-referenced with both "ST36" code and "regulating gastrointestinal function" as dual indexes. During the standardization process, contextual association rules should be reinforced by building a term usage scenario database to automatically match differentiated translation schemes - such as translating "补法" into "tonifying technique" in descriptions of acupuncture manipulation techniques, while rendering it as "reinforcing therapy" in the treatment principle system.

3.2 Syntactic Translation

The Chinese-English syntactic transformation necessitates the reconstruction of information encoding logic. For four-character terminology, semantic unit segmentation should be implemented—for instance, decomposing "虚则补之" into "tonifying therapy applies when deficiency pattern is identified," thereby restoring the diagnostic decision-making process through conditional adverbial clauses.The subjectless construction requires an explicit-subject strategy, translating "气至而有效" as "therapeutic efficacy emerges when qi arrives"—where the supplemented logical subject preserves the spontaneous nature of TCM therapeutic processes. The temporal processing requires establishing a perpetual marker system, where a unified contextual qualifier "in TCM clinical practice" is added to acupuncture and moxibustion principle statements to prevent potential misinterpretations of empirical medicine caused by simple past tense usage. The modification structure adjustment adheres to the principle of functional priority, transforming the attributive relationship in "治脾胃伤" into "regulating spleen-stomach disorders" to maintain the central position of therapeutic objectives.

3.3 Discourse Translation

The discourse reconstruction of TCM must preserve cognitive-logical coherence. The conversion of analogical rhetoric should adopt a culture-substitution strategy, for instance, adjusting "如汤沃雪" to "like frost melting in sunshine" to seek equivalent cultural associations of therapeutic efficacy speed in the target language. The holistic discourse should retain modular processing, with the original parallel symptom clusters converted into a "differentiation clusters" labeling system that maintains equal correlation of diagnostic elements through color-coding or numerical markers. Information focus adjustment employs thematic reconstruction techniques, repositioning the subject of "邪不可干" as "body's defense system" and translating it as "pathogenic qi cannot invade when healthy qi is sufficient" to restore TCM's cognitive sequence. The spiral argumentation should be transformed into a layered progressive structure, with the original repetitive exemplification converted into a three-tiered discourse model of "core principle → clinical variants → case exemplification" that maintains theoretical depth while conforming to

linear reading conventions. For missing cultural presuppositions, a gradual supplementation approach should be adopted by incorporating a "TCM Logic Bridge" column in each chapter of the translation, using clinical scenario descriptions within 200 words to replace direct theoretical explanations—for instance, inserting a "channel blockage analogy" in pain treatment chapters to facilitate understanding of the "circulation of qi and blood" concept.

3.4 Addressing Corpus Limitations

The optimization of the acupuncture and moxibustion corpus requires the construction of a multidimensional annotation system. Diachronic corpus processing incorporates a periodization marker system, adding timeline tags to evolving terms such as "Shu Xue(俞穴)" to automatically match semantic rules corresponding to specific periods during machine processing. Domain balance employs a dynamic weighting algorithm, allocating clinical medical records and theoretical classics in a 7:3 ratio, with focused annotation of the "symptom-pattern-treatment" logical chain, prioritizing the integrity of syndrome differentiation and treatment thinking during corpus alignment[5]. The parallel corpus annotation should establish a three-tiered association model, which supplements implicit logical connections between treatment principles and symptoms on the basis of surface structure alignment, while employing a color matrix to identify the triangular relationship among "acupoints selections→pathological mechanisms→manipulation techniques." Monolingual corpus annotation should develop layered templates to conduct multidimensional decomposition of compound concepts such as "arrival of qi (得气)" into "tactile feedback→patients' experience→physiological changes," thereby constructing a structured annotation database. For capturing semantic enrichment phenomena, context-marking technology is adopted to document functional extensions of "补法" in specific acupoints combined selection, ultimately forming a dynamic semantic network.

Conclusion

In summary, while corpus technology provides foundational support for terminology standardization, it is imperative to transcend mechanical equivalence models and establish a culturally contextualized dynamic translation mechanism. Future research should focus on three key dimensions: deep integration of TCM knowledge graphs with corpus systems, development of multimodal translation pathways for acupuncture and moxibustion, and construction of intelligent error-correction systems for human-machine collaborative translation. These explorations will advance translation practice from superficial linguistic conversion to profound cultural dialogue, ultimately enabling acupuncture and moxibustion to become an integral component of the international medical system.

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