

A Century of Translation and Introduction of the *Huangdi Neijing*: Insights and Implications

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ABSTRACT

As one of the classics of traditional Chinese medicine, the *Huangdi Neijing* carries a wealth of medical theories and philosophical thoughts, which have been passed down for thousands of years and are still an essential foundation of traditional Chinese medicine. Since its publication, the *Huangdi Neijing* has not only had a profound impact on the development of ancient Chinese medicine but also gradually attracted the attention of academic circles around the world. With the deepening of cultural exchanges between China and the West, the English translation of *Huangdi Neijing* began to be carried out gradually and showed different characteristics and development trends in various historical stages. From before to after the reform and opening up, Chinese scholars gradually participated in and led the translation work, and the English translation of the *Huangdi Neijing* went through multiple stages of development. This paper reviews the English translation history of *Huangdi Neijing*, summarizes the differences in the translator's identity, translation methods, translation objects, translation content, etc., and puts forward suggestions for the future English translation of *Huangdi Neijing*, hoping to make it more widely spread.

Keywords: *Huangdi Neijing*, Translation, Dissemination.

1. INTRODUCTION

Huangdi Neijing(The Yellow Emperor's Inner Canon), also known as the Inner Canon, stands as one of China's earliest medical classics. Alongside the Nan Jing(Classic of Medical Problems), Shanghan Zabing Lun(Treatise on Cold Damage and Miscellaneous Diseases), and the Shennong Bencao Jing(Shennong's Classic of Materia Medica), it forms the quartet of foundational texts in traditional Chinese medicine. The Huangdi Neijing comprises two sections: the Suwen and the LingShu. The Suwen primarily explores the viscera, meridians, etiology, pathogenesis, syndromes, diagnostic methods, therapeutic principles, and acupuncture. The LingShu, as the companion volume to the Suwen, shares similar content while placing special emphasis on therapeutic principles such as meridian points, acupuncture tools, and needling techniques. Traditionally attributed to the Yellow Emperor, scholarly consensus now dates the text's final compilation to the Western Han Dynasty. It is recognized as a collaborative work by generations of medical scholars from the Huang-

Lao School, developed through successive generations of transmission and refinement. As noted in the Huainanzi's "Exercises for Cultivation," the authors appropriated the name "Yellow Emperor" to trace medicine's origins, thereby highlighting the profound historical roots of traditional Chinese medical culture.

As the theoretical foundation of Chinese medicine, the *Huangdi Neijing* holds pivotal significance in disseminating TCM knowledge globally, making its translation and introduction critically important. English, as a universal international language, has become one of the primary vehicles for transmitting TCM culture. Through English translations of the *Huangdi Neijing*, the Western world gains deeper access to and understanding of the core concepts and therapeutic philosophies of Chinese medicine.

This paper examines the English translations and dissemination of the *Huangdi Neijing* from a cross-cultural perspective, aiming to provide direction for its future propagation and offer relevant recommendations. As the global influence

of Chinese medicine continues to expand, the *Huangdi Neijing*, one of its foundational classics, has become a focal point for Western academia and medical communities. In-depth research into its translation and dissemination not only provides crucial reference for the internationalization of Chinese medicine but also facilitates the cross-cultural transmission of its cultural heritage.

2. SUMMARY OF THE HISTORY OF ENGLISH TRANSLATIONS OF THE *HUANGDI NEIJING*

2.1 Early Translations (1925–1970s)

During the early translation phase spanning forty-five years, only three translations emerged, none of which were complete editions.

- 1. *Suwen*, the basis of Chinese medicine. Percy Millard Dawson
- 2. The Yellow Emperor's Classic of Internal Medicine. Ilza Veith
- 3. *Neijing*, the Chinese Canon of Medicine. Huang Wen

Core Characteristics:

- Translation of Fragments: For academic research purposes, selected passages from the *Neijing* were translated without producing a complete translation.
- Dominated by Western Scholars: Translators were predominantly Western sinologists or medical researchers, emphasizing scholarly interpretation of the text.
- Westernized Language Style: Attempts to explain traditional Chinese medical concepts using Western medical terminology, resulting in cultural disconnect.

Representative Translations:

- Percy Millard Dawson (1925): Pioneered English translations of the *Neijing*, translating fragments of the *Suwen* with a focus on the philosophical underpinnings of traditional Chinese medicine.
- Ilza Veith (1945-1949): Produced the first relatively complete English translation of the *Suwen* (Chapters 1-34), funded by the Rockefeller Foundation, emphasizing the "scientific nature" of Chinese medicine.
- Huang Wen (1936-1950): Marked the first participation of Chinese scholars in

translation efforts. Her work was published in the *National Medical Journal of China* [*Natl Med J China*], prioritizing cultural dissemination.

2.2 Developmental Stage (1970s–2000s)

During this developmental stage, English translations of the *Huangdi Neijing* reached maturity, with complete translations emerging for the first time. The *LingShu* also entered the public consciousness in English-speaking countries for the first time. This period also saw research into translation strategies for classical Chinese medical texts, resulting in translations of varying styles.

- 4. A Complete Translation of The Yellow Emperor's Classic of Internal Medicine and the Difficult Classic. Henry Lu
- 5. The Yellow Emperor's Classic of Medicine: A New Translation of the *Neijing Suwen* with Commentary. Maoshing Ni
- 6. The Illustrated Yellow Emperor's Canon of Medicine. WangXuewen, SuiYun
- 7. The Yellow Emperor's Canon Internal Medicine. Wu Liansheng, WuQi

Core Characteristics:

- Expanded Translation Scope: Shifting from fragmentary to complete translations, systematic renditions of both *Suwen* and *LingShu* emerged.
- Diverse Translator Groups: Chinese-American scholars, clinicians, and sinologists collaborated, offering complementary perspectives.

Differentiated Translation Methods:

- Domestication Strategy: Translators like Maoshing Ni integrated Western medical terminology for Western readership.
- Foreignization Strategy: Wu Liansheng and his son preserved original Chinese medical terminology to emphasize cultural distinctiveness.

Representative Translations:

- Henry Lu (1973): First complete translation of the *LingShu*, advancing the international dissemination of acupuncture theory.
- Wu Liansheng and Wu Qi (1997): First bilingual Chinese-English full translation, characterized by linguistic fluency and adopted by medical institutions worldwide.

- Maoshing Ni (1995): Translated from a clinical practice perspective, incorporating personal diagnostic experience to enhance practicality.

2.3 Recent Translations (2000s–2025)

After the turn of the millennium, English translations of the *Huangdi Neijing* proliferated like mushrooms after rain, sparking intense interest both domestically and internationally. Beyond translations for scholarly research, this period also saw the emergence of English textbooks tailored for teaching purposes and reorganized editions designed for clinical guidance. This demonstrates that beyond its literary merit, the *Huangdi Neijing*'s educational value and practical utility have gained widespread recognition.

- 8. LingShu or The spiritual Pivot. Wu Jingnuan
- 9. Huang Di Nei Jing Su Wen. Paul Ulrich Unschuld
- 10. Yellow Emperor's Canon of Medicine. Li Zhaoguo, Liu Xiru
- 11. Huangdi Neijing Lingshu Volume 1-3 with Commentary. Nguyen Van Nghi, Tran Viet Dzuang, Christine Recours Nguyen
- 12. LingShu Acupuncture. Wang Zhao, Wang Jun
- 13. Introductory Study of Huang Di Nei Jing. Luo Xiwen
- 14. Huang Di Nei Jing: A Synopsis with Commentaries. Jiang Runxiang
- 15. Essential Texts in Chinese Medicine: The Single Idea in the Mind of the Yellow Emperor. Richard Bertschinger
- 16. New English Version of Essential Questions in Yellow Emperor's Inner Canon. Yang Mingshan
- 17. Selected Reading from Huangdi Neijing. Cheng Zhaozhi, Chen Jiaxu
- 18. The Medical Classic of the Yellow Emperor. Zhu Ming

Core Characteristics:

- Enhanced Academic and Normative Standards: Translations led by Chinese scholars emphasize terminology standardization (e.g., Li Zhaoguo's version).

Strengthened Cultural Dissemination Awareness:

- Paul Ulrich Unschuld (2003-2011) strictly adhered to Western academic norms, prioritizing international recognition of translations.
- Wu Jingnuan (2002) opposed replacing traditional Chinese medical terms with Western ones, emphasizing the ontological nature of traditional Chinese medical philosophy.

Innovation in Dissemination Formats:

- Cheng Zhaozhi and Chen Jiaxu (2018) compiled an all-English textbook, promoting the internationalization of traditional Chinese medical classics courses.
- Yang Mingshan (2015) preserved the rhythmic cadence of classical Chinese, balancing academic rigor with literary quality.
- Wang Zhao and Wang Jun (2007) restructured acupuncture-related discussions from a clinical perspective, providing readers with a systematic overview of acupuncture theory.

Representative Translations:

- Li Zhaoguo and Liu Xiru (2005-2008): China's first authoritative complete translation, listed as a reference by the WHO.
- Richard Bertschinger (2015): Integrates modern clinical cases to highlight the practical value of traditional Chinese medicine.
- Zhu Ming (2001): Translated based on Chinese medical school textbooks, featuring rigorous structure and serving as a model for overseas TCM education.

3. ANALYSIS AND INSIGHTS

After summarizing, we arrive at the following "Table 1" English translation of the *Huangdi Neijing*, from which the researchers can identify numerous angles for analyzing the patterns in the English translation of the *Huangdi Neijing*.

Table 1. English translation of the *Huangdi Neijing*

name	time	Chinese or not	type
Percy Millard Dawson	1925	German	Non-complete translation, only 6 pages
Ilza Veith	Published 1945-1949, reprinted 1965	American	Non-complete translation, first 34 chapters
Huang Wen	1936-1950	Chinese	Non-complete translation, first two chapters
Henry C. Lu	1973	Canada	Non-complete translation, Ling Shu chapters 1-14
Maoshing Ni	1965	American	Non-complete translation, Selected Compilation
WangXuewen, SuiYun	1996-1997	Singapore	Non-complete translation, Key Content Only
Wu Liansheng, WuQi	1997	Chinese	Complete Translation
Zhu Ming	2001	Chinese	Derivative Translation of Original Text
Wu Jingnuan	2002	Chinese	Translation of Ling Shu
Paul Ulrich Unschuld	2003-2011-2016	German	Complete Translation of Suwen and Lingshu
Li Zhaoguo, Liu Xiru	2005-2008	Chinese	Complete Translation
Nguyen Van Nghi, Tran Viet Dzuang, Christine Recours Nguyen	2005	Vietnam + France	Complete Translation of Lingshu (France to English)
Wang Zhao, Wang Jun	2007	Chinese	Compilation of Acupuncture Section
Luo Xiwen	2009	Chinese	Non-complete translation, Chapters 1-22
Jiang Runxiang	2010	Chinese	Derivative Translation of Original Text
Richard Bertschinger	2015	British	Derivative Translation of Original Text
Yang Mingshan	2015	Chinese	Complete Translation of Nei Jing
Cheng Zhaozhi, Chen Jiaxu	2018	Chinese	Selected Translation of Nei Jing

3.1 Analysis of the Development of English Translations of the *Huangdi Neijing*

People can analyze this from the perspectives above: time order, translation content, and translation method.

3.1.1 Time Order

Analysis reveals that the development of English translations of the *Huangdi Neijing* can be broadly divided into two phases, with the reform and opening-up period serving as the watershed.

3.1.1.1 Before Reform and Opening Up

During this period, English translations of the *Huangdi Neijing* were relatively scarce, with only three translations published over several decades. These were few in number and mostly partial translations, with only one translator being Chinese. Translation efforts primarily focused on academic research and preservation. Translators like Veith

approached the task from a medical history perspective, aiming more to introduce selected content from the *Huangdi Neijing* as a classic of traditional Chinese medicine.

3.1.1.2 After Reform and Opening Up

With the advancement of reform and opening up, China became more proactive in showcasing its culture and achievements to the world, leading to a dramatic increase in English translations of the *Huangdi Neijing*. The quality and variety of translations improved significantly. Alongside the emergence of complete translations, numerous translators from China also appeared, indicating a gradual localization and professionalization of translation efforts. This not only reflects deepening cultural exchange between China and the West but may also be linked to the growing global interest in traditional Chinese medicine. Beyond English editions, translations from French and other derivative translations began to emerge. This signaled the *Huangdi Neijing*'s expansion beyond academic research into the realm of non-specialist

readers, as increasing numbers turned their attention to the wisdom and therapeutic methods of traditional Chinese medicine.

3.1.2 Translation Content

3.1.2.1 Translators Exhibit a Certain Bias in Their Selection of Source Texts:

Most translators tend to focus on translating the *Suwen* section of the *Huangdi Neijing*, while paying less attention to the *Lingshu*. Among 18 translations, only 5 provide systematic translations of the *LingShu*. However, the *LingShu* holds equally valuable insights and deserves greater attention in the future. Additionally, some translators have chosen to translate derivative works of the *Huangdi Neijing*, offering foreign readers alternative perspectives on traditional Chinese medicine.

3.1.2.2 Balancing Academic and Popular Science Translation

Some translations of the *Huangdi Neijing*, such as those by Dawson and Veith, serve primarily as introductory works, conveying the text's academic significance to readers. However, the majority are specialized translations—whether focused on clinical practice, translation methodology, or even educational materials—all striving to provide readers with a more professional understanding.

3.1.3 Translation Methods

The translation methods for the *Huangdi Neijing* can be broadly categorized into two types:

- Utilizing Western Medical Terminology: For instance, Ilza Veith employs a domestication strategy by translating “经脉” as “channels,” deliberately sidestepping the fundamental differences between Traditional Chinese Medicine meridian theory and Western anatomical concepts. This attempt seeks to integrate Traditional Chinese Medicine into the Western medical historical narrative framework. Maoshing Ni employs clinical medical terminology for annotation, such as using “inflammation” to explain “热症”. While enhancing practicality, this method also sparks controversy over “framing Chinese medicine within Western medicine.” Current WHO-led terminology standardization (e.g., the Li Zhaoguo

system) curbs fragmented translations but carries the risk of context detachment. For instance, “辨证论治” is fixed as “syndrome differentiation and treatment,” yet “syndrome” in Western medicine specifically denotes a “set of symptoms” (e.g., Down syndrome), fundamentally conflicting with the dynamic pathogenesis connotation of TCM's “证” (e.g., “肝郁脾虚证” encompasses location, nature, and progression of disease). This standardization essentially amounts to “pouring TCM concepts into Western medical containers.” While it enhances circulation efficiency, it sacrifices theoretical depth.

- This method tends to use Western medical terminology to translate TCM concepts, aiming to help readers more easily understand the relationship between TCM and modern medicine. It seeks to integrate TCM into the framework of modern medicine, thereby enhancing cross-cultural understanding.
- Tendency to Express in One's Own Language: Paul U. Unschuld (2003) transliterated “气” as “Qi,” rejecting Western transcendental philosophical terms like “vital energy” or “life force” to emphasize the incommensurability of “气” within Chinese natural philosophy; Li Zhaoguo (2005) established the standardized translation “Five Zang Organs(五藏)” through the WHO framework, ending earlier metaphorical mistranslations like “heart as ruler(心为君主).” While these efforts preserved theoretical purity, they faced severe cross-cultural acceptance challenges: Google Ngram data shows that post-2000 usage of “Qi” in English literature surged by 113%, yet its semantic ambiguity led 43% of non-specialist readers to equate it with “mystical concepts.” More controversially, Wu Liansheng's (1993) literal translation of “辨证论治” as “Bianzheng Lunzhi” entirely abandons English terminology. While avoiding domestication distortions, it forces readers to trace back to the original Chinese meaning, effectively transforming translation into “code transcription” and failing to achieve genuine meaning transfer. This method typically employs word-for-word translation or pinyin with annotations. Such translations prioritize preserving the authentic essence of TCM, striving to showcase its uniqueness and the connotations of traditional Chinese culture

while avoiding direct assimilation into the Western medical system.

These two translation methods each have distinct characteristics: the former facilitates the integration of traditional Chinese medicine into the modern medical system but risks losing the original intent of the Chinese text; the latter showcases the uniqueness and authenticity of traditional Chinese medicine to the world but may leave foreign readers baffled, failing to achieve the intended dissemination and potentially backfiring.

3.2 Insights from Translating the *Huangdi Neijing* into English

Based on the above analysis, we can propose recommendations for future translations of the *Huangdi Neijing*.

3.2.1 Focusing on Depth of Content, Not Merely Introducing Foundational Knowledge

Existing English translations of the *Huangdi Neijing* often emphasize introducing its basic medical theories. However, this classic is not merely a compendium of medicine; it encompasses multiple dimensions, including philosophy, culture, health preservation, and life wisdom. Therefore, future translation efforts should place greater emphasis on the text's multidimensional value, delving deeply into its cultural connotations and philosophical insights. For instance, its theories on yin-yang and the Five Elements, the relationship between humanity and nature, and its philosophy of life preservation represent invaluable wisdom within global medical systems. These concepts warrant comparison with modern Western medicine to foster cross-cultural dialogue. Beyond its medical expertise, the traditional philosophical concepts and health philosophies embedded in the text deserve full attention and accurate transmission. Such translations would not only better disseminate the medical value of the *Huangdi Neijing* but also spark global readers' interest in ancient Chinese philosophy. This would deepen understanding and application of its health principles, advancing international recognition and dissemination of traditional Chinese medicine culture.

3.2.2 Completing Translation of the Entire Text, Particularly Addressing Translation Gaps in the *LingShu* Section

The *Huangdi Neijing* comprises two parts: the *Suwen* and the *LingShu*. The *Suwen* primarily covers medical theory, while the *LingShu* focuses on acupuncture and moxibustion treatments. Past translation efforts have often neglected the *LingShu* section, especially its core content on acupuncture. This translation gap has left many international readers with an incomplete understanding of Chinese medicine. Future translations should prioritize the comprehensive rendering of the *LingShu* to fill this void. As acupuncture—a vital component of Chinese medicine—gains increasing global recognition for its theories and therapeutic methods, particularly within the field of natural medicine, its applications are being widely acknowledged. A comprehensive translation of the *LingShu* will help international readers better grasp the profound principles and practical applications of acupuncture, further advancing the global dissemination and development of Chinese medicine.

3.2.3 Chinese Scholars Leading Translations to Proactively Share Traditional Chinese Medicine Wisdom

As Chinese scholars and translators increasingly take the lead in translating the *Huangdi Neijing* into English, the initiative for translation has returned to Chinese hands. Moving forward, Chinese scholars should continue to spearhead translation efforts to ensure the accurate transmission of classical texts and the proper preservation of cultural heritage. Autonomous translation holds critical significance in this process. First, it guarantees a precise interpretation of the original *Huangdi Neijing* text, avoiding potential misreadings or misunderstandings that may arise from external translations. Second, as China rises and its cultural confidence grows, proactively disseminating the *Huangdi Neijing* and its associated concepts will enhance the international influence of Chinese culture and strengthen global recognition of traditional Chinese medicine. Chinese scholars can not only provide higher academic value in translation but also leverage this opportunity to promote global understanding and application of traditional Chinese medicine, thereby further enhancing cultural soft power.

3.2.4 *Emphasizing Cultural Dissemination and Global Integration*

Within the strategic framework of promoting Chinese culture abroad, future translators must make informed choices regarding translation methodologies for the *Huangdi Neijing*. The dilemma lies in whether to accelerate integration with modern medicine by adopting Western medical terminology or to preserve the distinctiveness of traditional Chinese medicine, allowing foreign readers to engage with its essence during the comprehension process. Faced with these translation choices, translators must consider how to ensure fidelity to the original text while also making the concepts and methodologies of traditional Chinese medicine more accessible and understandable to foreign readers.

3.2.5 *The Debate Between Domestication and Foreignization*

The methodological dispute over domestication versus foreignization essentially embodies the intersection of cross-cultural power dynamics and disciplinary discourse struggles within the translation field. The functional scope of translations of the *Huangdi Neijing* has expanded beyond singular academic research to encompass multidimensional contexts such as education, clinical practice, and cultural dissemination, necessitating a layered translation strategy:

Academic Research Translations (e.g., Paul U. Unschuld's Edition): Primarily foreignization-driven, strictly adhering to standardized terminology (e.g., "Qi" consistently rendered as "vital energy") supplemented by extensive annotations (covering over 60% of the text), serving scholars' authentic exploration of TCM theory.

- "Clinical Education Translations" (e.g., WHO Guidelines): it is to employ "limited domestication," such as translating "六淫" as "Six Pathogenic Factors" rather than the literal "Six Excesses." This avoids replacing terms with Western medical equivalents (e.g., 'pathogen' implies bacteriological misconceptions) while preserving the core logic of TCM etiology through qualifiers like "Pathogenic."
- "Popular Communication Translations" (e.g., Yang Mingshan's edition): it is to employ "cultural image transplantation," such as translating "阴阳" as "Yin-Yang (cosmic balance)" instead of a literal

phonetic rendering. Bracketed explanations provide cognitive anchors, achieving readability within a foreign-language framework.

Debating the merits of "domestication/translation" without considering the translation's function is a false proposition. Future translations must prioritize the needs of the target audience and the usage context as strategic prerequisites. Only by viewing translation as a dynamic cultural negotiation rather than a static strategic choice can we truly fulfill the global dissemination mission of the *Huangdi Neijing*: to be universally readable while preserving its authentic essence.

4. CONCLUSION

As a profoundly wise classic, the *Huangdi Neijing* will undergo increasingly deep and extensive English translation efforts in the future. Future translation endeavors will benefit significantly if more Chinese translators participate, if translators prioritize content depth, give greater attention to the *LingShu*, emphasize cultural dissemination, and exercise greater caution in selecting translation strategies. In this way, the *Huangdi Neijing* will not only shine brightly in the medical field but also play a more significant role in global cultural exchange. With the growing global attention and appreciation for traditional Chinese medicine culture, we have every reason to believe that future English translations of the *Huangdi Neijing* will reveal an even more diverse and profound cultural charm.

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REFERENCES

- [1] Huang Ti Nei Ching Su Wen: The Yellow Emperor's Classic of Internal Medicine [J]. Croizier Ralph C.;Veith Ilza; Wallnofer Heinrich; von Rottauscher Anna; Palmedo Marion. Pacific Affairs,1967
- [2] Lan Fengli. A Descriptive Study of the English Translation of Huangdi Neijing

- Suwen (2) [J]. Journal of Chinese Medicine and Western Medicine, 2005,(02):176-180.
- [3] Zheng Jinsheng. Professor Wenshude's Journey in Chinese Medical Research [J]. Journal of History of Science and Technology in China,2013,34(01):1-18.
- [4] Yang Yu, Chen Xiao. A Review of Classified Translations of the Huangdi Neijing (1925-2019) [J]. Chinese Medicine Culture, 2020,15(03): 35-45. DOI:10.16307/j.1673-6281.2020.03.005.
- [5] Zhang Linxi, Liu Ya. "Adhering to Principles While Innovating" in Translating the Huangdi Neijing: A Chinese Medical Classic for International Audiences [J]. Chinese Journal of Basic Medical Sciences in Traditional Chinese Medicine,2024,30(12): 2105-2109. DOI:10.19945/j.cnki.issn.1006-3250.2024.12.016.
- [6] Yang Li, Li Haodong, Yu Haibing, et al. Publication Status of English Translations of Huangdi Neijing [J]. Research on the History of Chinese Publishing, 2016,(01): 134-144. DOI:10.19325/j.cnki.10-1176/g2.2016.01.015.
- [7] Li Zhaoguo, Liu Xiru (Yellow Emperor's Canon of Medicine Plain Conversation) [M]. Xi'an: World Book Publishing Xi'an Company 、 2005:19.330-331514-515.40.41-43
- [8] Ren Yanru, Qi Yuanhong, Dai Zhu. The French Annotated Translation of Huangdi Neijing by Vietnamese-French Sinologist Nguyen Van Nghi [J]. International Sinology., 2024,(04): 23-29+154-155. DOI:10.19326/j.cnki.2095-9257.2024.04.003.
- [9] Gong Yanzhi, He Zhouchun. Examining Classical Terminology Translation from the Translator's Linguistic Awareness: A Comparative Study of Zang-Xiang Terminology in the English Translations of Huangdi Neijing by Li Zhaoguo and Wen Shude [J]. Journal of Chengdu Aviation Vocational and Technical College, 2022,38(02): 85-88.
- [10] Li Chenghua, Kong Ranran, Sun Huiming. A Study on the Chinese Cultural Interpretation Strategies in Unschuld's English Translation of Huangdi Neijing [J]. Journal of Traditional Chinese Medicine,2021,27(06): 227-229. DOI:10.13862/j.cnki.cn43-1446/r.2021.06.051.
- [11] Lu Dechao, Qu Xin, Chen Zhan. A Corpus-Based Study on the Translation of "Qi" in the Weis Translation of Huangdi Neijing Suwen [J]. Chinese Journal of Basic Medicine., 2024,30(08): 1399-1403. DOI:10.19945/j.cnki.issn.1006-3250.2024.08.037.
- [12] Zhou Yu'ang, Xu Yonghong. Translating "Grief" Among the Seven Emotions in the Huangdi Neijing: A Comparative Study of Three Translations by Li Zhaoguo, Wen Shude, and Wu Liansheng [J]. Overseas English, 2019,(03): 176-177.
- [13] Zhang Zhe, Xu Li, Jiang Jianyong. Comparison of the 2022 WHO International Standard Terminology for Traditional Chinese Medicine with Existing English Translation Standards for Traditional Chinese Medicine Terminology: Focus on Zang-Xiang Terminology [J]. World Science and Technology - Modernization of Traditional Chinese Medicine,2023,25(11):3533-3540.
- [14] Xu Rongdan, Wang Yong. Analysis of the English Translation of "Lung" in the Five Zang Organs from Huangdi Neijing: Based on Two Translations by Luo Xiwen and Ni Maoxin [J]. Jiangsu Foreign Language Teaching Research, 2021,(04): 95-98.