

Original Paper

Comparative Analysis of Translation Accuracy for Terminology in the *Huangdi Neijing*

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Abstract

The global dissemination of Traditional Chinese Medicine (TCM) culture contributes to the spread of China's traditional culture, and for TCM culture to reach every corner of the world, translation is indispensable. To address the challenges in promoting Traditional Chinese Medicine (TCM) culture internationally, this paper conducts a comparative analysis of two translations of the Huangdi Neijing—by Li Zhaoguo and by Wu Liansheng and Wu Qi—using accuracy as the criterion and referencing third-party sources, aiming to provide reference material for accurate international dissemination of TCM terminology.

Keywords

Huangdi Neijing, Terminology translation, Accuracy, Cultural dissemination

1. Introduction

The *Huangdi Neijing* is the earliest surviving medical classic in China, completed approximately between the Warring States period and the Han Dynasty (475 BCE–220 CE). While presented as dialogues between the Yellow Emperor and medical officials such as Qi Bo, it essentially represents a synthesis of ideas from generations of physicians. As the foundational work of traditional Chinese medicine (TCM) theory, its content encompasses core concepts including yin-yang and the five elements, visceral organs and meridians, etiology and pathogenesis, as well as diagnostic and therapeutic principles. It established the fundamental tenets of TCM's "holistic view" and "syndrome differentiation-based treatment," systematically constructing the diagnostic and therapeutic framework that has profoundly influenced the development of traditional East Asian medicine for over 2,000 years. The text adopts a question-and-answer format: the Yellow Emperor poses questions, while Qi Bo provides responses, offering rich theoretical insights and case study materials for translation analysis. Its translation addresses key issues such as cultural specificity, terminological standardization, and

translator subjectivity, aligning closely with the themes of translation criticism courses. The dialogue between the Yellow Emperor and Qi Bo combines vividness with classical authority, reflecting the oral tradition of knowledge transmission during the pre-Qin period while providing a model for analyzing ancient academic discourse through its thematic structure. As a translation practice of a TCM classic, the *Huangdi Neijing* offers abundant theoretical and textual resources for translation analysis, addressing core issues like cultural specificity, terminological standardization, and translator subjectivity—all highly relevant to translation criticism studies. (Li, Luo, Q., Luo, X. L., & Zhu, 2021)

Translation serves as the core medium for the internationalization of traditional Chinese medicine culture. Translations thus become the “intermediate linguistic domain” in the dialogue between Chinese and Western medicine, helping the Western medical community understand the diagnostic and therapeutic logic of traditional Chinese medicine and promoting the clinical validation and application of integrated Chinese-Western medical therapies. Given the large number of English translations of the *Huangdi Neijing*, it is essential to maintain a certain degree of diversity among the selected translations while ensuring overall consistency in direction. To achieve these objectives, we chose the English translations by Li Zhaoguo, Wu Liansheng, and Wu Qi. All three translators were raised in China, systematically studied traditional Chinese medicine knowledge and classical theories, and have dedicated themselves to the internationalization of traditional Chinese medicine through their translations of the *Huangdi Neijing*. The key differences lie in that Li Zhaoguo is a Chinese scholar who has long been engaged in traditional Chinese medicine research and translation work in China, whereas Wu Liansheng and Wu Qi are Chinese-American practitioners of traditional Chinese medicine and pioneers in integrated Chinese-Western medicine practice.

2. Feature Analysis

At the linguistic level, the *Huangdi Neijing* contains a wealth of traditional Chinese medical terminology, which exhibits cultural specificity due to its foundation in a unique theoretical framework lacking direct equivalents in Western anatomy or physiology. It employs ancient Chinese writing from the pre-Qin to Han dynasties, characterized by high conciseness and polysemy; features concise sentence structures, extensive use of monosyllabic words and phonetic loan characters, and widespread polysemous usage. Rhetorically, the text employs parallelism and antithesis to enhance rhythmicity and memorability, while utilizing metaphors and analogies to compare natural phenomena with abstract physiological mechanisms, thereby making them more concrete. Philosophically, the work adopts the yin-yang theory and the Five Elements as its foundational logic, incorporating the concept of harmony between heaven and humanity as its overarching perspective, demonstrating cultural non-equivalence.

The medical terminology of the *Huangdi Neijing* is a product of the integration of natural philosophy and medical practice, characterized by holism, practicality, comprehensiveness, and high conciseness. These terms not only constitute the unique theoretical framework of Traditional Chinese Medicine (TCM) but also reflect the Chinese civilization’s understanding of life, health, and disease, exerting

profound influence on the development of TCM in subsequent generations. Firstly, TCM terminology emphasizes holistic interconnectedness and systematicity, highlighting the interrelationships among human organs and physiological functions as well as the unity between individuals and their environment, thereby forming a distinctive “holistic medicine” system. Secondly, TCM terminology demonstrates remarkable clinical applicability; it is derived from empirical summaries based on clinical observations and provides concrete descriptions of diseases, symptoms, and treatment methods, offering clear guidance. Thirdly, TCM terminology covers a wide range of domains, spanning fundamental TCM theories, clinical practice, pharmacological applications, health preservation, and rehabilitation. Finally, TCM terminology is written in classical Chinese—a literary style known for its high conciseness; while concise in form, it is rich in meaning and often requires contextual and theoretical context for proper interpretation.

3. Theoretical Perspective

The *Huangdi Neijing*, as a foundational medical classic of Traditional Chinese Medicine (TCM), requires translation that goes beyond mere linguistic adaptation; it is crucial for the transmission of medical knowledge and its precise alignment with global health practices. From the universal value of medical texts to the unique characteristics of TCM classics, their core functions and translation challenges can be summarized in the following dimensions: the foundational role of medical texts in ensuring patient safety and diagnostic accuracy; the critical importance of terminological precision in medical texts, which directly determines the reliability of clinical decisions—particularly since descriptions of surgical procedures demand absolute accuracy to prevent instrument misuse; and the fact that medical texts serve as the knowledge base for international scientific collaboration, where terminological precision is essential for cross-border research and for validating TCM theories, thereby enabling accurate assessment of acupuncture effects. The translation of the *Huangdi Neijing* is vital for medical education, as terminological errors could distort theoretical instruction.

As a medical classic, the *Huangdi Neijing* has long been evaluated in translation studies primarily through the lens of “accuracy.” However, academic interpretations of “accuracy” vary significantly depending on theoretical perspectives, reflecting a multi-dimensional cognitive framework. Nida’s theory of functional equivalence uses reader response as a benchmark, advocating that translations should elicit similar cognitive and emotional reactions in target-language readers as those elicited by source-language readers, emphasizing equivalent information delivery over formal correspondence—thereby avoiding the pitfalls of literal translation while achieving accurate cultural transmission through dynamic adaptation. (Huang, 2010) Newmark’s semantic translation theory focuses on dual fidelity to authorial intent and textual form, particularly suitable for the precision demands of medical texts. (Yuan, 2003) Cartford’s linguistic translation theory adopts a systemic equivalence approach, stressing correspondence at the grammatical, lexical, and discourse levels. (Bao, 1982) Rice’s text type theory distinguishes three primary text types—informational, expressive, and

communicative—with informational texts requiring strict terminological consistency. (Jiang, 2021) In Yan Fu’s “Xin-Da-Ya” (faithfulness, expressiveness, elegance) criteria, “faithfulness” serves as the ethical cornerstone, demanding that translations preserve the original meaning without alterations. Despite differing theoretical approaches, these frameworks share a common emphasis on the core principles of accuracy: information completeness (no omissions of essential content), terminological consistency (coherence of professional terminology), and logical clarity (traceable causal chains and reasoning structures). Together, these theories establish a paradigm for medical translation accuracy, providing multidimensional guidance for translation practice. (Li, 2019)

4. Case Analysis

This section employs the existing classification framework of medical terminology from the *Huangdi Neijing* and, using a third-party reference—the modern vernacular translation by Ni Haixia—as a basis, evaluates the two English translations by Li Zhaoguo, Wu Liansheng, and Wu Qi in terms of accuracy. Based on the constituent elements of Traditional Chinese Medicine (TCM) terminology, a classification system has been established encompassing body regions, mental states and emotions, dietary categories, excretions and secretions, qi, blood, fluids, and essence, reproductive functions, physical posture, general symptoms, disease progression stages, and other categories. Due to space constraints and the focus of this discussion, this article specifically examines and analyzes three TCM terminology categories that are of particular relevance to daily life: body regions, mental states and emotions, and dietary categories.

4.1 Body Part Categories

腹满死

Modern Chinese:再有腹部胀满,就是死证。

Li: **abdominal distension. This syndrome is fatal** (Li, 2005)

Wu:the excessive heat may also cause **the fullness of the abdomen of the patient. These are the fatal disease due to partial overabundance of Yang or even of pure Yang without Yin.** (Nelson Liangshen Wu & Andrew Qi Wu, 2000)

The core message of the original text is that abdominal distension can lead to a fatal syndrome, indicating a critical condition with poor prognosis. First, Li directly translated “abdominal distension” (腹满) and “fatal,” (致命) preserving the essential connection between the symptom and the conclusion. However, he omitted the clinical context of the “fatal syndrome” in Traditional Chinese Medicine (TCM), such as the complexity of its etiology and pathogenesis, and merely translated it as “fatal syndrome,” failing to specify under what pathological conditions “abdominal distension” could be life-threatening. In contrast, Wu’s translation supplemented the etiology and pathogenesis, elucidating the pathological mechanisms involving excessive yang heat and depletion of yin fluids. Second, Li’s translation exhibits logical flaws by only presenting the outcome relationship of “abdominal distension → fatal syndrome” without incorporating the intermediate links of etiology and pathogenesis, thereby

disrupting the causal chain and preventing readers from understanding why “abdominal distension” can be fatal. Wu’s translation, through annotated logical analysis, constructs a reasoning sequence of “excessive yang heat → abdominal distension → depletion of yang and yin → fatal syndrome,” which aligns with the pathological process described in the *Nei Jing* as “heat accumulation in the gastrointestinal tract leading to depletion of yin fluids.” Finally, Li’s translation, while concise, is overly simplistic and lacks support from TCM theory, resulting in logical inconsistencies, whereas Wu’s interpretation provides a more thorough explanation of the etiology. Thus, Wu’s translation surpasses Li’s.

4.2 Mental and Emotional Disorders

足阳明之脉病，恶人与火

Modern Chinese:足阳明的经脉发生病变，厌恶人声与火光

Li: the patients with the disorder of Yangming Channel **dislike meeting people and fire**

Wu: The patient with the disease of Foot Yangming **detests man and fire**

Both Li’s and Wu’s translations exhibit varying degrees of accuracy deviations when conveying the traditional Chinese medical concept that “the pathological manifestations of the Foot-Yangming meridian involve aversion to humans and fire.” Li’s translation uses the phrase “dislike meeting people,” but simplifies “aversion to humans” to merely “unwillingness to see people,” overlooking the essential pathogenic mechanism of auditory hypersensitivity and thereby obscuring the critical pathological element of “human vocal stimuli.” Additionally, the expression “dislike fire” fails to specify the visual nature of “firelight,” potentially misleading readers about the relationship between ordinary flames and disease triggers. Wu’s translation directly renders “aversion to humans” as “detests man,” completely undermining the sensory-emotional interaction mechanism in Traditional Chinese Medicine (TCM) and disrupting the logical sequence of “meridian pathology → auditory hypersensitivity → emotional response.” Compared to each other, Li’s translation more closely aligns with the original text in terms of terminological precision and pathological relevance; however, it still requires supplementation with “human voices” to define auditory sensitivity and “firelight” to specify visual stimuli, thereby establishing a coherent pathogenic rationale. Wu’s translation, on the other hand, exhibits systemic deficiencies in terminological accuracy, informational completeness, and logical consistency, reducing TCM-specific pathogenesis to mere psychological aversion and failing to achieve cross-cultural coherence within the professional conceptual framework. Thus, the emotional term “恶人与火” is overall superior in Li’s translation compared to Wu’s.

闻木音而惊者

Modern Chinese:所以听到木音而惊惕

Li: the patients **feel fearful** on hearing the sound made by wood

Wu: the patient **will be frightened** when hearing the sound of wood.

The phrase “闻木音而惊者” carries specific connotations in the context of Traditional Chinese Medicine (TCM): In classical texts such as the *Huangdi Neijing*, “木音” specifically refers to the “jiao

tone” among the five musical notes, corresponding to spring and the rising of liver qi. Its pathological manifestation can cause patients to exhibit abnormal sensitivity to external stimuli, leading to sudden episodes of panic. Although Li’s translation identifies the acoustic source as “made by wood,” it fails to capture the core concept of “木音” as a term within TCM’s Five Elements theory, resulting in incomplete information. Its use of “feel fearful” to describe the symptom diminishes the abrupt and intense nature emphasized by the TCM term “startle” (such as convulsions or palpitations), potentially confusing it with ordinary psychological fear. Wu’s translation intensifies the symptom severity with “frightened,” better reflecting the acute characteristics of “startle,” yet still simplifies “木音” to merely “sound of wood,” creating a disconnect from TCM’s terminological framework and demonstrating a lack of terminological consistency. In summary, while both Li’s and Wu’s translations are largely accurate in literal meaning and logical structure, Wu’s formulation more precisely captures the emotional intensity conveyed by the original term “startle.”

4.3 Dietary Category

饮食不节，起居不时者，阴受之。

Modern Chinese: 暴饮暴食不知节制，生活起居极不正常之人，必先使阴伤。

Li: while **improper food** and irregular daily life impair Yin.

Wu: when one is **careless about food and drink** or being irregular in daily life, Yin will be injured.

First, “饮食不节” refers to issues related to both food consumption and beverage intake, encompassing not only inappropriate food choices but also problems with dietary habits and practices. Li Zhaoguo’s translation “improper food” is somewhat concise and fails to adequately convey the nuances of “饮” and “不节,” demonstrating certain shortcomings in the precise use of concepts and terminology. In contrast, Wu Liansheng’s translation “careless about food and drink” emphasizes the sense of “lack of caution or attention,” accurately captures the concept of “不节,” explicitly mentions both “食” and “饮,” and comprehensively covers both aspects. Overall, Wu’s version demonstrates superior accuracy in conceptual and terminological usage.

5. Conclusion

A comparative analysis of traditional Chinese medical terminology reveals three distinct levels of difference in translators’ understanding of the cultural essence of TCM: surface-level symbolic correspondence, intermediate-level conceptual mapping, and deep-level reconstruction of theoretical frameworks. While both translations largely achieve the first two levels, the Li translation demonstrates greater emphasis on the systematic nature of TCM concepts at the level of theoretical framework reconstruction, whereas the Wu translation falls slightly short. This translation criticism practice indicates that research on TCM classic translation urgently requires shifting from mere interlingual transformation studies to an interdisciplinary paradigm encompassing medical cognitive science and knowledge communication studies. Only by establishing a three-dimensional translation ethics that

balances medical accuracy, cultural subjectivity, and communicative effectiveness can we truly achieve the global reproduction of the TCM knowledge system.

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