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A Corpus-based Comparative Study on the English Translation Standardization of Acupuncture and Moxibustion Technique Terminology: Pathways and Proposals

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Abstract: The accuracy and consistency of English translations for acupuncture and moxibustion technique terminology, as a pioneering field in the internationalization of Traditional Chinese Medicine (TCM), are crucial for global education, clinical exchange, and academic development. Currently, three major authoritative systems—the World Health Organization (WHO) International Standard Terminologies, the World Federation of Chinese Medicine Societies (WFCMS) International Standard Chinese-English Basic Nomenclature of Chinese Medicine, and the Chinese National Standard General Terminology of Acupuncture and Moxibustion (GB/T 30232-2013)—coexist. However, significant discrepancies exist in their translated terms, indicating insufficient standardization. To systematically investigate this issue and explore solutions, this study first constructed a Multi-Standard English Translation Comparative Corpus of Acupuncture and Moxibustion Technique Terminology, encompassing terms from these three standards. Through quantitative and qualitative analysis of 63 core terms commonly included across all standards, it was found that the rate of completely identical translations is merely 14.3%. The discrepancies primarily manifest in four aspects: lexical choice, structural expression, cultural adaptation strategy, and the degree of retention of source-language cultural symbols. In response to this situation, this study proposes a tiered framework of principles for constructing an English translation system. Building on this framework, a four-stage collaborative pathway for standardization implementation is further outlined. This research not only provides a systematic theoretical framework and practical guidelines for translating acupuncture technique terminology but also offers an academic foundation and actionable plan for promoting the establishment of a more authoritative and consensual international standard. It holds significant theoretical and practical importance for advancing the high-quality international dissemination of TCM.

Keywords: Acupuncture and moxibustion technique terminology; Standardization of English translation; Corpus-based comparison

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1. Introduction

With the global expansion of traditional Chinese medicine, acupuncture, as a key component, is now practiced in over 190 countries and regions. However, amid this internationalization, the English translation of core terminology related to acupuncture and moxibustion techniques remains fragmented and inconsistent—a persistent and growing challenge. This lack of uniformity not only hinders international education, clinical exchange, and research collaboration but also profoundly affects the standardized development and scientific recognition of acupuncture worldwide.

Terminology forms the foundation of any knowledge system, and its degree of standardization directly reflects a discipline's maturity and its voice in the global arena. In acupuncture, needling and moxibustion techniques constitute the core of clinical practice. Accurate and systematic translation of their terminology is essential for ensuring that acupuncture knowledge is correctly understood, safely and effectively applied, and properly transmitted. The current inconsistency in translations stems both from the profound cultural and historical context embedded in Chinese medical language and from differing translation philosophies, as well as from the varying priorities—between academic tradition and clinical utility—adopted by different standards-setting bodies.

Therefore, systematically reviewing the current state of English translations for acupuncture and moxibustion terminology, analyzing the underlying causes of discrepancies, and consequently developing a clear, logically structured translation framework that balances accuracy with practicality—along with exploring viable pathways toward standardization—has become an urgent and necessary task for advancing the high-quality global development of acupuncture.

2. Literature review

2.1. Current state of research on English translation of TCM terminology

The English translation of Traditional Chinese Medicine (TCM) terminology forms the cornerstone of its international dissemination, with a research history spanning centuries. Early translation efforts were initiated by Western missionaries in the 17th century. From the 1970s onwards, Chinese scholars began to participate deeply and eventually took a leading role, driving the field into a more systematic phase of development [1]. Current research focuses primarily on terminology translation, classical text translation, and translation theories and methods. Studies on terminology translation dominate the field, reflecting the academic emphasis on the cultural dimensions of translating terms [2–4]. Research methodologies have evolved from experiential summarization to an approach combining theoretical frameworks and empirical analysis. Nida's "Functional Equivalence" theory is widely applied in comparing translation choices and evaluating strategies, while corpus-based quantitative analysis provides objective reference points for translation practice and pedagogy [5–6].

2.2. The standardization process of acupuncture and moxibustion technique terminology

As a pioneer in TCM's internationalization, acupuncture faces a pressing need for terminology standardization. Systematic work in this area began in the 1970s, coinciding with the global rise in popularity of acupuncture [7]. At the international level, the WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region, published by the WHO Western Pacific Regional Office, serves as a key reference [8]. The International Standard Chinese-English Basic Nomenclature of Chinese Medicine, first released in 2007 and subsequently revised by the World Federation of Chinese Medicine Societies (WFCMS), represents a significant

effort to establish an internationally recognized standard autonomously [9].

Domestically, the standardization of acupuncture and moxibustion technique terminology has progressed in tandem with China's national strategy for TCM standardization. The 1997 national standard Clinical Terminology of Traditional Chinese Medicine (Diseases) provided initial norms for related terms [10]. A milestone was reached in 2013 with the national standard General Terminology of Acupuncture and Moxibustion, which comprehensively defines terminology across foundational theories, acupoints, and other key areas, marking the maturation of China's standardization framework [11]. Terminology standardization helps reduce academic misunderstandings, enhances international professional recognition and credibility, and provides an authoritative basis for global acupuncture education. It is thus a fundamental project for the globalization of TCM [12].

2.3. Research on translation theory and standards for TCM terminology

Translation theory and standards provide the foundational framework for research on English translation of TCM terminology. Nida's "Functional Equivalence" theory has been profoundly influential, emphasizing that the target-text reader's response should approximate that of the source-text reader, rather than pursuing mechanical word-for-word correspondence [13]. Scholars have applied this theory to conduct comparative analyses of translations for core concepts like "five phases" and "six pathogenic factors", as well as disease names and treatment principles from classical texts, evaluating the strengths and limitations of strategies such as literal and free translation [14–17].

Regarding methodology and standard development, Li Yashu's "Translation Method of Looking for Equivalent" advocates seeking existing equivalent terms in the target language's professional literature for concepts that already have established counterparts. This approach respects conventional usage and a language community's naming rights, thereby helping to reduce mistranslation [18]. It serves as a practical complement to the "Functional Equivalence" theory. Concerning the path toward standardization, a scholarly consensus highlights the need to build a systematic, hierarchical conceptual system for terminology. This requires integrating multidisciplinary methods to clarify the ontology and relationships of TCM concepts and to promote the formation of a consensus-based standard with national leadership and international recognition [19].

Despite the maturity of existing research, several gaps remain: an imbalance between macro-level and micro-level studies, with a lack of systematic research specifically on the English translation of acupuncture and moxibustion technique terminology; a tendency in standard reviews to remain descriptive, lacking detailed comparative analysis of translations within this subfield and investigation into the causes of discrepancies; and a confinement of translation theory application to case studies, failing to achieve a systematic construction of an English translation framework for needling and moxibustion terms, leaving core questions unanswered. This study focuses on the systematic construction of English translations for acupuncture and moxibustion technique terminology and explores pathways toward its standardization, aiming to propel TCM translation research toward more focused and micro-level inquiry. To effectively address the aforementioned research gaps—namely, the lack of systematic studies specifically on the English translation of acupuncture and moxibustion technique terminology, the tendency for standard comparisons to remain descriptive, and the fragmented application of translation theory—this study adopts an empirical research approach based on a multi-standard comparative corpus. By constructing a structured comparative corpus, it systematically describes, categorizes, and analyzes existing authoritative translations, thereby providing a solid and objective data foundation for the subsequent development of a coherent translation framework. The following section elaborates on the design

and methodology of this study.

3. Research design and methodology

To gain an in-depth understanding of the current state of English translations for acupuncture and moxibustion technique terminology and to develop systematic solutions, this study adopts an empirical research method based on the comparative analysis of multiple authoritative standards. By constructing a structured comparative corpus, it systematically describes, categorizes, and analyzes existing translations, thereby providing a solid, objective foundation for the subsequent development of a coherent framework.

3.1. Corpus construction

The foundation of this research is the self-built Multi-Standard English Translation Comparative Corpus of Acupuncture and Moxibustion Technique Terminology. The source materials comprise three of the most influential authoritative standards, both internationally and within China: the WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region, the International Standard Chinese-English Basic Nomenclature of Chinese Medicine issued by the World Federation of Chinese Medicine Societies (WFCMS), and the Chinese National Standard General Terminology of Acupuncture and Moxibustion (GB/T 30232-2013). This selection ensures the foundational relevance and representativeness of the analysis.

The corpus construction followed a three-step process: (1) Systematic Extraction and Compilation. The texts of the aforementioned three standards were comprehensively reviewed. All Chinese terms related to "needling techniques", including needles, insertion methods, needle manipulation techniques, and complex needling methods, and "moxibustion techniques", including various moxibustion methods, tools, and procedures, were extracted along with their official English translations. This step ensured systematic and complete term collection. (2) Extracted terms were merged and organized according to conceptual units. This resulted in a data matrix with the Chinese term as the core field, presenting its corresponding English translations from the three standards side-by-side. To clarify conceptual meanings and aid cross-cultural understanding and comparison, concise Chinese explanations and English glosses were added for each Chinese term. (3) The corpus data was proofread to ensure accurate transcription. In preparation for subsequent quantitative analysis, preliminary coding was applied to identify relationships of similarity or difference between translations.

3.2. Analytical methods

Building on this corpus, the study employs a combination of quantitative and qualitative analytical methods.

Comparative Analysis: A multi-dimensional horizontal comparison was conducted across the corpus. The core of this analysis is "inter-standard comparison", which involves the parallel comparison of English expressions for the same Chinese term across the WHO, WFCMS, and GB standards to directly reveal discrepancies.

Categorical and Statistical Analysis: Building on the comparative findings, the observed discrepancies were categorized and quantified. First, the number of terms included in each standard was counted to analyze similarities and differences in their scope of coverage. Second, focusing on the subset of terms common to all three standards, translations were categorized and calculated as percentages into three types: "completely identical", "partially identical" (e.g., sharing core words but differing in modifiers or structure), and "completely different." This quantifies the current level of translational consistency within the standardization landscape.

Typological Analysis and Case Study Profiling: An in-depth analysis was conducted on terms with "partially identical" and "completely different" translations. This involved identifying the primary types of discrepancies leading to variation, such as lexical choice, structural formulation, strategies for handling culture-loaded terms, and the degree of retention of source-language cultural symbols. For each type, representative typical cases were selected for detailed examination. These case studies explore the rationale behind different translations and their potential effects on cross-cultural communication, thereby providing concrete grounds for formulating translation principles.

4. Findings and analysis

Based on the systematic comparison and analysis of the self-built corpus, this study reveals significant discrepancies and a complex landscape in the English translation of acupuncture and moxibustion technique terminology across major standards. The specific findings are detailed below.

4.1. Comparison of terminological coverage

A notable divergence exists in the breadth of terminology inclusion among the three authoritative standards. Statistical analysis indicates that the WHO standard contains the highest number of relevant terms (114 total), reflecting its broad and inclusive approach as an international health organization in consolidating global traditional medicine terminology. The Chinese National Standard (GB/T 30232-2013) includes 105 terms. As a national disciplinary standard, its selection demonstrates stronger systematic organization and clinical focus. In contrast, the WFCMS standard incorporates a relatively smaller set of terms (94). This variation highlights differences in the objectives, frameworks, and selection criteria employed during the development of each standard. The inherent inconsistency in terminological coverage itself constitutes a fundamental issue that must be addressed in any effort toward standardization.

4.2. Quantitative analysis of translation consistency for core terms

To clarify the current level of harmonization among existing standards, this study focused on a subset of 63 core acupuncture and moxibustion terms common to all three standards, conducting a quantitative analysis of translation consistency (**Table 1**). The results are striking: only 9 terms (14.3%) have completely identical translations across all standards; 23 terms (36.5%) have partially identical translations (differing only in prepositions, articles, word order, or modifiers); and a substantial 31 terms (49.2%) have completely different translations. This data clearly demonstrates that severe translational divergence exists even at the level of the most crucial core terminology among the major internationally recognized standards, indicating that the path toward effective standardization remains considerable.

Table 1. Distribution of English translation consistency for core acupuncture and moxibustion terms across three standards

Consistency Category	Number of Terms	Percentage
Completely Identical	9	14.3%
Partially Identical	23	36.5%
Completely Different	31	49.2%

4.3. Major types of translational discrepancies and case study analysis

Through a systematic analysis of translational inconsistencies, this study identifies and classifies four principal categories of discrepancy:

Lexical Divergence: This category encompasses the selection of different English words or phrases to denote an identical conceptual entity in the source language.

The translation of "刺手" provides a clear instance. The Chinese National Standard employs the rendering "needle-holding hand", a formulation that descriptively highlights the manual act of grasping the needle. In contrast, the WHO standard utilizes "The needling hand", a designation that foregrounds the hand's functional role within the therapeutic operation. This variance underscores a nuanced divergence in the semantic focus applied to the same procedural component.

Structural Variation: This type refers to differences in the syntactic construction of translated terms, including but not limited to the ordering of compound elements, the use of hyphens, and the choice between nominal phrases and gerundive forms.

This can be observed in the translations of "单手进针法." Translations exhibit distinct structural preferences: the WFCMS standard adopts the compound nominal form "single-handed needle insertion"; the Chinese National Standard uses a prepositional phrase structure, "needle insertion with single hand"; and the WHO standard presents a slight variant, "Needle insertion with one hand." While all are semantically viable, the absence of a unified syntactic model is apparent.

Strategic Disparity in Cultural Adaptation: This dimension captures the spectrum of approaches adopted in translating culture-loaded terms, ranging from attempts at preserving source-cultural connotations to strategies of functional or descriptive reduction.

A telling example is "雷火神针." The translation strategy in the Chinese National Standard, "thunder-fire wonder moxibustion", seeks to retain the evocative imagery and perceived exceptional efficacy embedded in the original term. Conversely, the WHO standard's rendering, "Thunder-fire moxa stick", exemplifies a reductive approach, reconceptualizing the term primarily as a tangible tool type, thereby attenuating its rich cultural semantics. This contrast highlights the tension between cultural transposition and functional equivalence as overarching translation paradigms.

Differential Retention of Source-Language Signifiers: This category concerns the extent to which translators incorporate phonetic elements (e.g., Hanyu Pinyin) to preserve the terminological identity and origin of culture-specific concepts.

This tension can be illustrated by "巨刺." Certain translations, such as "Ju needling", incorporate transliteration to maintain the term's status as a unique lexical signifier within the TCM conceptual system. Others, like the semantically transparent "contralateral needling", prioritize immediate cross-linguistic comprehensibility. This dichotomy embodies a fundamental challenge in terminology standardization: negotiating between cultural-linguistic preservation and optimal communicative clarity.

5. Constructing a systematic framework for English translation of acupuncture and moxibustion terminology and exploring pathways to standardization

Based on the aforementioned empirical analysis of translation discrepancies, addressing the root causes of current terminological confusion necessitates the establishment of a translation framework with clear distinctions and well-defined principles. The primary types of discrepancies identified—divergence in lexical

choice, variation in structural expression, disparity in cultural adaptation strategies, and differential retention of source-language cultural symbols—collectively point to a core contradiction: the lack of tiered strategic responses to the conceptual attributes and communicative functions of the terms. Therefore, this study proposes a "Three-Tiered Translation Principles Framework." This framework advocates for differentiated translation strategies based on a term's conceptual characteristics (such as degree of cultural-loadedness, operational universality, and historical specificity) and its communicative purpose, thereby seeking an optimal balance among accuracy, systematicity, and dissemination effectiveness.

5.1. A tiered system of principles for translation

Tier 1 (Core Operational Terms): Primarily addresses discrepancies arising from the pursuit of different synonymous words or syntactic preferences in lexical choice and structural expression, aiming to achieve clarity and eliminate ambiguity through unification and codification.

This tier encompasses fundamental techniques and entities whose concepts are either universal or have clear analogs in biomedical science, exhibiting minimal cultural specificity (e.g., 直刺 / perpendicular insertion; 毫针 / filiform needle; 得气 / deqi). The translation of these terms proceeds from the principle that functional clarity and broad consensus are paramount. The primary aim is the unambiguous conveyance of procedural action, object property, or a widely recognized bio-physical phenomenon. Consequently, the established translation that demonstrates the highest frequency of use, the most concise form, and the least risk of clinical misunderstanding should be elevated as the standard. For example, " 提插法 " is strongly recommended to be standardized as "lifting-thrusting method."

Tier 2 (Culture-Technical Terms): Primarily addresses the tension between "preserving cultural imagery" and "seeking functional equivalence" in cultural adaptation strategies, aiming to build a bridge between cultural fidelity and reader comprehension through explication and balance.

Terms in this tier are embedded within unique TCM theoretical constructs or carry significant cultural metaphors (e.g., 九 刺 / the nine needling techniques; 烧 山 火 / mountain-burning fire method). They lack direct equivalents in English but are comprehensible through explanation. Their translation must negotiate a middle path between cultural fidelity and reader comprehension, striving for functional equivalence. A two-part model is advised: a core translated term that partially retains the original imagery or logic, supplemented by necessary contextualization. This contextual information can be delivered via footnotes, glossary entries, or brief parenthetical clarifications. For instance, " 雷火神针 " might initially appear as "Thunder-Fire Needle (a special medicated moxa stick)."

Tier 3 (Proprietary Historical Terms): Primarily addresses the dilemma between "using transliteration to preserve referential specificity" and "using semantic translation to achieve transparency" regarding the retention of source-language cultural symbols, aiming to preserve terminological identity while ensuring conceptual precision through the combination of transliteration and definition.

This final tier includes terms that function as indivisible historical-conceptual symbols, particularly ancient instrument names and classical technique designations (e.g., 镵 针 / Chan Needle; 巨 刺 / Ju Ci). Here, the recommended approach shifts decisively toward transliteration to preserve terminological integrity and avoid the distortions of semantic translation. A "capitalized Pinyin + generic noun" format (e.g., "Chan Needle", "Ju Ci") establishes these terms as stable proper nouns within the English lexicon. This strategy, however, must be accompanied by the rigorous provision of standardized definitions that clearly delineate historical context,

form, function, or operational meaning, thereby ensuring the transliterated signifier is firmly bound to a precise concept.

This three-tiered framework provides a systematic, principle-driven approach to translating acupuncture and moxibustion terminology. By strategically differentiating terms based on their conceptual and communicative profiles, it directly addresses the root causes of inconsistency identified in Chapter 4, offering a clear path from empirical analysis to standardized practice.

5.2. A proposed collaborative pathway for standardization implementation

Translating a theoretical framework into accepted practice requires a strategic, collaborative implementation plan. The following four-stage pathway is proposed to navigate from current disparities toward future coherence.

5.2.1. Stage 1: Building a consensus foundation

The initial phase should focus on establishing an open, collaborative digital platform for compiling and comparing translations. Led by national TCM authorities and terminology bodies, this platform would host the multi-standard corpus and facilitate structured deliberation among global experts. The primary outcome would be a draft consensus document targeting terms with the greatest discrepancies, serving not as a replacement but as a focal point for professional agreement.

5.2.2. Stage 2: Integrating and disseminating through education

Building on this foundation, the subsequent effort must prioritize the revision of China's national terminology standard to formally incorporate the consensus translations and the tiered framework. The critical step is to embed this updated standard mandatorily within the ecosystem of TCM international education—governing curriculum design, textbook compilation, and teacher training. This ensures the systematic formation of consistent terminology usage among future practitioners.

5.2.3. Stage 3: Engaging the international standardization dialogue

With a refined domestic standard and consolidated academic rationale, the next objective is to proactively engage with international standardization bodies. Through scholarly and diplomatic channels, targeted proposals should be submitted to WHO, focusing on resolving key contradictions and demonstrating the efficacy of the tiered framework. The goal is to secure formal participation in the international standard's revision process, advocating for the establishment of a dedicated working group on operative techniques.

5.2.4. Stage 4: Ensuring dynamic evolution and feedback

Recognizing that language and practice evolve, the final, perpetual stage involves instituting mechanisms for dynamic maintenance. The consensus platform must be sustained as a living repository, continuously aggregating feedback from global clinical, academic, and pedagogical applications. For emerging techniques and terms, a streamlined process for evaluation and recommendation should be established, allowing the standardized terminology to remain relevant and robust through periodic updates.

6. Conclusion and future directions

This study systematically compared the English translations of acupuncture and moxibustion technique terminology across the WHO, WFCMS, and Chinese National standards, highlighting a landscape of significant disunity where complete consistency for core terms was found to be as low as 14.3%. In response, the study developed a three-tiered framework of translation principles—comprising "Core Operational", "Culture-Technical", and "Proprietary Historical" strata—designed to balance precision, cultural resonance, and systematic coherence according to the specific nature of each term. A collaborative, multi-stage pathway for implementation was also proposed, outlining steps from building professional consensus and integrating domestic standards to advancing international dialogue.

The contribution of this work is twofold. Theoretically, it advances the field by integrating translation theory deeply with the specialized domain of acupuncture, resulting in a structured framework tailored to highly operational TCM terminology. Practically, it offers concrete analytical evidence and actionable solutions to resolve contradictions among current international standards. These outcomes can directly inform and enhance international acupuncture education, clinical exchange, and standard revision processes, thereby improving the accuracy and professionalism of TCM's global dissemination.

Looking ahead, research can be fruitfully extended in three key areas. First, the systematic approach and principles established here could be applied to other core domains of acupuncture and moxibustion technique terminology, such as acupoint nomenclature and meridian theory, to contribute to a more comprehensive English terminology system for Chinese acupuncture. Second, empirical investigation is needed to assess the reception and comprehensibility of the recommended translations among international practitioners and students through surveys or interviews, providing valuable feedback for refining standards. Finally, future work should explore the integration of this tiered terminology system with technologies like AI-assisted translation and standardized termbase development. This could lead to creating digital tools that support translation and teaching, ultimately fostering the intelligent, dynamic application and maintenance of terminology standards.

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