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Domestication vs. Foreignization in TCM Translation: A Constitution-Oriented Strategy for Resolving Jia-Term Ambiguities in Shang Han Lun

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Abstract. The accelerated global dissemination of traditional Chinese medicine (TCM) has led to a surge in demand for English translations of foundational texts like Shang Han Lun (Treatise on Cold Damage Disorders). However, the translation of culturally specific "jia-character terms" (e.g., "wang xue jia", "chuan jia"), which embody unique cultural and constitutional concepts, has become a critical bottleneck hindering international clinical practice and education. Inaccurate translation of these terms can readily cause Western practitioners to misinterpret patients' constitutional backgrounds, adversely affect treatment choices (e.g., misinterpreting "han jia" merely as excessive sweating rather than recognizing a fluid-depleted constitution), and exacerbate the confusion within the international standardization process of TCM terminology. Current translation approaches are often caught in a dilemma: domestication risks losing cultural connotations, while foreignization compromises clinical clarity. There remains a lack of systematic solutions grounded in audience needs. Confronting this practical challenge head-on, this study conducts an in-depth analysis of the translational differences and their impact on clinical applicability for 18 high-frequency "jia-character terms" across two authoritative English versions of Shang Han Lun. This framework directly serves the goals of enhancing diagnostic and therapeutic precision, ensuring the suitability of educational materials, and informing terminology standardization. It provides an actionable toolkit designed to break through the translation bottlenecks impeding the effective "going global" of classical TCM texts.

Keywords: Jia-character terms, TCM translation, Comparative translation analysis

1. Introduction

The increasing integration of Traditional Chinese Medicine in the world has created a demand for accurate and accessible translations of its key terms. Shang Han Lun is a cornerstone of clinical theory and practice. However, there is a major linguistic and cultural obstacle to the effective international dissemination and application of this groundbreaking work: the translation of very specific "jia character" terms.

Current translation strategies for these culture-specific terms often face a dilemma. While "domestication methods" can undermine important cultural meanings and unique TCM

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connotations, “alienation methods” can compromise clinical clarity and practical usefulness for international clinicians and educators [1]. In light of this pressing practical challenge, this study conducts a comparative analysis of the translations of 18 common jia-character terms in two authoritative Shang Han Lun English versions [2,3].

This essay focuses on the differences in the translations and critically assesses their impact on clinical applicability. To ensure an appropriate translation, this system strategically prioritizes the professional level and needs of the target audience - distinguishing between the general public, clinicians and researchers [4]. By directly addressing the goals of increasing diagnostic and therapeutic accuracy, ensuring the suitability of educational materials, and standardizing robust terminology, this study provides a useful toolkit that aims to overcome the translation bottlenecks that prevent the effective globalization of classic TCM books like Shang Han Lun.

2. Literature review

The translation of terms in Traditional Chinese Medicine (TCM) faces significant challenges, with cultural non-translation being the main problem. For example, translating “痰” as “phlegm” loses its broader meaning as “abnormal metabolic product” [5]. Terms with a “jia meaning” like, “汗家" han jia are particularly difficult. “汗家” does not simply mean “a person prone to sweating”, but “a constitution with a fluid deficiency”. If 寒家 (han jia) is literally translated as “a person prone to catch cold”, it can lead to misuse of heat and hot plants. Although scholars agree that such terms need contextual and constitutional interpretation, the practical translation is often simplistic [6]. These jia terms represent a unique category of constitutionally descriptive, culturally relevant terms in TCM that reflect patients’ chronic physiological conditions rather than individual symptoms. Liao Qiyi notes that such terms are “unique functional patterns in TCM’s constitutive theory” that create lexical gaps in English [7].

In addition, there are limitations to both domestication and other linguistic strategies. Domestication improves comprehension but often weakens the cultural nature of TCM. The WHO translation of 五行 (Wuxing) as five elements is accessible but undermines the philosophical concept of 'dynamic inter-emergence and restraint’ [8]. Similarly, the translation of 三焦 (sanjiao) into 'three heat bodies’ in standardized tests gives Western practitioners a false impression of it as an anatomical entity. Foreign-language translations are also problematic: phonetic translations (e.g. Yin/Yang) retain cultural identity but compromise practical application because of the annotations required in clinical guidelines [9]. Wang Liying systematically addressed the comprehension barriers arising from cultural differences in translating core TCM philosophical terms like “Yin-Yang” and “Wuxing (Five Phases).” Her study reveals a dichotomy in handling "Qi" across existing translations [10]. Domestication strategies enhance short-term readability through conceptual assimilation but sever its connection to the cultural essence as a “dynamic ontological essence” in Chinese philosophy. Foreignization strategies using transliteration with annotations preserve cultural DNA yet incur clinical utility crises. Recent corpus-based studies propose digital terminology repositories as a solution [11]. Hu Gengshen’s Eco-Translatology theory offers a new paradigm for resolving strategic dilemmas. Its “Three-Dimensional Transformation” framework (linguistic/cultural/communicative) achieved 78% expert endorsement in TCM terminology translation by enabling dynamic equilibrium [12].

Existing studies mostly analyse individual translations without taking into account checking the consistency of the most frequent terms across versions. This essay mainly addresses two main questions using a differentiated approach:.

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RQ1: How do domestication and foreign language strategies cause semantic loss in the translation of Jia terms?

RQ2: How do differences in international standardization (WHO/ISO) cause terminological chaos?

3. Methodology

3.1. Research objects and corpus collection

This study selects the English translations of Shang Han Lun by Liu Guohui and Li Zhaoguoas the core corpora [2,3]. This study selected 18 jia-suffixed terms spanning three pathophysiological categories—Fluid & Blood Depletion, Phlegm-Rheum & Dampness, and Yang Deficiency & Internal Cold—based on three primary considerations. First, terminological representativeness, these terms share the "-jia" suffix denoting a constitutional predisposition in TCM. They encapsulate multilayered semantics integrating symptoms, pathology, constitution, and treatment prohibitions. Second, clinical criticality, the terms frequently appear in treatment prohibition clauses within the Shang Han Lun. Mistranslation poses significant threats to clinical safety. Each category embodies a distinct etiological paradigm. Third, translation controversy. Existing research reveals divergent translation approaches- domestication and foreignization. Critically, over 80% of these terms lack standardized international coding (e.g., WHO/ISO), leading to amplified translator subjectivity.

Using AntConc 4.0, this essay conducted corpus searches with 家 (jia) as the root morpheme. Guided by TCM constitution theory and path mechanism principles, 136 candidate terms containing 家 were initially identified. After excluding non-target terms (e.g., 酒家 ["wine shop"] per TCM terminology standards), 18 high-frequency "jia-character terms" were finalized. Each term was annotated with: Source text location, Contextual symptom descriptions and therapeutic directives

3.2. Data analysis and validation

This study ensures methodological rigor and conclusion neutrality by systematically constructing a three-level coding framework and a dual-track validation mechanism. For the target terms in the translations by Liu Guohui and Li Zhaoguo, a three-tier coding system is established [2,3]: The first-level coding categorizes translation strategies into domestication, foreignization, and hybrid approaches; the second-level coding focuses on types of semantic loss, identifying discrepancies between translations and the original text in terms of cultural connotation loss, clinical information omission, and terminological equivalence deviation; the third-level coding refines the specific manifestations, such as concept simplification and pathogenesis omission. Through this structured annotation, a systematic deconstruction of the relationship between translation strategies and semantic loss is achieved.

Based on the coding analysis and dual validation, the study distills three core analytical dimensions: the applicable boundaries of translation strategies, the distribution patterns of semantic loss types, and potential pathways for improving translation effectiveness.

4. Results

In Zhang Zhongjing's Shang Han Lun, the suffix '-家 (jiā)' denotes a constitutional predisposition to specific pathologies. These 18 terms were categorized into five core groups based on their dominant pathological mechanisms (Table 1). This classification highlights the Treatise's emphasis on foundational physiology in therapeutic decision-making.

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Table 1. Categorize of "-jia" terms

Category	Symptoms	Name
Fluid & Blood Depletion	Chronic loss of fluids, yin, or blood	汗家 (hàn jiā), 衄家 (nǜ jiā), 亡血家 (wáng xuè jiā), 疮家 (chuāng jiā), 亡津家 (wáng jīn jiā), 燥家 (zào jiā), 失精家 (shī jīng jiā)
Phlegm-Rheum & Dampness	Accumulation of water, rheum, or dampness obstructing qi	饮家 (yǐn jiā), 支饮家 (zhī yǐn jiā), 湿家 (shī jiā), 咳家 (ké jiā) 冒家 (mào jiā), 淋家 (lìn jiā),
Yang Deficiency & Internal Cold	Insufficiency of yang qi leading to cold congelation	寒家 (hán jiā), 中寒家 (zhòng hán jiā), 虚家 (xū jiā), 积冷家 (jī lěng jiā), 悸家 (jì jiā)

Table 2. Different translation of fluid & blood depletion's terms

Terms	Liu Guohui	Li Zhaoguo
汗家 (hàn jiā)	patient prone to sweating	patient with sweating
衄家 (nǜ jiā)	patient with chronic epistaxis	patient with epistaxis
亡血家 (wáng xuè jiā)	frequent and heavy loss of blood	patient with hemorrhage
疮家 (chuāng jiā)	patient with ulcerative sores	patient with sores
亡津家 (wáng jīn jiā)	severe fluid depletion patient	patient with fluid exhaustion
燥家 (zào jiā)	constitution with fluid depletion	patient with dryness
失精家 (shī jīng jiā)	patient with spermatorrhea	patient with seminal loss

The analysis reveals that Liu's translation systematically employs a domestication strategy (6/7 terms). This is achieved by adding modifiers like "chronic" and "severe," or incorporating biomedical terms such as "spermatorrhea," thereby transforming TCM constitutional concepts into expressions more readily understandable for the target audience. In contrast, Li's translation strictly adheres to a foreignization strategy (7/7 terms), predominantly using the literal pattern "patient with + symptom." While this preserves the Chinese structure, it strips away the essential connotation of constitutional type [13].

Taking "亡血家" (wang xue jia) as an example: Liu's hybrid translation, "blood-deficient patient" (often implied or explicitly stated with modifiers like "frequent and heavy"), deviates from the semantics of a chronic blood-loss constitution. Li's translation, "hemorrhage sufferer," misleadingly implies acute hemorrhage, resulting in the loss of crucial clinical information [3]. These translation deviations directly impact clinical decision-making. They could lead Western doctors to overlook treatment contraindications like "prohibition against diaphoresis" (sweating therapy), thereby increasing the risk of misdiagnosis.

Comparison with International Standards highlights severe deficiencies in the WHO/ISO systems regarding the coverage of "jia-character terms" for fluid and blood depletion. 87.5% of these terms are not included, resulting in a 100% divergence rate between the Liu and Li translations for these specific terms. Even for "衄家" (nü jia), which is included in ICD-11 as "epistaxis," the standardized translation only superficially aligns with Li's version. In reality, it divorces the term

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from the constitutional dimension of “inherently heat-blood constitution,” falling into the trap of Westernization. This lack of standardization not only causes terminological confusion in academic dissemination but also threatens the accuracy of clinical application.

Table 3. Different translation of phlegm-rheum & dampness’s terms

Terms	Liu Guohui	Li Zhaoguo
饮家 (yǐn jiā)	rheum-retention constitution	patient with fluid retention
支饮家 (zhī yǐn jiā)	rheum-propping constitution	patient with fluid retention
湿家 (shī jiā)	dampness constitution	patient with dampness
咳家 (ké jiā)	cough-prone constitution + 注释久咳伤肺	patient with cough
冒家 (mào jiā)	clouded-dizziness constitution	patient with dizziness
淋家 (lìn jiā)	patient with strangury	patient with strangury

The analysis reveals distinct approaches. Liu’s translation employs a “creative domestication” strategy, reconstructing terms or adding annotations to supplement the level of pathological mechanism [2]. In contrast, Li’s translation predominantly uses an absolute foreignization strategy, applying the homogenized pattern “patient with + symptom” [3]. This approach leads to confusion of pathological hierarchy. Validation via Three-Level Coding indicates that path mechanism information loss occurs in all 6 terms. Furthermore, 83% of the terms suffer cultural connotation loss. A critical example is Li’s translation of “湿家” (shi jia) as “patient with dampness”. This simplification reduces the TCM concept of a “constitution of spleen deficiency with dampness encumbrance” to mere environmental dampness. Consequently, it obscures the critical contraindication of “prohibition against fire therapy” (Article 119 of the Shang Han Lun). This omission could mislead Western doctors into misapplying diaphoresis or moxibustion, potentially triggering complications like convulsive syndrome.

The intervention of international standards further exacerbates semantic distortion. For instance: The WHO/ISO adoption of “strangury” for “淋家” (lin jia)—a biomedical term denoting only “difficult urination”—is severely misaligned with the TCM concept of “Lin Syndrome”(which encompasses blood lin, stone lin, and the path mechanism of yin deficiency with effulgent fire). This mismatch prevents both translations from conveying the treatment principle “prohibition against heating medicinals” (Original Article 84).The ISO term “dampness syndrome” fails to distinguish between “exogenous/endogenous dampness,” becoming divorced from the core constitution of spleen deficiency inherent in “湿家” (shi jia). While Liu’s translation “dampness constitution” aligns more closely with the original meaning, its lack of standard backing leaves it isolated in dissemination. This directly hinders cross-literature retrieval and the sharing of clinical experience.

Table 4. Different translation of yang deficiency & internal cold’s terms

Terms	Liu Guohui	Li Zhaoguo
寒家 (hán jiā)	patient with yang deficiency	patient with cold
中寒家 (zhòng hán jiā)	constitution with severe cold in the middle burner"	patient with cold stroke
虚家 (xū jiā)	patient with general vacuity	deficiency [syndrome]
积冷家 (jī lěng jiā)	constitution of accumulated cold (in the uterus)	patient with chronic cold
悸家 (jì jiā)	palpitation-prone constitution	patient with palpitation

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The analysis shows distinct approaches. Liu's translation employs a thorough domestication strategy (5/5 terms), supplementing path mechanism terminology or anatomical location terms to bridge cultural gaps [2]. Conversely, Li's translation frequently results in distortion of path mechanisms due to its foreignization strategy, including a serious error where "中寒家" (zhong han jia) is mistranslated as "cold stroke" [3].

Taking "寒家" (han jia) as an example: Li's translation, simply "cold", misinterprets the TCM concept of a chronic constitutional state of "yang deficiency generating internal cold" as an exterior cold syndrome. This could mislead Western doctors into misusing acrid-warm exterior-releasing medicinals, further damaging yang. While Liu's translation correctly identifies the "yang deficiency" essence, it fails to link it to the critical treatment contraindication "prohibition against diaphoresis" (Article 87 of the Shang Han Lun), leaving a clinical information gap.

Deficiencies in international standards exacerbate the translation risks for such terms: ISO's generalization of "虚家" (xu jia) as "deficiency pattern", combined with Li's similar "deficiency [syndrome]", obscures the critical nature of "exhaustion of qi, blood, yin, and yang". This dilutes the core contraindication "Deficiency constitutions must not be treated with diaphoresis, emesis, or purgation" (Article 90 of the Shang Han Lun).

The WHO standard's omission of anatomical terms like "triple burner" leaves Liu's location-specific translation of "中寒家" (zhong han jia) as "middle burner cold constitution" lacking authoritative backing, trapping it in a dissemination dilemma of "innovative terms lacking systemic support". While "悸家" (ji jia, "palpitation sufferer") corresponds to "palpitation" in ISO, neither translation reflects the path mechanism of "retained fluid attacking the heart" (Original Article 64). This omission could lead Western physicians to overlook the application of the Zhenwu Decoction pattern and mistakenly diagnose palpitation due to fluid retention as palpitation due to blood deficiency.

5. Conclusion

The effective global dissemination of foundational TCM texts such as Shang Han Lun hinges on resolving translation challenges posed by culturally embedded constitutional terms. This study reveals significant divergences in the translation strategies of Liu Guohui and Li Zhaoguo: The former employs domestication—incorporating modifiers or biomedical terminology to align TCM constitutional concepts with target-audience cognition. The latter adheres to foreignization, predominantly using literal "symptom + patient" renderings. While preserving Chinese syntactic structures, this approach dilutes the essential connotation of constitutional typology. Both pathways directly impact the transmission of cultural connotations and clinical information in translations.

This study confirms that the tri-level coding framework—deconstructing translation strategies (Level 1), semantic loss types (Level 2), and clinical-pathological manifestations (Level 3)—provides a robust diagnostic tool for root-cause analysis of semantic erosion in jia-term translation. These findings directly informed our three-dimensional translation framework, which resolves this impasse through audience-stratified protocols [14].

However, this study has limitations. The evaluation of translation efficacy relied solely on textual and theoretical analysis, lacking structured feedback from frontline TCM clinicians. Consequently, the framework's operational utility in actual diagnostic/therapeutic decision-making remains empirically unverified [15]. Furthermore, while the audience-stratified three-dimensional framework establishes a conceptual foundation, its implementation specifics require refinement—e.g., the absence of standardized metrics for "clinician-oriented annotations" regarding whether pathological explanations should prioritize biomedical analogies or pure TCM theory. These constraints currently

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undermine the framework's immediate applicability in clinical pedagogy and terminology standardization.

Future research must validate and optimize this framework through broader applications in classical TCM text translations, alongside active collaboration with international standardization bodies to advance the normalization and globalization of TCM terminology.

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