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English Translation Strategies for Pulse Diagnostic Terms in Tibetan Medicine: A Study from the Perspective of Transknowletology

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Abstract: Tibetan medicine plays a key role in China's traditional medicine system and has made vital contributions to safeguarding the lives and health of Tibetans. But, the translation of TM has lagged behind to some extent. With the help of Transknowletology, this article finds a new way to facilitate the international dissemination of Tibetan medical culture.

Keywords: Transknowletology; Tibetan medicine; pulse diagnostic terms; translation strategy

Tibetan medicine (TM) has been increasingly favored on the international stage nowadays. Despite notable success, its dissemination appears to far lag behind that of traditional Chinese medicine (TCM) (according to the *Law of the People's Republic of China on Traditional Chinese Medicine*, TM is a vital part of TCM, but TCM mentioned thereafter specifically refers to traditional medicine used by the Han Chinese). Moreover, studies on the translation of ethnic minority medicines in China has always been relatively inadequate^[1].

1. An Overview of the Pulse Diagnosis in TM

The foundation of TM profoundly affected by the introduction of TCM between the 6th and 9th centuries. Notably, early in the Western Jin Dynasty, Wang Shuhe's *Maijing* (*Classic on Pulse*) had already been introduced to the Tibetan area^{[2]10}, long before the establishment of the Tubo Kingdom. This indicates that even before the unification of the Tibetan Plateau, TM had close contact with TCM, especially in pulse diagnosis. Pulse diagnosis in TM continuously evolves through the absorption and learning of the pulse knowledge from TCM, gradually forming its own features. Regarding the time for pulse diagnosis, both medicines prefer the early morning. For the locations, TCM usually uses the "Cun-Kou" diagnostic method while TM uses the positions of "Chong, Gan, Qia". Additionally, pulses of the two wrists are often examined separately while some Tibetan doctors prefer to examine both at the same time^{[2]70}. So it's clearly that though there are differences in pulse diagnosis between TCM and TM, many similarities exist as well.

2. A Brief Introduction of Transknowletology

In 2021, Transknowletology emerged as a local translation theory in China. As a new theoretical paradigm, it adopts the standards of "seeking truth in knowledge, establishing righteousness with goodness and exhibiting beauty in language" (simply put "true meanings, full preparations and proper expressions"). This methodology focuses on converting local knowledge into global knowledge, thus achieving cross-lingual processing, reconstruction and re-dissemination of local knowledge^[3]. Meanwhile, Transknowletology has made efforts in the field of conceptualization and discourse construction, initiating in-depth explorations into the "area of knowledge identity" "area of knowledge discrepancy" and "area of knowledge conflicts" based on the identity-difference spectrum of knowledge. It is not only a breakthrough in traditional translation views, but also provides a new perspective for the translation of local knowledge, inevitably including TM.

3. Principles of "True Meanings, Full Preparations and Proper Expressions" Adopted in Translating the Pulse Diagnostic Terms in TM

The English translation of TM diagnostic terms is a vital part in the international communication of TM. As TM is closely related to TCM, when translating TM terms into English, translators can draw on translation strategies and methods employed in TCM terms and put them under the framework of the three-dimensional standards "true meanings, full preparations and proper expressions".

3.1 Seeking Truth in the Area of Knowledge Identity

The area of knowledge identity refers to the field where the culture of the two languages carry both the core knowledge and shared knowledge^[4]. Transknowletology advocates seeking truth in knowledge and disseminating pure knowledge. When translating TM, translators

should systematically sort out the commonalities and individualities of these local medical knowledge, striving to find resonance in the area of knowledge identity. In translating the core terms of pulse diagnosis in TM such as "Chong, Gan, Qia" into English (see Table 1), translators can draw on existing translations of TCM, adapt strategies of foreignization and use transliteration to represent the local knowledge of TM.

Chinese pinyin	Tibetan transliteration	English translation	
chōng	tshon	Chong (Cun)	
gān	kan	Gan (Guan)	
qià	chag	Qia (Chi)	

In terms of the locations of pulse diagnosis, Zhen Yan^[5] suggests that the three diagnostic points "Chong, Gan, Qia" in TM are equivalent to the three points "Cun, Guan, Chi" in TCM. As the close association between the two medical systems, the translation of "Cun, Guan, Chi" provides a valuable reference for the translation of "Chong, Gan, Qia", thus presenting the translation as "Chong (Cun), Gan (Guan), Qia (Chi)". This adding approach helps foreign readers recall the terms in their existing TCM knowledge, enabling a better understanding of TM's pulse diagnosis. Also, the adding of the Tibetan transliteration can preserve the exotic cultural features of Tibetan medicine advocated by Transknowletology.

3.2 Making Full Preparations in the Area of Knowledge Discrepancy

The area of knowledge discrepancy refers to the field containing diverse and unique knowledge carried by two languages and cultures. Transknowletology advocates establishing righteousness with goodness so as to demonstrate concerns for the target language readers. Translators should show due respect for the original texts and readers. In the translation of pulse diagnostic terms, this article selects three translated versions for comparative analysis: the Tibetan transliteration version, *China's Tibetan Medicine* co-authored by Cai Jingfeng and Zhen Yan (hereinafter referred to as the "Zhen and Cai's version") [2] and the international journal entitled Tibetan Medicine: Theory and Practice (hereinafter referred to as the "Finckh's version") [6] (see Table 2).

Table 2: English Translation of Visceral Organ Terms Corresponding to Pulse Diagnosis Locations in TM.

Finckh's version	Zhen and Cai's version	Tibetan transliteration	Location	Tibetan transliteration	Zhen and Cai's version	Finckh's version
Left side			Right side			
heart						lungs
(snying)	heart	snying	chōng	glo ba	lung	(glo ba)
(small intestine)	(small intestine)	(rgyu ma)	chong	(long ka)	(large intestine)	(large intestine)
(rgyu ma)						(long ka)
spleen						liver
(mcher pa)	spleen	mcher pa	_=.	mchin pa	liver	(mchin pa)
(stomach)	(stomach)	(pho ba)	gān	(mkhris pa)	(gallbladder)	(gall Bladder)
(pho ba)						(mkhris pa)
kidneys						kidneys
(mkhal ma)	kidney	mkhal ma	aià	mkhal ma	kidney	(mkhal ma)
(seminal vesicle/uterus)	(bsam se'u)	(bsam se'u)	qià	(lgang pa)	(bladder)	(bladder)
(bsam se'u)						(lgang pa)

In this case, the transliterated version is not a preferred translation. Though it reflects the regional culture, these transliterated names are still unfamiliar to foreign readers. Following the domestication strategy, the version by Zhen and Cai mainly used free translation. Apart from retaining the transliteration of "bsam se'u", other terms pertaining to visceral organs were translated into Western medical equivalents, catering to the cognitive expectations of the target readers. But, solely relying upon free translation to render these terms in TM into English would seriously weaken their ethnic features. Finckh's version integrated the previous two methods which better meets the requirements of Transknowletology.

3.3 Providing Proper Expressions in the Area of Knowledge Conflicts

The area of knowledge conflicts refers to the field where various cultural entities often exhibit their distinct aesthetic inclinations when assimilating knowledge and this divergence in aesthetic preferences may lead to disparities and conflicts in the acceptance of new knowledge or culture^[7]. Transknowletology advocates expressing beauty in language which is to combine the previous two standards. And attaining the standard of providing proper expressions in translation should start with meeting the standard of making full preparations. When translating pulse diagnostic terms (see Table 4), translators can also employ the same "free translation + transliteration" approach to align with readers



aesthetic views.

Table 3: English Translation of Partial Pulse Conditions Terms in TM.

Chinese pinyin	Tibetan transliteration	English translation	
píng mài	snyoms rtsa	normal pulse	
	siryonis risu	(snyoms rtsa)	
yīn mài	mag arton	yin pulse	
	mo rtsa	(mo rtsa)	
yáng mài	who etco	yang pulse	
	pho rtsa	(pho rtsa)	
zhōng xìng mài		neutral pulse	
	ma ning rtsa	(ma ning rtsa)	

As previously said, when translating pulse conditions in TM into English, translators can use a combination of free translation and transliteration. This approach aims to better preserve the information of the source text and ethnic characteristics of TM. Achieving the goal of expressing beauty in language in the area of knowledge conflicts amounts to the pursuit of translation practice^[8]. It not only requires translators to consider the aesthetic requirements of the target readers but also to take into account the readers' knowledge differences.

4. Conclusion

Pulse diagnosis is of particular significance in safeguarding the health of Tibetans. For its further dissemination, Transknowletology provides a new perspective. In terms translation, translators should fully realize that when translating local knowledge such as TM, they should strive for truth, endeavoring to convey the essence of knowledge; uphold goodness as a principle, appropriately compensating for knowledge differences; and express beauty in language, considering the aesthetic needs of the target readers.

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