The Tyranny of Familiar Words
Concept Summarization and Loss of Meaning in Translation

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Introduction

Since 1983 when the issue of translation methodology first appeared in the English-language T.C.M. literature, the opinion that among "serious students and practitioners ... no one should have to use it [a glossary] regularly," (CHM: 693) has been so broadly accepted and the demand for curriculum materials and license exams has been so intense, that the state of the literature in the 1980's has remained a de facto standard until today. Thus, while important questions have been asked, they remain unanswered. For example, the idea that T.C.M. can be transmitted successfully without standardized terms and definitions demands, at the very least, compelling evidence that the number of terms required is so small, and their translation to familiar English words so obvious, that many people with different skills and purposes will successfully reverse-engineer the early English language texts and consistently apply the terms these books used. There is no evidence that this is true. In fact, there is sufficient evidence that this is far from reality. In practice "widely accepted translations" are accepted only when an individual translator concurs. Comments to that effect are common. For example:

> In some cases we have kept the Chinese term rather than the widely accepted translation, because again, the translation fails to convey the full meaning. An example of this is *shan qi*, usually given as Hernial disorders (Bensky and Barolet 1990). *Shan qi*, in fact, refers to a number of conditions not related to hernia, as well as certain types of hernia. (CHIM: xx)

Furthermore, the rejected translation, in this case "hernial disorder," disappears from the text, its indexes and glossary, leaving no trace by which readers can connect the variant term to the now not-so-widely-accepted one. Yet, despite these evident inconsistencies, the superiority of familiar words remains the exclusive focus of what is presented to clinicians. Despite hundreds of pages of relevant methodological work (PP), what comments there are in the practitioner literature rarely consider any of the practical, clinical or metaphoric aspects of translation, for example:

> My difficulty mainly concerns how it appears to mangle the English language. I simply have problems with a sentence like "Swelling without transparency that is sometimes small and sometimes large is a foxy mounting pattern of the small intestine falling into the scrotum" and one of these is not laughing. (JCM)

Here the writer derides a complex sentence translating a complex concept in his review of Marnae Ergil's translation of T. Deng's **Practical Diagnosis** by reference **only to the English words not their Chinese medical meanings, history, etymology, context in the text, traditional application or definition**. Although I did not at first get the joke, the "laughing" reference depends on the conjunction of a slang term for attractive female, "fox," with the word "mounting" understood as sexual intercourse. The humor is tenuous but the purpose is clear. The writer wants us to believe that a sentence that is not expressed in easy and familiar words is not a good translation, indeed it is so bad that it deserves derision.

A Critical Comparison

Because Ergil was clear in her *Introduction* (PDTCM: xi) that expressions requiring reference to a dictionary help inform readers of specific definitions and avoid unjustified Western understandings, this editorialization is gratuitous. There are reasoned arguments for defining concepts in the text rather than by reference to a term source. For example, students are often so unfamiliar with so many concepts that

constant reference to an external source could inhibit learning. However, that is not the issue here. A genuine analysis of Ergil's assertion requires examining the meaning of the sentence through its dictionary definition, an exercise that follows. However, because this expression has been chosen by the review author, Peter Deadman, a comparison to the same presentations in Deadman, Al-Khafaji, and Baker's **Manual of Acupuncture** is also fair and informative. Not only can we fairly assume that what we find in that text represents Mr. Deadman and translator Al-Khafaji's ideas of what is best, we can also fairly assume that he has applied what he proposes to be the highest and best application of those ideas in this work.

If we begin, as Ergil suggests, with the **Practical Dictionary of Chinese Medicine** and start with "mounting," the term that tells us we need a specific definition, we find it immediately by looking directly in the alphabetically ordered text of the **Practical Dictionary**. There we learn that "mounting" is a translation of *shan4* and that the traditional literature describes three theoretical categories:

> 1. Mounting qi (*shan4 qi4*), which is a set of conditions characterized by the protrusion of the abdominal contents through the abdominal wall, the inguen, or base of the abdominal cavity. It includes three traditionally-recognized subtypes: small intestinal mounting qi, small intestinal mounting qi pain, and foxy mounting.
> 2. Various diseases of the external genitalia.
> 3. Certain forms of acute abdominal pain associated with urinary and fecal stoppage.
>
> (PDCM: 399-400)

We also learn that *shan4* is composed of the Chinese characters for mountain and illness and gain the clinical hints suggested by the Western medical correspondences given for these conditions. (Note that while the **Practical Dictionary of Chinese Medicine** contains references to medicinals and formulas, the work that represents Deadman's descriptions concentrates exclusively on acupuncture, thus

medicinal references are not included in the following comparisons.) Following the dictionary's references we learn that foxy or vulpine mounting (a prior use that connects us to older texts) is the protrusion of the small intestine into the scrotum. The intestine retracts periodically of its own accord, and can be drawn inward by the patient when in lying posture. "Foxy" describes the sly, unpredictable way in which the intestine slides in and out of the scrotum by analogy to the way a fox slyly slips in and out of its lair (PDCM: 266). In less than two minutes since taking the **Practical Dictionary** in hand, a complex sentence that was deliberately derided as a case of mangled English has already demonstrated the first problem with Mr. Deadman's posture - ***what counts is the information the reader can conveniently find***.

In a moment we have what we need, not only to understand the unabbreviated and unsimplified ideas of an expert Chinese author whose clinical experience is considerable, but also the clinical information that his statement contains. Because of the uniqueness of "foxy mounting" as a term, it is more likely that we will retain the information and its associations. English speakers, like the Chinese who originally coined the term, remember more when there is an image associated with a concept. Because the word "mounting" has a precise, shared definition, that definition comes to mind every time we see the word. From this single sentence we have learned that the clinical observation is of a sometimes larger, sometimes smaller swelling of the scrotum that the patient can voluntarily withdraw when lying. We know that the swelling is not only intermittent but also not so large as to give a transparent aspect to the scrotal skin. Since the term "foxy" also references an odor at the armpit, nipples or genitals and in some cases oily ears, we have an additional set of clinical clues (PDCM: 226). The relationship to the pattern of damp heat brewing internally widens our clinical gaze by linking these observations to a principle we already understand. As reward for a small effort, the sentence has revealed a wealth of clinical information as well as clues as to where we can find more.

When we follow the cross references given to "cold mounting" we learn

that it is an accumulation of cold evil in the abdomen arising from repeated wind cold contractions that in turn stem either from vacuity cold of the spleen and stomach or from postpartum blood vacuity. Cold mounting is characterized by cold in the umbilical region, cold sweating, and counterflow cold in the limbs. The pulse is sunken and tight. In severe cases there is generalized cold in the body and numbness in the limbs. In blood vacuity patients the abdominal pain stretches upward to the rib-side and is accompanied by cramping in the lower abdomen. Again we are given Western medical correspondences and treatment information (PDCM: 82).

In following the cross references to "water mounting" we learn that it is a painful swelling and periodic sweating of the scrotum attributed to water-damp pouring downward or to contraction of wind, cold, and damp evils. In some cases, the scrotum is greatly enlarged and translucent; sometimes there is itching and discharge of yellow fluid; sometimes pressing the abdomen produces the sound of water (PDCM: 667). Note that the transparency of the scrotum distinguishes water mounting as in the quotation Mr. Deadman selected for derision.

We learn that "qi mounting" is a mounting pattern characterized by abdominal pain of varying intensity arising from blockage of qi dynamic from irregularities of diet or from excessive warmth or cold. Again, there are correspondences and clinical observations (PDCM: 481).

We learn further that "bulging mounting" is a general name for diseases of the anterior yin, including, in males, swelling of the testicles and sagging of one testicle etc, and in females, vaginal protrusion, etc. The quote given is from Yang Zi-He: "Bulging mounting takes the form of a scrotum swollen and pendulous like a dipper, without pain or itching; it arises from being in low places with damp qi." (PDCM: 51)

We learn that "prominent mounting" is a pattern characterized by hypertonicity and pain of the lesser abdomen stretching into the testicles, or a lump in the abdomen with pus and blood. It is attributed to cold evil invading the liver and stomach channels (PDCM: 467).

We find that "blood mounting" references a painful binding of static

blood in the smaller abdomen manifesting as a hard fullness that is palpably circumscribed, and, in severe cases, is associated with black stool, inhibited urination, and menstrual irregularities (PDCM: 32).

Finally, "sinew mounting" is described as pain and shrinkage of the penis, the "ancestral sinew" in Chinese thought, and that it is sometimes associated with itching, swelling, suppuration, impotence, and discharge of white mucus with the urine. Sinew mounting is attributed to liver channel damp-heat and damage to the kidney through sexual intemperance (PDCM: 533).

At this point, Mr. Deadman's derision should be fairly suspect because it is clear that the issue is not words that are easy, familiar and gentle-to-the-ears, but whether readers are to be informed of the entire Chinese idea, its native language symbolism, and the links implicit to it.

As soon as we look at Mr. Deadman's work, The **Manual of Acupuncture**, we see that he and his co-authors have chosen to transliterate. If we look for this transliteration of *shan4* in **Manual of Acupuncture**, our task is complicated by the fact that there is no index to Chinese (indeed none of the information could be related to any of the Chinese sources listed in the bibliography without access to the translator's notes). We find nothing. However, remembering that "shan disorder" features in the *Introduction* we seek it in the glossary where we find:

> There are three general definitions for this term: i. The protrusion of an organ or tissue through an abdominal opening, ii, severe pain of the abdomen accompanied by constipation and retention of urine and iii. a general term denoting disease of the external genitalia, testicles and scrotum (MA: 627).

Clearly, this prose is neither more nor less readable than Drs. Wiseman and Feng's description, although it is less informative. It is not obvious that "constipation and retention of urine" is a better translation than

"urinary and fecal stoppage" given the possibility that the clinical presentation of a mounting pattern will be more severe than the word "constipation" implies. However, the most important observation is that the description ends with the categorical and most theoretical understanding of mounting disease. Thus, there is no clinical differentiation and the eight mounting patterns listed in the **Practical Dictionary of Chinese Medicine** -- each of which provides direct links to a useful and fundamental principle of T.C.M. -- have been summarized into a single theoretical description. In other words, ***the process that has occurred is not only term selection, it is also simplification and summarization.***

Loss of Meaning in Simplification and Summarization

Summarization and term simplification go hand in hand. To both avoid translation (using "mounting" literally) and to fully present the associated patterns would require describing each of those patterns with terms more abstruse and less memorable than "foxy mounting" (e.g. a compound like "non-periodic, intermittent, volitionally retractable scrotal penetration by the small intestine"). As well, because the philosophy driving these decisions is that publicly available definitions need only be rarely used, writers are forced to explain concepts in each and every context, rather than prepare a single, complete definition. Thus, they tend to explain only what they understand to be directly relevant to each passage they compose. This not only makes it harder for the reader to see the qualities of the concept as a whole, or to perceive the naked sense realities found in many Chinese metaphoric terms, it also allows partial definitions to overwhelm the more holistic traditional view. In other words, ***the choice is not between simple, friendly words and difficult, nasty words. The choice is whether or not to describe the whole Chinese idea.***

Again, there are reasonable arguments for textual explanations within the flow of prose, particularly for students. But, there is no further textual explanation in the **Manual of Acupuncture.** Neither is the information thus lost what is often demeaned as an "academic nicety."

Even at the pattern level -- without reference to the multiple clinical observations found in the Chinese texts the **PDCM** references -- in the **Manual of Acupuncture** the concept of shan disorder loses its relation to each of the following fundamental T.C.M. patterns:

Relationships Lost in the Manual of Acupuncture

Foxy Mounting	Damp heat brewing internally
Cold Mounting	Repeated wind-cold contraction; Spleen and stomach vacuity cold; Postpartum blood vacuity
Water Mounting	Water-damp pouring downward; Wind-cold-damp
Qi Mounting	Blockage of qi dynamic
Bulging Mounting	Damp
Prominent Mounting	Cold invading the liver and stomach channels
Blood Mounting	Binding of static blood
Sinew Mounting	Liver channel damp-heat; Kidney damage from sexual intemperance

Although it is often argued that simplification in translation does no harm because the definitional details thus lost are "not clinically relevant" and because "clinical translation" emphasizes personal clinical experience and the interpretation of the writer, there is no Chinese medical justification for dropping this information. Indeed, this argument is generally false. Use of a standard term in no way limits writers' ability to provide commentary or footnotes; indeed, Chinese medical literature is replete with heavily commented texts. Another common argument is that because Chinese characters carry a variety of meanings, a standard term cannot be used. As you can see by this

example, avoiding a standard term not only has its own dangers but whatever additional meanings may be associated with *shan4* are more effectively hidden by "shan disorder" than by "mounting." Again, we see that the price for avoiding an uncommon English word is the loss of information available in the Chinese. ***Once the Chinese context of the metaphor is explained, it is easier to remember the concept and to associate related ideas and clinical clues.***

Furthermore, the question is not whether the translator is a clinician or an academic. The question is what filters (writers' biases of what to include or exclude) have been applied to determine what belongs in any particular text. Here, for example, if we assume that these further differentiations of *shan4* are absent in the **MA** because the authors found them clinically irrelevant, the appropriate question is whether or not their personal clinical practices have skewed their view. Is the clinical reality of the reader the same as that of the writers? There is no answer to that question because the absence of a standard English terminology makes the necessary comparisons impossible. Regardless, when Mr. Deadman and his co-authors were writing the **MA**, they were not practicing acupuncture, they were writing a text presented in the context of teaching acupuncture. Yet, because they publish no methodological information, readers cannot know the conscious and unconscious filters that governed their decisions. On the other hand, the principles that Wiseman and others have proposed make these decisions fully open to public view. Here again ***what is most important is what the reader can learn and knowing where information comes from and how it has been prepared is critical to knowing its value***.

Consider, for example that Soulie de Morant looked at the issue of *shan4* in exactly the revered texts with which Deadman, et. al. associate their work (MA: 7). Yet, even though we have only what amounts to his clinical notes, he clearly saw a more complete view of mounting:

> Hernias (*shan qi*). It is popularly called *xiao chang qi*, energy of the small intestine. Causes violent pain in the umbilical area. There are some types that make one testicle swell laterally. The

types are numerous. (CM: 690)

Fox-hernia (*hu shan*) Appears like a round tile, when one lies down, it enters into the lower abdomen like a fox enter his den at night. (CM: 690)

Shan qi: The energy of the kidney descends and falls; the testicles swell a lot or a little. (CM: 757)

Tui shan: Among the *tui shan* there is *pian zhui*, falling to one side there are great ones and small ones. Those of the left mostly come from repressed blood (thickened), from energy, or from emptiness of the kidneys. Those of the right come from humidity, mucus or accumulation of food. (CM: 757)

In *tui shan*, the testicles are swollen and big as a bushels; no pain, no pruritis. It comes from humidity. (CM: 757)

In *shui shan*, either the scrotum swells like a rock crystal, or the scrotum itches and emits a yellow flow, the genital organs sweat, pressed the lower abdomen gives a watery sound. It comes after drunken coitus. (CM: 757)

There is both more various and detailed information than the categorical title "shan disorder" can convey or that the **Manual of Acupuncture** presents. Although Soulie de Morant also decided to transliterate, he chose not to summarize, and the consistency of these clinical observations with those of the **Practical Dictionary of Chinese Medicine** is clear. It is also clear that the filters Deadman, et. al, applied to the materials eliminated more information than either Soulie de Morant or the authoritative Chinese sources whose information is found in the **Practical Dictionary.** In fact, the main issue with the term is not familiarity (or immunity to derision) but the clinical value of the information lost by summarization and non-translation. Because the clinical subsets are not expressed in the **MA**, the relevant clinical observations are lost. To continue with "foxy mounting" as an example, we can take the following purely clinical observations from Wiseman and Feng:

- It is intermittent, retracting from or protruding into the scrotum.
- In lying posture patients can retract the protrusion themselves.
- It can include acute lesser-abdominal pain.
- It can include a painful swelling of the scrotum.

In noting an odor with such a patient we could easily consult the entry for foxy odor as described above.

The summarization filter applied by Mr. Deadman, et. al. discards the odor, the intermittence, the lack of a transparent scrotal skin, the volitional withdrawal, or the possibility of odor and oily ears. This is one of the ironies of so-called "clinical translation" -- by dropping the established disciplines of translation for the decisions

of individuals, elements beyond the clinical gaze of the writers disappear. Because so much is considered subordinate to the fuzzily defined and inconsistently applied idea of a "widely accepted terminology," ***summarization is used to avoid difficult terms and this summarization disguises the clinical details, resulting in a limitation of the therapeutic options.***

The Loss of Therapeutic Options Through Summarization

This is most easily seen by examining the **Manual of Acupuncture's** index. Indexes are expensive and time-consuming, and are almost never assessed in reviews meant for an audience of students or clinicians. Thus they have little economic value and authors tend to include only what they consider necessary. In the case of mounting disease, if we try to find entries for any of the characteristics given in the **MA** definition of shan disorder -- protrusion of an organ or tissue, severe pain of the abdomen and disease of the external genitalia -- we find that the general index lists only eight references to other forms of pain, none to the other qualities of shan disorder as defined in its glossary, and one to any

shan. However, in the disease index we find a large but uncategorized list of acupoints (MA: 655-656). This leads to a complex but informative comparison of how the transmission of therapeutic options is diminished when the conceptual structure of the Chinese text is abandoned through term simplification and summarization.

In both Soulie de Morant's study of the **Great Compendium**, and in the **Practical Dictionary of Chinese Medicine** the acupuncture treatments for mounting disorders are given as protocols with differentiations. For example, in the **Practical Dictionary** we are told to base treatment mainly on CV, ST, and the three yin channels of the foot with CV-4, ST-29, ST-36, KI-6, LR-1 and Moxibustion Triangle (*san jiao ju*). SP-6 and LR-3 are to be added for acute lesser abdominal pain and CV-6 with LR-8 for lesser abdominal pain with painful distention of the scrotum (PDCM: 226). Other differentiated protocols are also given for the individual types of mounting. Because clinical information is often transmitted as point selection and stimulation instructions, it is a fair to test whether or not this therapeutic experience is transmitted by the **Manual of Acupuncture.** There we are given the relatively lengthy list shown in the following table (MA: 655-656). (Please note that prominent mounting was excluded from the table because a comparison requires the herbal information and that KI-3 is included in the **MA** column because an indication for shan disorder is noted in the text, although not in the index.)

Note: The analysis table can be accessed by clicking on the following link. Selecting the return to "summarization" link found at the bottom of the analysis table with return you here. Table Summarization return

What we see in the first two columns in the analysis table is what we saw in the comparison of definitions, the **MA** acupoint indications related to mounting are undifferentiated. This is not surprising as rejection of these differentiations was implicit in the writers' decision to use a summary definition for shan disorder. These simplifications in turn lead to a loss of pattern discriminations and clinical observations and, as shown by the table, the clinical experience of the Chinese sources.

Even understanding that -- as the **Practical Dictionary** states -- these treatments should be based on points appropriate to the fundamental patterns, and that some of the acupoints are not used because of their indications but for their particular role in the channel system, the pattern information discarded in the **Manual of Acupuncture** renders this impossible for its readers. Also, the 38 acupoints listed in the **MA** that do not match acupoints related to the differentiated patterns of the **PDCM** nonetheless attract our curiosity. Because the **PDCM** informs us that hernia is one Western medical correspondence, we can research the earlier companion work, **Fundamentals of Chinese Acupuncture (FCA)**, where we confirm that in China *shan4 qi4* is now used to translate the Western medical term "hernia" and is commonly used in this sense in modern texts (FCA: 461). Because **FCA** separates indications from modern and classical sources it is easy to see that of the 38 points listed in **MA** that are not related to one of the differentiated *shan4*, 14 are acupoints listed for hernia in modern texts. By failing to differentiate hernia and *shan4* clinicians' using **The Manual of Acupuncture** must make treatment decisions without this information. Comparing the first and third columns of the analysis table shows how **the recognition of modernized indications makes the information clearer, and easier to use.**

Note: (1) denotes acupoints considered first for hernia in modern Chinese works, (2) for secondary points, and (?) points that are not first or second in consideration. Prolapse of the uterus is included in Column 3 because it is also a modern indication noted in the MA lists.

Table Modernization Return

FCA was first written 15 years prior to the **Practical Dictionary of Chinese Medicine** and the term used is "shan" not "mounting." In other words, the summarization does damage to the Chinese concept, regardless of the words. Because the **Practical Dictionary** maintains this link by listing "shan" as obsolete, this is an inconvenience rather than a loss for readers, despite the considerable linguistic advances that have occurred in those years. The summarization decisions in **MA** can

also be seen in comparison to Soulie de Morant's work where he recognizes the value of the other patterns by maintaining the full transliteration (e.g.: *tui shan, hu shan, etc.).* Note that comparisons to Soulie de Morant's work are much easier than comparisons to the **Manual of Acupuncture** because the Pinyin is available. Note too that his use of "hernia" in relation to *shan4* is rooted in his attempt to identify Chinese concepts as Western medical states. (See: CM: vi -ix).

Finally, by perusing the fourth column of the analysis table we can see that adding the traditional indications as listed in **Fundamentals of Chinese Acupuncture,** including some relevant to the broader definition of mounting, provides a more thorough understanding for virtually all of the acupoints listed in the **MA**.

Table Traditional Indications Return

What we learn from this analysis is that term selection, the choice of words, the subject that has dominated discourse on translation, is better discussed as only one element of a transmission philosophy. Terms cannot be chosen solely to please the ears of an author or audience, or to avoid uncommon, difficult or alien-sounding words. Familiarity cannot be the primary criterion not because of some prejudice favoring difficult words, but because prioritizing ease of acceptance destroys information, including the Chinese image and the informative links it provides. That loss makes it easier for familiar western ideas to overwhelm Chinese concepts. Using familiarity as a primary criterion also leads to summarization and simplification. What is lost in the conceptual summarization that the "no look-up" philosophy demands is neither trivial nor a mere academic concern that is useless to the working clinician. Instead, it is the interconnection, the art and symbolic power of the Chinese concept and thus its relationship to traditional therapeutic principles. In the same way that translators understand back-translation - the ability to re-create the source Chinese from the English text - as the critical test, the clinical value of a work depends on the readers' ability to extract the clinical experience available to a Chinese reader. Although it is harder to express a fully developed Chinese medical concept in English, it is easier to apply one. Thus the root question is

not whether the idea is easy to learn but whether the idea once learned is more easily and accurately applied.

This in no way limits writers' ability to express anything as they see it. Indeed, there is nothing wrong with any author deciding that hernia is the only mounting indication they wish to describe, provided the information they chose to transmit is consistently selected from sources clearly concerned with hernia. There is nothing wrong with an author writing about their own clinical experience, provided we have a reasonable chance to assess the relevant value and extent of that experience for ourselves. But neither of these is the case in the reduction of mounting disease to an abbreviated shan disorder.

Conclusion

Translation needs to be discussed relative to the visions of how Chinese medicine should be presented to Western students. Those making the case for full translation are thinking of more than just their personal understanding. They are concerned for the entire complex of how T.C.M. is understood, practiced and taught in its own culture, as well as how it may be consistently transmitted to the West. They thus emphasize direct access to information and understanding not only of the Chinese texts but also the educational and clinical environment. Their central assertion is that for English language readers to accurately learn Chinese medicine, which spans over two millennia in a tradition that still reveres some of its earliest classics, they must have the same information as Chinese readers. It is therefore necessary to tell Western readers exactly what the corpus of Chinese medical knowledge contains, even when that requires professional English. Because of the Western lack of familiarity with the Chinese language, a largely literal approach to translation is preferred because it is philologically accurate and because in the scope of human experience it is the strategy most commonly and successfully used (for a discussion of the translation of Western medical terms into Chinese see: PP). When writers use "foxy mounting" they reference the concept to what the term *hu2 shan4* actually means to a traditional Chinese doctor, a fact that English speakers have no other way of knowing.

Whether it was the authors' intention or not, what the **Manual of Acupuncture** asserts is that there is an idea known in Chinese as *shan* that has no clinical definition, differentiation, related sensory observations or relationships to fundamental principles and therapeutic options. In other words, shan disorder ceases to exist beyond its theoretical statement. The idea that Chinese medicine can be transmitted without shared, written definitions, and without publicly scrutinized and shared methods of transmission, creates a loss of information that is worse than the ills it claims to cure. Information is lost, the linguistic clues inherent in Chinese are hidden, and the information transmitted is simplified. The status quo is thus a tyranny of familiar words that distracts attention from an open examination of the information offered, its sources, and the means by which authors propose to guarantee the validity of their clinical view. Questionnaire's and other standard research methods are rendered useless because it is impossible to guarantee person-to-person consistency in the use of traditional terms and the resulting reliance on biomedical terminology in the field's literature and research has already eroded the foundation of our claims of independence. None of these are laughing matters.

Analysis Table

Acupoint Indications for:	**Column 1 Manual of Acupuncture Shan Disorder**	**Column 2 Practical Dictionary Mounting**	**Column 3 FCA - Modern Hernia**	**Column 4 FCA - Traditional**
ST-23	shan disorder	-	-	Intestinal shan
ST-25	shan, shan disorder/ umbilical shan with localized pain that periodically	Cold Mounting 1	-	qi shan

	surges to the heart			
ST-26	shan disorder	-	Hernia (2nd)	-
ST-27	shan disorder	-	Hernia (2nd)	kui shan
ST-28	shan disorder	Water Mounting	Hernia (2nd)	vulpine (foxy) shan
ST-29	shan-seven kinds	Foxy Mounting	Hernia (2nd)	seven shan
ST-30	swelling and pain of the external genitalia	-	Hernia (?)	shan pain
ST-32	shan disorder	-	-	shan
ST-33	shan - cold	-	Hernia (2nd)	cold shan pain
ST-36	shan disorder	Foxy Mounting Cold Mounting 1	-	-
SP-4	-	Cold Mounting 1	-	-
SP-5	shan disorder	-	-	shan causing lower abdominal pain
SP-6	shan disorder, pain from shan disorder	Foxy Mounting with acute lower	-	shan pain

	shan - pain	abdominal pain Cold Mounting 2 Bulging Mounting Blood Mounting Sinew Mounting Qi mounting Small Intestine Mounting		
SP-9	shan disorder	Sinew Mounting	-	shan conglomerations
SP10	-	Blood Mounting	-	genital sores
SP-12	shan disorder	-	Hernia (2nd)	shan pain
SP-13	shan disorder	-	Hernia (2nd)	shan conglomeration
SP-14	shan-pain	-	Hernia (2nd)	-
SP-15	-	Cold Mounting 1	-	cold pain in the lower abdomen
BL-18	shan disorder	-	-	lower abdominal pain
BL-25	-	Cold Mounting 1	-	cutting pain in the abdominal region

				inhibited urination and defecation
BL-27	shan-pain	-	-	shan qi
BL-28	-	Sinew Mounting	-	genital sores or swelling evacuation difficulty
BL-29	shan disorder	-	Hernia (?)	-
BL-30	shan disorder	-	Hernia (?)	Inhibited urination and defecation
BL-32	shan disorder	-	Hernia (?)	-
BL-34	shan disorder	-	-	cold shan
BL-55	shan - cold	-	-	fulminant genital pain
BL-63	shan-sudden	-	-	fulminant shan
KI-1	shan disorder shan-seven kinds	-	-	shan qi
KI-2	shan disorder shan-cold shan-pain	-	-	cold shan with lower abdominal distention
KI-3	cold shan disorder shan-cold	-	-	cold shan

	shan-seven kinds			
KI-4	shan-pain shan-seven kinds	-	-	-
KI-5	shan-pain	-	prolapse of the uterus	-
KI-6	shan disorder	Foxy Mounting	prolapse of the uterus	-
KI-7	shan-pain	-	-	-
KI-8	shan disorder	-	prolapse of the uterus	-
KI-9	shan disorder, umbilical shan disorder in infants	-	Hernia (1st)	-
KI-10	shan disorder	-	Hernia	-
KI-11	shan disorder	-	-	-
KI-14	shan disorder	-	Hernia (1st)	-
KI-16	shan-cold	-	-	-
GB-26	shan disorder	-	Hernia	-
GB-27	shan-cold shan-pain	-	-	cold shan in males

GB-28	shan disorder	-	Hernia (1st)	-
GB-29	shan disorder	-	-	cold shan
GB-34	-	Bulging mounting	-	-
GB-40	shan-sudden	-	-	-
GB-41	-	Blood mounting	-	-
LI-4	-	Cold Mounting 1 (moxa)	-	-
LR-1	shan disorder, sudden shan disorder, seven kinds of shan disorder shan-sudden shan-seven kinds	Foxy Mounting Cold Mounting 2 Water Mounting Small Intestine Mounting	Hernia (1st)	seven shans
LR-2	shan-cold shan-seven kinds	Blood Mounting Sinew Mounting Qi Mounting Small Intestine Mounting	Hernia (?)	shan pain
LR-3	shan disorder sudden shan disorder	Foxy Mounting with acute lesser	Hernia (1st)	genital pain pain in the umbilical

	shan-sudden in children	abdominal pain Sinew Mounting Qi mounting		region
LR-4	shan disorder, cold shan disorder shan-cold	Water mounting	Hernia (1st)	cold shan
LR-5	shan disorder shan-cold	Bulging mounting Qi mounting	Hernia (?)	cold shan
LR-6	shan disorder	Qi mounting	Hernia (1st)	fulminant pain in the genitals
LR-8	shan disorder	Foxy Mounting with acute lesser abdominal pain with distension of the scrotum Water mounting	Hernia (1st)	kui shan
LR-12	shan disorder	Bulging Mounting	Hernia (1st)	shan
GV-4	shan disorder	Foxy Mounting		intestinal shan pain
GV-5	shan disorder	-	-	-
CV-1	shan disorder	-	-	shan qi
CV-3	-	Water	-	shan

		Mounting Blood Mounting		
CV-4	-	Cold Mounting 2 Bulging Mounting Small Intestinal Mounting	Hernia (?)	gripping pain gradually extending to the genital
CV-6	-	Foxy Mounting with acute lesser abdominal pain with distension of the scrotum Cold Mounting 2 Qi Mounting Small Intestine Mounting	Hernia (?)	Cold damage periumbilical pain
CV-8	-	Cold Mounting 1 (moxa on ginger)	-	periumbilical pain
CV-12	-	Cold Mounting 1	-	-
CV-14	shan disorder	-	-	vulpine (fox) shan
CV-24	shan disorder	-	-	-
San Jiao Ju	shan disorder	Foxy Mounting	-	-

SI-1	-	Small Intestine Mounting	-	-
SI-3	-	Small Intestine Mounting	-	-

Summarization Return
Modernization Return
Traditional Indications Return

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