

A Study on Translation Norms for Overseas Clinical Case Records of HUANGs' School of Acupuncture and Moxibustion of Zhuang Medicine in Guangxi

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Abstract: With the development of HUANGs' school of acupuncture and moxibustion of Zhuang medicine in clinical practice and international exchange, the number of overseas patients has gradually increased, and the translation of overseas clinical case records faces risks of semantic shift and dilution of medical connotations in cross-cultural contexts. Taking overseas clinical case records of HUANGs' school of acupuncture and moxibustion of Zhuang medicine in Guangxi as the primary object of analysis, this study employs methods including textual analysis of case records, structural comparison, and terminology categorization to systematically examine their structural and terminological characteristics as well as key issues arising in translation. The study reveals significant differences between Zhuang medicine case records and Western medical records in terms of narrative structure, disease cognition, and cultural context. From the perspectives of structural translation and terminological translation, this paper proposes a normative framework that balances the preservation of Zhuang medicine characteristics with the needs of cross-cultural understanding. This framework includes hierarchical presentation of case record components, functional interpretation of disease names and acupuncture terminology, and process-oriented supplementation of therapeutic effect descriptions. The aim is to enhance the accuracy and usability of case records in international communication and academic dissemination, and to provide references for the standardized organization and database construction of Zhuang medicine clinical case records.

Keywords: Clinical case record translation; Zhuang medicine; Terminology standardization; Structural standardization; HUANGs' school of acupuncture and moxibustion of Zhuang medicine

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1. Introduction

Under the promotion of the Belt and Road Initiative and policies encouraging traditional Chinese medicine

and ethnic medicine to “go global”, Zhuang medicine acupuncture and moxibustion have gradually attracted attention and recognition from overseas populations. With the deepening of clinical exchanges, the number of overseas patients receiving Zhuang medicine acupuncture and moxibustion treatment has steadily increased, leading to a growing body of overseas clinical case records. The disease names, therapeutic principles, and technical descriptions used in Zhuang medicine acupuncture and moxibustion case records are deeply rooted in the knowledge system of traditional Zhuang medicine, and their narrative styles and conceptual connotations differ markedly from those of modern Western medicine in terms of disease classification and case record writing norms. When such case records are used for international communication, academic dissemination, or database construction, they must be translated and presented across different languages and medical-cultural contexts. In the absence of unified translation norms, misunderstandings of medical information may easily arise, weakening the integrity of Zhuang medicine acupuncture and moxibustion’s diagnostic and therapeutic concepts. Therefore, how to standardize the translation of overseas patient case records while preserving the academic connotations and distinctive features of Zhuang medicine acupuncture and moxibustion, and how to normalize case record data to ensure accuracy and usability, have become pressing issues in the organization and utilization of Zhuang medicine case record databases. The HUANGs’ school of acupuncture and moxibustion of Zhuang medicine in Guangxi was founded by Master of Traditional Chinese Medicine Huang Jinming, based on theories such as Yin-Yang theory, three channels and two ways theory, and the three Qi Synchronization of heaven, earth, and man theory. This study takes overseas patient case records generated in domestic clinical practice of Guangxi HUANGs’ Zhuang medicine acupuncture and moxibustion—represented by cases involving British patients—as its research object. These records comprehensively document patient background information, chief complaints, medical history, diagnosis, and acupuncture treatment processes, and thus possess high textual integrity and research value.

2. Literature review

Clinical case records are systematic records of medical activities carried out by healthcare professionals during the occurrence, development, and outcome of a patient’s illness, including examination, diagnosis, and treatment^[1]. They constitute an important basis for clinical practice, as well as a core text for medical knowledge transmission and medical quality control. With the evolution of medical forms and healthcare systems, the terminology used to refer to case records has continuously changed—such as medical cases, medical records, and clinical case records—reflecting not only changes in medical writing forms but also shifts in physicians’ emphases and research perspectives in different historical periods^[2].

In modern medical research, scholarly attention to clinical case records has primarily focused on the establishment of electronic medical record standards, optimization of case record management models, and construction of quality control systems^[3-5]. In addition, some studies have begun to address case record texts in specific ethnic medical fields, such as explorations of quality standards and management systems for Zhuang medicine case records, which provide important references for the standardization of ethnic medicine case records^[6]. However, research from the perspective of case record writing itself remains relatively weak. Some scholars, after analyzing a large number of medical journal manuscripts, have pointed out that many journals lack adequate requirements for case report writing, or even exhibit clear deficiencies, resulting in uneven overall quality^[7]. Common problems in case record writing include insufficient authenticity, incomplete data, and non-standardized recording^[8]. In particular, in clinical practice, some patients are hospitalized due to abnormal

laboratory or imaging findings without clear subjective symptoms or signs. Since existing case record norms generally prohibit directly listing examination results as chief complaints, clinicians are sometimes compelled to fabricate symptoms or signs that do not actually exist, thereby further undermining the authenticity and standardization of case records^[9].

Overall, existing research has laid a relatively solid theoretical foundation in areas such as digitization, standardization, quality standards, and management systems of case records. However, systematic studies that integrate structural differences in case records with cross-cultural translation norms, specifically targeting overseas Zhuang medicine acupuncture and moxibustion case records, remain clearly insufficient. Based on this gap, the present study takes overseas clinical case records of HUANGs' school of acupuncture and moxibustion of Zhuang medicine in Guangxi as its research object. Through comparative analysis of the structure and writing differences between domestic and foreign case records, it explores and proposes corresponding translation norms, with the aim of providing references for the international dissemination of ethnic medicine case records.

3. Textual characteristics of overseas clinical case records of HUANGs' school of acupuncture and moxibustion of Zhuang medicine in Guangxi

3.1. Basic composition of overseas case records of HUANGs' school of acupuncture and moxibustion of Zhuang medicine in Guangxi

From an overall structural perspective, overseas clinical case records of HUANGs' school of acupuncture and moxibustion of Zhuang medicine in Guangxi exhibit a high degree of consistency with traditional Zhuang medicine clinical case records in terms of basic components. They typically include core elements such as general patient information, chief complaint, medical history, examinations, diagnosis, and treatment process, and can relatively comprehensively reflect the entire course of disease onset, development, and therapeutic outcome. In terms of patient information, the case records clearly document basic details such as nationality, gender, and age, while some information—such as occupation and place of residence—is recorded in a relatively simplified manner. At the diagnostic and therapeutic level, the records generally follow a narrative logic of chief complaint, medical history, examinations, diagnosis, and treatment process. Chief complaints directly reflect patients' discomforts; the medical history emphasizes symptom duration, aggravating or alleviating factors, and prior treatments; examinations are mainly based on clinical observation, often incorporating traditional diagnostic information such as tongue appearance and pulse condition; diagnoses center on Zhuang medicine disease names, supplemented by modern medical disease names for reference; and the treatment section, as the focal point of the case record, details acupuncture point selection, manipulation techniques, treatment frequency, and course arrangement.

3.2. Differences between British medical records and Zhuang medicine case records

First, British medical records emphasize standardization, normalization, and legal traceability. They are typically structured around modules such as chief complaint, history of present illness, past medical history, examination results, diagnosis, and treatment plan. The language is objective and concise, faithfully recording facts and decision-making bases to serve quality control and legal review. In contrast, Zhuang medicine case records adopt a more narrative structure, with diagnostic and therapeutic processes presented through consecutive records of initial, second, and third consultations, providing detailed descriptions of symptom evolution and therapeutic effects, and highlighting a clinical experience- and outcome-oriented approach.

Second, British medical records are based on the modern biomedical model, in which diseases are defined primarily by anatomical, physiological, or pathological abnormalities, with emphasis on objective examination results and evidence-based reasoning. Zhuang medicine case records, by contrast, are grounded in ethnic medical theory and employ concepts such as “Nen Bule (insomnia)” and “He Yin (low back pain),” understanding disease as manifestations of systemic imbalance. Diagnosis places strong emphasis on tongue appearance, pulse condition, and overall bodily perception.

Third, British medical records reflect Western societal values emphasizing systems, norms, rationality, and legal responsibility, whereas Zhuang medicine case records embody the cultural tradition of Chinese ethnic medicine, which values experience, holism, and the relationship between humans and nature. The differences between British medical records and Zhuang medicine case records thus represent not only divergences between medical systems, but also deeper contrasts in cultural context, cognitive patterns, and value systems.

4. Cultural context issues in the translation of overseas clinical case records of HUANGs' school of acupuncture and moxibustion of Zhuang medicine in Guangxi

4.1. Differences between Western disease cognition and Zhuang medicine diagnostic thinking

Zhuang medicine diagnosis and treatment are based on holistic perspectives and accumulated experience, emphasizing the internal balance of the human body. Treatment does not revolve around a single symptom, but rather gradually improves bodily states through repeated interventions, which is reflected in case records as continuous documentation of symptom evolution, treatment responses, and long-term effects. Western disease cognition, influenced by the modern biomedical model, tends to conceptualize disease as a specific, clearly defined pathological state. When case record texts are translated or presented internationally without explanation of this cognitive difference, readers may easily perceive Zhuang medicine treatment as merely experiential practice, thereby weakening the academic persuasiveness of the records. Consequently, translation of overseas case records must not only accurately present diagnostic and therapeutic facts, but also reflect the holistic and process-oriented nature of Zhuang medicine thinking at the structural and expressive levels, enabling readers in non-local contexts to understand the therapeutic logic rather than focusing solely on surface-level outcomes.

4.2. Cross-cultural interpretation of Zhuang medicine disease names and syndrome descriptions

Disease names and syndrome terminology in Zhuang medicine case records often carry specific cultural connotations and medical experience, and their semantics do not fully correspond to categories in modern medical disease classification systems. While disease names have clear referential meanings in the original context, it is often difficult to find one-to-one equivalents in modern medical terminology during cross-linguistic translation. In existing overseas case records, some practitioners attempt to bridge understanding gaps by annotating both Zhuang medicine disease names and modern medical disease names. Although this approach can help readers form a preliminary understanding, the lack of a clear hierarchical distinction may still lead to misinterpretation—for example, perceiving Zhuang medicine disease names as direct equivalents of modern medical diagnoses or dismissing them as mere folk terms, thereby overlooking their underlying diagnostic systems. Similar issues arise with syndrome descriptions, which emphasize holistic pathological characteristics and trends rather than standardized indicators. When translated directly without contextual explanation, such descriptions may be

perceived as vague or subjective. Therefore, it is necessary in overseas case record translation to distinguish the functional attributes of disease names and syndromes and to employ appropriate explanatory expressions to avoid oversimplification or false equivalence.

4.3. Potential risks of misinterpretation in external dissemination of case records

Once overseas case records are detached from their original clinical contexts and used for academic exchange, teaching examples, or database display, the information they carry becomes subject to reinterpretation. Without unified translation norms, multiple levels of misreading may occur.

First, experiential language may be misunderstood as a non-standard clinical recording. Common efficacy descriptions such as “significant improvement” or “symptoms basically resolved” have clear referential meanings in the local context, but may be perceived as lacking quantitative evidence in international dissemination, thereby affecting credibility.

Second, culturally implicit information is easily overlooked in translation. Holistic regulation strategies, staged treatment arrangements, and the significance of follow-up observation in Zhuang medicine acupuncture and moxibustion may be difficult for readers without a Zhuang medicine background to grasp if not explicitly explained.

Third, inconsistency in case record structure and terminology may lead to information distortion at the database application level. In multilingual or multidisciplinary contexts, structural and terminological discrepancies across case records can directly affect data organization, statistical analysis, and knowledge mining. Thus, translation issues in overseas case records are not merely linguistic problems, but are deeply rooted in medical cultural differences and functional transformation of texts, necessitating the construction of clear, unified, and culturally informed translation norms.

5. Structural translation norms for overseas clinical case records of HUANGs' school of acupuncture and moxibustion of Zhuang medicine in Guangxi

5.1. Basic principles for structural translation of Zhuang medicine case records for overseas patients

Structural translation of overseas case records should adhere to the following principles.

First, diagnostic and therapeutic facts must remain unchanged. The core of structural translation lies in optimizing information presentation, not in selecting or reconstructing content or medical judgments. Chief complaints, examination results, diagnostic conclusions, treatment methods, and therapeutic outcomes recorded in the case records must retain their original authenticity, avoiding interpretive deviations introduced by structural adjustments.

Second, medical terminology should be used in a standardized manner, including Zhuang medicine terminology, traditional Chinese medicine terminology, and Western medical terminology. Diagnoses should explicitly reflect Zhuang medicine diagnosis (disease name plus syndrome), traditional Chinese medicine diagnosis (disease name plus syndrome), and Western medical diagnosis. Whenever Zhuang medicine theory, prescriptions, or techniques are employed, the medical record must clearly reflect Zhuang medicine diagnostic methods, including the Five Diagnostic Methods, disease–syndrome differentiation, and the rationale for treatment.

Third, a balance should be maintained between preserving Zhuang medicine characteristics and meeting

cross-cultural comprehension needs. Structural translation does not aim at “Westernization”, but rather seeks to retain Zhuang medicine diagnostic thinking and technical features while adopting more widely recognized case record organizational forms, thereby lowering comprehension barriers and laying the foundation for subsequent terminological translation and database applications.

5.2. Recommended structural framework for overseas clinical case records of HUANGs' school of acupuncture and moxibustion of Zhuang medicine in Guangxi

Based on the actual components of HUANGs' Zhuang medicine acupuncture and moxibustion case records, and with reference to the standards for the clinical structure and content of patient records issued by the Health and Social Care Information Centre and the Academy of Medical Royal Colleges, as well as the Basic Norms for Writing Zhuang medicine Medical Records, this study proposes a recommended structural framework for translating overseas case records of HUANGs' Zhuang medicine acupuncture and moxibustion ^[10-11]. This framework is not intended to replace existing writing practices but to serve as a reference for external presentation and standardized organization.

The first section is the patient's basic information. In addition to existing information such as physiological sex, age, nationality, and consultation date, supplementary information should include gender (as the patient wishes to portray themselves) and ethnicity. As these are overseas case records, marital status and occupational information may be omitted.

The second section is the chief complaint. This should summarize the patient's primary discomfort at the time of consultation. Language may be moderately standardized while remaining faithful to the original meaning, avoiding excessive colloquialism.

The third section is medical history. Past medical history should be presented chronologically, including Western medical diagnoses, surgical or trauma history, allergy history, medication history, and the onset and progression of the current condition, providing background for understanding treatment logic.

The fourth section is the examination. Diagnostic techniques, such as the Five Diagnostic Methods of Zhuang medicine, as well as the Four Diagnostic Methods of traditional Chinese medicine, should be supplemented. Existing clinical observations and necessary traditional diagnostic information, such as tongue appearance and pulse condition, may be described in relatively clear terms while preserving Zhuang medicine characteristics.

The fifth section is Zhuang medicine diagnosis, with diagnostic rationale explicitly stated. Zhuang medicine disease names or syndromes should serve as the core, with modern medical disease names added as references when necessary. Different diagnostic systems should be clearly distinguished structurally.

The sixth section is acupuncture treatment, with the treatment rationale supplemented. This section should systematically present acupuncture point selection, manipulation techniques, treatment frequency, and course arrangement, and constitutes a key module for demonstrating the characteristics of HUANGs' Zhuang medicine acupuncture and moxibustion.

The seventh section is therapeutic outcomes and follow-up. Symptom changes and patient feedback during treatment and after completion of the treatment course should be recorded, emphasizing staged progression and continuity.

The eighth section is additional notes. This section may be used to explain Zhuang medicine-specific concepts, therapeutic thinking, or cultural background information, thereby reducing cross-cultural misunderstanding.

Through this structural framework, case record information can be presented hierarchically, enabling overseas readers unfamiliar with Zhuang medicine to gain a relatively complete understanding of the diagnostic and therapeutic process.

6. Terminological translation norms for overseas clinical case records of HUANGs' school of acupuncture and moxibustion of Zhuang medicine in Guangxi

6.1. Principles and expression of disease name translation

Disease names in Zhuang medicine are among the most culturally distinctive terminological categories in Zhuang medicine case records. Their naming conventions are often derived from long-term clinical experience, pointing not only to symptom manifestations but also to specific understandings of etiology and pathogenesis. In overseas case records, both literal translation and complete replacement with modern medical disease names may result in information distortion. Therefore, translation of disease name terminology should adhere to the principle of "Zhuang medicine disease names as the core, with functional explanatory support." In translation, Zhuang medicine disease names should preferably be retained, using transliteration, phonetic rendering, or brief explanatory annotations describing main symptom characteristics. When relatively stable correspondences with modern medical diseases can be established, modern disease names may be added as references, provided that hierarchical distinctions are not blurred. They should not be treated as the sole or dominant expression. This approach helps clearly distinguish the functional roles of "Zhuang medicine disease names" and "modern medical disease names" within their respective knowledge systems, preventing Zhuang medicine terminology from being reduced to folk nomenclature or misconstrued as a direct substitute for modern medical diagnoses.

6.2. Standardized translation of acupuncture point and therapeutic technique terminology

Acupuncture points and therapeutic techniques are the most frequently occurring and technically specialized terminological categories in HUANGs' Zhuang medicine acupuncture and moxibustion case records, and constitute the core embodiment of its technical characteristics. Improper handling of such terminology in overseas translation may easily lead to oversimplification or misinterpretation due to insufficient background knowledge. For acupuncture point terminology, the principle of "name retention with functional explanation as supplement" should be followed. For points unique to Zhuang medicine acupuncture and moxibustion or those not fully corresponding to traditional Chinese medicine acupoint systems, modern acupuncture or anatomical terms should not be imposed. Instead, original names should be retained, accompanied by brief explanations of approximate location or clinical function upon first occurrence. This approach maintains the technical independence of Zhuang medicine acupuncture and moxibustion while facilitating basic understanding among non-specialist readers. As Zhuang medicine is a distinct ethnic medical system, certain Zhuang medicine-specific acupoints lack international coding; therefore, international coding for these unique points should be developed to promote global dissemination of Zhuang medicine. Regarding therapeutic technique terminology—such as needling manipulation, tonification—sedation principles, and Zhuang medicine-specific operational methods—the focus of translation lies not in formal equivalence but in functional expression. Descriptive translation should be employed to highlight the role and operational characteristics of each technique within treatment.

6.3. Standardized expression of therapeutic outcome and follow-up terminology

Therapeutic outcome descriptions are the most direct reflections of treatment results in case records, yet they

are also the most experience-based expressions. Common terms such as “significant improvement”, “symptoms basically resolved”, or “sleep returned to normal” have clear referential meanings in local contexts but may be perceived as lacking objectivity in overseas translation. To address this issue, translation of outcome terminology should adhere to the principle of “preserving original meaning while strengthening process-oriented expression.” On the one hand, original efficacy descriptions should not be arbitrarily replaced, ensuring faithful representation of patient subjective experiences and clinical observations. On the other hand, supplementation with time points or specific manifestations can enhance the interpretability of therapeutic changes. Follow-up terminology requires particular standardization, as overseas patient case records often document long-term follow-up, which not only demonstrates the durability of therapeutic effects but also strengthens academic credibility. Translation should ensure consistency in follow-up expressions, highlighting stability of outcomes, recurrence status, and overall patient condition changes, thereby providing clear textual foundations for database organization and outcome research.

7. Conclusion

Taking overseas case records from HUANGs' Zhuang medicine acupuncture and moxibustion as its object, this study analyzes their structural composition, writing characteristics, and cultural contexts based on authentic clinical texts, and identifies potential misunderstandings and normative deficiencies arising in cross-cultural translation. Through systematic analysis, this paper proposes a normative framework for case record translation from both structural and terminological perspectives, balancing preservation of Zhuang medicine medical connotations with cross-cultural comprehension needs, and offering feasible approaches for standardized organization of such records.

The study argues that rational structural translation enhances textual hierarchy and readability, while terminological translation norms are key to safeguarding academic validity and medical subjectivity of Zhuang medicine case records. By clarifying functional attributes and hierarchical expression of different terminologies, it is possible to preserve Zhuang medicine characteristics while lowering cross-cultural comprehension barriers and avoiding simplistic assimilation or conceptual misinterpretation. Applying these norms to case record database construction can improve structural consistency and terminological uniformity of data, laying a foundation for systematic organization and further research on Zhuang medicine acupuncture and moxibustion clinical experience.

The proposed norms remain exploratory in nature, and their scope of applicability and operational details require further validation and refinement through larger-scale case practice. Future research may expand sample sizes, incorporate multilingual translation cases and information technologies, and continuously optimize operability and stability of the norms.

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Disclosure statement

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