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Evolving Paradigms: The Translation of Zhuang Medical Terminology through the Lens of Cultural Translation

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Abstract: This study systematically investigates the English translation of terminology, texts, and cultural concepts in Guangxi Zhuang medicine, revealing critical issues in current practices such as terminological inconsistency, mistranslation of culture-specific terms, overreliance on transliteration, and inappropriate adoption of Western medical terminology. Through qualitative analysis based on a self-built Zhuang-Chinese-English parallel corpus, the study proposes an integrated application of diversified strategies—including transliteration with annotation, free translation, and calque—to establish a systematic translation framework. It emphasizes that translating Zhuang medicine is a cross-cultural practice integrating medical, linguistic, and ethnic cultural knowledge. The findings offer theoretical and practical references for the international translation of traditional Chinese medicine and other ethnic medical systems.

Keywords: Zhuang medicine translation, culturally-specific terms, translation strategies

Introduction

1.1 Background

Zhuang medicine, an integral branch of traditional Chinese medicine (TCM), embodies the medical wisdom developed through the Zhuang people's enduring practice. Its distinctive health preservation theory of "synchronization of the three energies," which emphasizes harmonizing heaven, earth, and human energies, shares philosophical common ground with TCM's concept of "harmony"[1]. The global promotion of Zhuang medicine translation plays a crucial role in internationalizing China's ethnic cultures. Recognized for its "simple, convenient, effective, and affordable" characteristics, Zhuang medicine requires accurate translation to facilitate its international exchange and development.

1.2 Significance

While translation studies have predominantly focused on TCM, systematic research on Zhuang medicine translation remains underdeveloped. This study addresses this gap by investigating characteristic patterns, common issues, and effective strategies in translating Zhuang medicine materials. The research significance lies in its theoretical contribution to medical and cultural translation studies through a minority culture perspective, and its practical value in guiding standardized translation, academic exchange, and cultural promotion. The findings aim to establish a foundational framework for Zhuang medicine translation, serving as a reference for other ethnic medical systems.

Literature Review

2.1 Overview of TCM Translation Studies

The translation of traditional Chinese medicine (TCM) has established dominant theoretical and practical frameworks that provide essential reference points for emerging fields like Zhuang medicine translation. Two influential theoretical approaches have shaped the field: Eugene Nida's "functional equivalence," which emphasizes reader response and accessibility[2], and Lawrence Venuti's "domestication" and "foreignization," which introduce crucial cultural and political dimensions to translation decisions[3].

In practice, TCM translation employs techniques including transliteration ("Yin/Yang"), literal translation ("Five Elements"), and semantic translation ("night sweating" for 盗汗). Standardization efforts, particularly the WHO International Standard Terminologies on Traditional Medicine[4], have been vital for addressing inconsistency. While these TCM frameworks offer valuable starting points, their direct application to Zhuang medicine requires critical adaptation due to Zhuang medicine's unique cultural and philosophical foundations. The WHO standard's predominant focus on TCM, for instance, leaves significant gaps for ethnomedical systems like Zhuang medicine.

2.2 Studies on Translation of Ethnic Culture/Medicine

Research on translating other ethnic medicines, particularly Tibetan and Mongolian medicine, reveals common challenges highly relevant to Zhuang medicine. These systems face fundamental conceptual gaps when their culture-specific terms lack equivalents in biomedical or even TCM paradigms. Tibetan medicine's "rLung" (wind) and Mongolian medicine's "Three Roots," for example, extend far beyond literal meanings into cosmological dimensions, creating terminological voids in target languages[5][6].

Scholars have documented various solutions: transliteration with explanatory notes preserves cultural authenticity but demands reader effort; calque translation (e.g., "Three Roots") provides structural bridges but risks oversimplification; and "thick translation" uses extensive annotations to contextualize terms within their cultural webs of meaning[7]. The

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theoretical tension between domestication and foreignization remains central, with foreignization often being more respectful of marginalized knowledge systems[8]. The collective experience confirms that no single strategy suffices—effective translation requires flexible, multi-method approaches tailored to specific terms and communicative purposes[9].

2.3 Gaps in Zhuang Medicine Translation

Despite Zhuang medicine's recognized value, its translation remains fragmented and understudied. Practitioners often forcibly adapt concepts into TCM terminology, obscuring unique philosophical nuances[10]. Academically, specialized research is exceptionally scarce. Existing studies primarily outline general necessities or surface-level challenges, lacking systematic, corpus-based analysis to identify patterns, quantify errors, or evaluate strategies[11]. This absence of empirical foundation has stalled the development of theoretically robust, culturally-tailored translation models for Zhuang medicine.

Methodology

3.1 Research Design

This study is primarily qualitative in nature, supplemented by quantitative descriptions to provide a comprehensive overview of the translation landscape. The research is grounded in the framework of Descriptive Translation Studies (DTS) (Toury, 1995)[12]. Instead of prescribing how translation should be conducted, this approach aims to systematically describe, objectively analyse, and explain existing translation phenomena as they occur in their real-world context. The focus is on identifying the observable patterns, norms, and strategies that characterize the current English translations of Zhuang medicine materials. Quantitative methods will be employed descriptively to calculate the frequency distribution of specific translation strategies, thereby adding a layer of empirical support to the qualitative analysis.

3.2 Data Collection and Corpus Building

3.2.1 Source of Data

To ensure the representativeness and validity of the findings, the research data will be drawn from a carefully selected range of authoritative and publicly available sources. The corpus will include:

Academic Monographs: Key sections from foundational texts, such as A Brief History of Zhuang Medicine and Guangxi Zhuang Medicinal Records. Institutional Promotional Materials: Official brochures, website content, and introduction manuals from leading institutions like the Guangxi International Zhuang Hospital. Scholarly Communications: English abstracts of research papers on Zhuang medicine retrieved from the CNKI (China National Knowledge Infrastructure) database. This multi-source approach ensures that the analysis covers different genres and communicative purposes, from academic knowledge to public promotion.

3.2.2 Corpus Processing & Data Analysis:

The core of the data analysis involves the construction of a small-scale, custom-built parallel corpus. The processing will follow a rigorous procedure:

Text Alignment: Source texts (Chinese) and their corresponding translations (English) will be segmented into meaningful units (e.g., paragraphs or sentences) and meticulously aligned to create a one-to-one correspondence. Manual Annotation: The aligned pairs will be imported into a qualitative data analysis software tool (e.g., Excel or a dedicated corpus tool). Each translation unit will be manually annotated based on a predefined coding scheme. This scheme will include tags for translation strategies (e.g., transliteration, literal translation, cultural adaptation) and text type (e.g., theoretical concept, medicinal name, therapy description).

The annotated corpus will serve as the primary resource for analysis. The qualitative annotations will allow for an in-depth examination of how specific cultural concepts are handled, while quantitative counts of the tags will reveal prevailing trends and predominant strategies across the corpus. This method of building a manually annotated corpus is a recognized practice for detailed translation analysis (Zanettin, 2012)[13].

3.3 Analytical Methods

A multi-layered analytical approach will be employed to systematically investigate the English translations of Zhuang medicine materials, moving from a broad overview to a detailed examination.

3.3.1 Comparative Textual Analysis

The foundation of the analysis is a meticulous comparative textual analysis of the source texts and their translated counterparts. This involves a sentence-by-sentence or phrase-by-phrase comparison within the constructed parallel corpus. The objective is to identify and document the concrete relationships between the original and the translated text, focusing on shifts in meaning, form, and cultural connotation. This process will reveal the translator's concrete decisions at a micro-level, providing the raw data for further categorization.

3.3.2 Case Study

To achieve an in-depth understanding, a case study method will be applied to selected, highly representative examples. This study will focus on key cultural-specific terms (e.g., "痧症" - Sha syndrome, "毒虚致病论" - the theory of toxin and deficiency causing disease, "药线点灸" - medicinal thread moxibustion) and complex explanatory passages. Each case will be analyzed in detail to explore the specific challenges it presents, the translation strategy chosen, and the effectiveness of the solution in conveying the original's conceptual and cultural depth. This qualitative deep-dive will complement the broader textual analysis by highlighting nuanced issues that might be overlooked in a general overview.

3.3.3 Classification and Induction

Following the detailed analysis, the identified translation phenomena, strategies, and problems will be systematically organized through classification and induction. This process aims to move from describing individual instances to establishing general patterns. Specifically, it will involve:
Classifying translation strategies: Grouping the observed approaches into coherent categories (e.g., transliteration, literal translation, functional equivalence, paraphrasing). Taxonomizing common issues: Creating a typology of errors or inconsistencies (e.g., conceptual inaccuracies, terminological inconsistency, cultural oversimplification). This inductive reasoning will allow for the formulation of generalized findings regarding the current state of Zhuang medicine translation, directly addressing the research questions about prevailing characteristics, typical problems, and potential effective strategies.

Results and Discussion

Findings and Analysis on the Current State of Zhuang Medicine Terminology Translation

This section presents the core findings of the study, derived from a systematic analysis of the collected corpus. The translation of Zhuang medicine terminology emerges as a field characterized by diverse, often unstandardized approaches. The analysis reveals four predominant translation patterns, each with distinct advantages and limitations, followed by a summary of the key issues stemming from this lack of consistency.

4.1 A Typology of Translation Patterns

4.1.1 Transliteration

This strategy involves phonetically rendering the source term into the target language using the Latin alphabet. It is frequently employed for core, untranslatable concepts. Case Study: The fundamental pathogenic concept of "毒" is often transliterated as "Du," and the disease "痧症" as "Sha syndrome" or simply "Sha." Analysis: The primary advantage of transliteration is its maximum fidelity to the source culture; it preserves the term's foreignness and uniqueness, signaling its specific cultural origin (Venuti, 1995). It avoids the potential misinterpretation that can arise from using an existing English word. However, its significant drawback is that it creates a complete barrier to comprehension for a target reader with no prior knowledge. A term like "Du" is semantically empty without extensive explanation, potentially leading to disengagement or misunderstanding (Molina & Hurtado Albir, 2002)[14].

4.1.2 Literal Translation/Calque

This method involves translating a term word-for-word, mirroring the structure of the source language. Case Study: The central theoretical framework of "三道两路," which refers to the pathways of "Tian" (Heaven), "Di" (Earth), and "Shui" (Water) along with the "Gu Dao" (Valley Route) and "Long Dao" (Dragon Route), is sometimes rendered as "Three Passes and Two Routes." Analysis: A calque like this offers a glimpse into the conceptual architecture of Zhuang medicine, making it appear more systematic and perhaps more accessible than a pure transliteration. It provides a formal correspondence. However, the risk of cultural and conceptual misalignment is high. The English words "pass," "route," "dragon," and "valley" carry their own cultural connotations that may not accurately reflect the original Zhuang meaning, potentially leading to a superficial understanding based on the target culture's associations.

4.1.3 Free Translation / Semantic Translation

This approach prioritizes meaning over form, often using a near-equivalent from Western medicine or general language to convey the functional aspect of a term. Case Study: The complex concept of "痧症," which involves symptoms like fever, dizziness, and skin eruptions attributed to specific environmental factors, is sometimes simplified as "summer fever" or "heat-stroke like disease." Analysis: The main strength of free translation is its immediate communicativity. Terms like "summer fever" are readily understood by an international audience. This aligns with Nida's principle of dynamic equivalence, which focuses on the reader's response. The critical weakness, however, is the significant loss of cultural and etiological specificity. "痧症" is not medically identical to "summer fever"; the translation reduces a culturally-constructed illness to a familiar Western category, thereby distorting its original meaning and oversimplifying the Zhuang medical worldview (Wang & Li, 2021)[15].

4.1.4 Transliteration with Explanation / Annotation

This hybrid strategy combines a transliteration with a brief functional explanation or gloss. Case Study: The unique therapeutic technique "药线点灸" is effectively translated as "Yaoxian Dianjiu (medicated thread moxibustion)." Another example could be "Du (a pathogenic factor denoting toxicity or imbalance)." Analysis: This model is widely argued to be the most effective compromise for translating culture-specific terms (Davies, 2018)[16]. The transliteration (e.g., "Yaoxian Dianjiu") standardizes the term and preserves its cultural identity, allowing it to enter the international lexicon as a proper noun. The accompanying explanation ("medicated thread moxibustion") instantly clarifies its function and nature for the reader. This two-tiered approach satisfies both the need for cultural authenticity and communicative clarity, making it particularly suitable for academic texts and standards where precision is paramount.

Table 1. Translation Strategies and Examples for Zhuang Medicine Terminology

Chinese Term	English Translation	Translation Strategy	Rationale and Implications
毒	Du	Transliteration	Preserves unique cultural identity for untranslatable core

Chinese Term	English Translation	Translation Strategy	Rationale and Implications
痧	Sha	Transliteration	concepts; may require additional explanation for clarity.
天路	Tian Lu (Heavenly Route)	Literal Translation / Calque	Maintains source language structure; risks cultural-conceptual misalignment due to differing connotations in target language.
龙路	Long Luo (Dragon Route)	Literal Translation / Calque	
痧症	summer fever	Free Translation / Semantic Translation	Enhances readability and immediate comprehension for general audiences; sacrifices cultural specificity and etiological precision.
药线点灸	medicated thread moxibustion	Free Translation / Semantic Translation	
药线点灸	Yaoxian Dianjiu (medicated thread moxibustion)	Transliteration with Explanation / Annotation	**Recommended approach:** optimally balances cultural authenticity with communicative clarity by combining phonetic rendering with functional explanation.
毒	Du (a pathogenic factor of toxicity)	Transliteration with Explanation / Annotation	

Summary and Application Advice: In practice, Transliteration with Explanation is often the most effective compromise for culture-specific terms, particularly in academic texts and for standardization. The choice of strategy should ultimately be guided by the target readership (e.g., experts vs. general public) and the communicative purpose of the text (e.g., academic exchange vs. popular promotion).

4.2 Prevalent Issues: Inconsistency and Misinterpretation

The coexistence of these multiple strategies leads to two major problems. The first is a pronounced lack of terminological consistency. For instance, "痧症" may appear in different texts as "Sha," "Sha syndrome," "summer fever," or "erythrogenic disease." This inconsistency creates confusion and hinders effective academic communication and knowledge accumulation (Cai & Wang, 2021)[17].

The second, more profound issue is cultural misinterpretation. The over-reliance on free translation using TCM or biomedical equivalents often results in what Pedersen (2005)[18] calls "cultural overlap," where the unique aspects of Zhuang medicine are obscured. Translating a Zhuang concept by a TCM term (e.g., equating a Zhuang concept with "Qi") may create a false equivalence, assimilating Zhuang medicine into the more dominant TCM framework and erasing its distinctive identity. This constitutes a form of "domestication" (Venuti, 1995) that can perpetuate the marginalization of minority knowledge systems.

4.3 Findings and Analysis on the Translation of Culture-specific Concepts in Zhuang Medicine

The translation of Zhuang medicine faces its most significant challenge in dealing with culture-specific concepts that represent a profound "cultural vacancy" (Baker, 2018)[19] for the target audience. These are terms deeply embedded in the Zhuang worldview, with no direct equivalents in Western biomedical or even mainstream Traditional Chinese Medicine frameworks. This section analyzes how existing translations handle these conceptually dense terms, focusing on the strategic tension between foreignization and domestication.

Concepts such as "巧坞" (the Zhuang term for the brain, but encompassing higher cognitive and spiritual functions), "龙路" (Dragon Road, representing the blood circulation network and its vital energy), and "火路" (Fire Road, symbolizing the neural pathways and the body's "fire" or energy transmission) are prime examples. They are not merely anatomical references but embody a unique holistic life view where the physical body is intertwined with cosmic forces. Current translations reveal a struggle. A purely domesticating strategy, such as translating "巧坞" simply as "brain," results in a significant loss of its extended philosophical meaning, reducing a complex concept to a mere biological organ. Conversely, a direct literal translation like "Dragon Road" or "Fire Road," while foreignizing and preserving cultural distinctiveness (Venuti, 1995), risks being perceived as opaque or mythological by readers unfamiliar with Zhuang cosmology, potentially hindering scientific acceptance.

The analysis of the corpus suggests that for such deeply culture-loaded concepts, a heavily domesticating approach is inadequate as it erases cultural identity. The most effective renderings appear to adopt a commented foreignization strategy. This involves initially using a foreignizing translation (e.g., "Qiaowu," "Long Luo," "Huo Luo") to establish the term as a unique cultural signifier, immediately followed by a concise explanatory note or a functional gloss (e.g., "Qiaowu (the brain, regarded as the central governor of consciousness and bodily functions)"). This hybrid approach,

balancing fidelity with clarity, allows the target culture to acknowledge and engage with the difference of Zhuang medicine without being completely alienated, thus facilitating a more authentic cross-cultural knowledge exchange.

4.4 Discussion: Towards a Principled Approach to Zhuang Medicine Translation

The findings presented above paint a picture of a field in its nascent stages, where translation practices are fragmented and lack a coherent theoretical or methodological foundation. This discussion synthesizes these findings by contextualizing them within the theoretical frameworks outlined in the literature review, specifically addressing why the observed problems occur and under what circumstances certain strategies prove more effective. Furthermore, it deduces preliminary principles to guide future translation efforts.

4.4.1 Interpreting the Findings: Theoretical Convergence and Strategic Choice

The prevalence of inconsistent and often problematic translations can be attributed to the absence of a dedicated, culturally-sensitive approach. When translators forcibly fit Zhuang concepts into pre-existing TCM or biomedical boxes, it is often a default domestication strategy aimed at achieving immediate comprehensibility. However, as Venuti (1995) argues, such a strategy, while seemingly pragmatic, can constitute an ethnocentric reduction of the source culture. The translation of "痧症" as "summer fever" is a clear example of this, where a complex etiology is simplified to align with Western disease classifications, thereby violating the principle of cultural fidelity.

The analysis demonstrates that no single translation strategy is universally superior; effectiveness is highly context-dependent. For core theoretical concepts that define Zhuang medicine's unique identity (e.g., "Du," "三道两路," "巧坞"), a pure domestication strategy is fundamentally inadequate. Here, a foreignizing approach, particularly the commented transliteration model (e.g., "Du (a concept of pathogenic toxicity)"), proves most appropriate. This aligns with the tenets of Communicative Translation (Newmark, 1988)[20], which prioritizes successful communication over strict literalness, and with a nuanced application of Nida's (1964) Functional Equivalence[21]. The goal is not to find a one-word equivalent but to create a translation that elicits an understanding of the term's conceptual scope and cultural significance in the target reader.

Conversely, for more generic therapeutic techniques or medicinal names, a semantic or functional translation may be sufficient and even preferable. A term like "药线点灸" can be effectively rendered as "medicated thread moxibustion" for a general audience, as the primary goal is functional description. This reflects a skopos-oriented approach (Vermeer, 1989)[22], where the purpose of the text (e.g., a patient information leaflet vs. an academic monograph) dictates the strategy. For professional audiences, the hybrid form ("Yaoxian Dianjiu (medicated thread moxibustion)") serves both communicative and standardizing functions.

4.4.2 Proposing Foundational Principles for Zhuang Medicine Translation

Based on this integrated analysis, we propose the following core principles to inform a more systematic and ethically sound approach to Zhuang medicine translation:

The Principle of Reader Orientation: The choice of strategy must be consciously tailored to the target readership. For expert audiences (researchers, clinicians), a foreignizing strategy with detailed annotations is necessary to ensure conceptual precision. For lay readers (tourists, general public), a more domesticating approach, emphasizing functional equivalence and readability, may be more appropriate to facilitate basic understanding. The Principle of Cultural Authenticity: The translation must strive to preserve the unique cultural identity and philosophical underpinnings of Zhuang medicine. This principle prioritizes foreignizing strategies for key culture-loaded terms, resisting their assimilation into more dominant medical paradigms and affirming the value of minority knowledge systems. The Principle of Dynamic Equivalence: The translation should seek to produce a response in the target reader that is functionally equivalent to that of the source text reader (Nida, 1964). This often requires moving beyond word-for-word translation to explanatory phrasing or glosses to convey the intended meaning and effect of a concept or therapy. The Principle of Systematic Uniformity: To address the critical issue of inconsistency, there is an urgent need for the development of an authoritative, standardized terminology database for Zhuang medicine. This repository would establish preferred equivalents, sanctioned translations, and standard annotations for core terms, providing a vital reference for translators, publishers, and institutions to ensure consistency across all materials, from academic papers to pharmaceutical labels.

In conclusion, the effective translation of Zhuang medicine requires a shift from intuition-based practices to a principled, context-aware methodology. By adhering to these proposed principles, future efforts can better navigate the delicate balance between cultural fidelity and communicative effectiveness, ultimately ensuring that Zhuang medicine is presented to the world in a manner that is both accurate and respectful of its rich heritage.

Conclusion

This study systematically examines English translations of Zhuang medicine, revealing a field characterized by limited standardization, inconsistent strategy use, and overreliance on TCM frameworks. Through qualitative corpus analysis, four translation patterns were identified: transliteration, literal translation, free translation, and the hybrid model of transliteration with explanation. The hybrid approach proves most effective for core culture-specific concepts, balancing cultural authenticity with communicative clarity. These findings affirm that Zhuang medicine translation cannot adopt a one-size-fits-all approach but must be guided by context-aware principles. The research contributes to translation theory by centering an underrepresented ethnic medical system, demonstrating translation's role as cultural interpretation. Practically, it provides a strategic typology for translators and underscores the need for standardized terminology. We recommend establishing an expert committee to develop authoritative guidelines, supported by governmental "culture

going global" initiatives. As an exploratory study, this work is limited by its corpus scale and focus on descriptive texts. Future research should pursue book-length translations of foundational works like Zhuang Medical Theory, conduct empirical reception studies, and develop large-scale trilingual corpora to support data-driven analysis and machine translation development.

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