

Life In TCM Translator's Note

Lying at the core of Lou's book is the concept "liu-jing-bian-zheng 六经辨证", *Shang Han Lun*'s diagnostic framework, what Dr. Ted Kaptchuk translated as "Pattern of Six Stages". The translator of this book is aware that many sources have used "channel" instead of "stage" to denote the Chinese character "经". We took refuge in Dr. Kaptchuk's rendering, because from Taiyang to Jueyin, it is indeed a process of disease transformation from the exterior towards the interior, and from an extent of less severity to more. Therefore, "stage" is more accurate, let alone the fact that "stage" also sets itself apart from the "channel theory" in acupuncture. *The Web That Has No Weaver* served the ultimate go-to for translating key TCM concepts in this book. This included pulse imageries (a table can be found in the appendix), title translations of TCM classics and the term "pernicious influence" to denote "邪" or "病邪", which is sometimes rendered as "pathogenic factor" in other books. In translating the precise *Shang Han Lun* clauses, we drew insights from contemporary scholars such as Greta Young Jie De who compiled the *Shang Han Lun Explained* based on the Song Dynasty *Shang Han Lun*, while retaining some of our own understanding towards the classic. Therefore, readers are encouraged to explore different English interpretations and pass judgements. Regarding the names of herbs, we relied heavily on TCMwiki for the binomial nomenclature of the particular herbs if their common names are not available. Kudos to the masterminds behind these wonderful projects.

The book also makes occasional references to *Huangdi Neijing*, for which we owed an intellectual debt to Dr. Ni Maoshing's *The Yellow Emperor's Classic of Medicine*. This is a highly versatile and accurate interpretation of one of the most abstruse classics in not only the area of Chinese medicine, but also eastern philosophy as a whole. Yet on no account are we downplaying the value of other English translations by an international group of scholars. We hope this book will get readers a-foot-in-the-door, with a vision that they will become critical thinkers when choosing which versions of classics to follow.

"Ming-xuan 瞑眩", the "relapse phenomenon" is a transient aggravation of clinical symptoms upon treatment before recovery takes place. In practice, a relapse phenomenon is highly desirable and can be rare. Its occurrence signifies the activation of the body's protective mechanism (immunity) to combat usually-stern-and-intractable conditions. Therefore, it is often considered a harbinger of recovery for chronic conditions. To avoid confusion, we reserved the phrase "relapse" for this, and used words like "rebound" or "recurrence" to denote common disease worsening without a sanguine tendency, often as a result of failed treatments.

TCM healing centers around the immune system of patients. In viewing the body as a whole, it identifies a disease condition by the "syndrome" rather than the modern "disease nomenclature". It seeks to apply conducive herbs and acuapunctures to maneuver the patient's innate immunity to fight off diseases. Similar to the idea of *viriditas* or "force of life" coined by abbess Hildegard von Bingen, this vital energy is reflected in the microcosm of human physiologies too. It is an attribute of the divine nature to self-adjust and heal. By clearing the obstructions to let this vital tendency to heal the body, patients can achieve recovery, at the same time, to not dread of the complications often associated with modern medical interventions. TCM is such a way to re-awaken that inherent *viriditas* in us.

The hara or abdominal diagnosis proved to be the most challenging component of the translation. For one, the palpation of the abdomen is an extremely hands-on experience, a tacit knowledge that requires years of practice to master. Attempts to explicitly articulate such knowledge discount the precision. For instance, “obstruction, pi, 痞”, “fullness, man, 满”, “hardness, ying, 硬” and a sensation of “knot, jie, 结” would feel very different to a physician’s touch even though they sound similar. As the best effort was made to distinguish subtle abdominal imageries in different regions of the abdomen, we still recommend seeing and practicing hara diagnosis in clinics. Instead of throwing conclusions at you, the book hopes to spark discussions.

Furthermore, to avoid ambiguity, the book refrained from using terms like “below the heart” (a literal translation of 心下). In this example, a western anatomical equivalent of “epigastric” is used. Besides common abdominal images, explanations of special cases were as follows. “Xin-xia-zhi-jie 心下支结” is the epigastric knot that involves tensions in the upper abdominis rectus. “Xin-xia-zhi-yin 心下支饮” is the epigastric fluid retention often with a gurgling sound. “Xiong-xie-ku-man 胸胁苦满” is the discomfort and fullness in the chest and hypochondria which can be felt by palpating the epigastric and the subcostal regions with the physician’s fingers pressing into the ribcage at a skewed angle. “Luan-ji 挛急” is a state of spasm and tautness that usually involves the tensing-up of abdominis rectus. It feels like pressing on a tight zither string. Lastly, “bu-ren 不仁” literally translates to “one feels like he doesn’t have control over a specific part of the body”, therefore, numbness.

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In Heaven’s Corner, Wenzhou’s famous local eatery, Dr. Lou pointed to the big brushwork hung in the hallway and said, “洋到底，土到家—‘Exotic to the Bone, Redneck at Heart’- it’s the way for Wenzhou cuisine, and should be the way for medicine too.’ Indeed, the future medicine would be when the east and west unite: the beautiful working-together of the domestic and the foreign sets of wisdoms.

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