

I. INTRODUCTION

1. The Ben cao gang mu Project

This is the first volume of a project aimed at providing better access to the *Ben cao gang mu* (*BCGM*) 本草綱目, China's great encyclopedia of pharmaceutical lore, first published in 1598 and designated a world cultural heritage in 2012. In addition to the current volume, which focuses on identification and explanation of the occurrence and meaning of approximately 4,500 illness terms in the *BCGM*, three additional volumes will complete the *Ben cao gang mu Dictionary*. They include a second volume dedicated to verifying and localizing geographical designations and a third identifying all book titles and authors named in the *BCGM*. A fourth volume will offer a historical survey of the identifications of all pharmaceutical substances mentioned in the *BCGM*.

The illness terminology encountered in the *BCGM* reflects Chinese observations and theorization of more than 1,500 years. The terms employed often fail to overlap with modern biomedical terminology. Their correct translation and interpretation, based on an application of historical and philological principles, are preconditions for a meaningful reading of the pharmaceutical and therapeutic data gathered not only in the *BCGM* but also in countless other premodern works using the same terminology. While the *BCGM* is a huge repository of Chinese historical illness terminology, it cannot be said to reflect the entirety of premodern illness terms. The *BCGM* is first of all a pharmaceutical encyclopedia. The illness terms encountered in the text are those used in pharmaceutical treatments. Also, for the most part the *BCGM* quotes from earlier printed sources. That is, it documents local folk-medical usages less often. The same applies to illness terms restricted to acupuncture. Since Chinese pharmaceutical treatment has played a significant role in apotropaic therapies cherished by large parts of the Chinese population of all social strata up to the present day, illness terms associated with demon possession and requests for exorcistic treatments are well represented in the *BCGM*.

Of similar importance to users of the *Ben cao gang mu Dictionary* is a correct reading of the geographical designations that the *BCGM* provides in the context

of pharmaceutical drug descriptions. As is well known, the history of geographical designations over the two millennia of the Chinese Empire is rather complex. Administrative structures and regions changed again and again. A geographical designation may have been valid for centuries or for a few decades only. For the unprepared reader of the *BCGM* it is often impossible to locate a historical place name, quoted from a source written centuries earlier, and find its current equivalent. The therapeutic value of herbal substances strongly depends on the composition of the soil the herb emerges from, the climate accompanying its growth, and further environmental factors. Hence volume 2 of the *Ben cao gang mu Dictionary* examines all geographical designations found in the *BCGM* and identifies them in today's terms. Again, such information on the *BCGM* has not been available; it will be invaluable for correctly appreciating the drug lore in that encyclopedia.

Volume 3 of the *Ben cao gang mu Dictionary* is devoted to identifying all book titles and their authors in the *BCGM*. The creation of the *BCGM* was directed by Li Shizhen 李時珍 (1518–93), a physician who continued a family tradition of healers after failing to leave the lowly regarded realm of professional medicine and enter the esteemed class of civil servants. Li Shizhen wrote in his retrospective introductory remarks that he had engaged various family members to support him; the true size of his team remains unknown. It is obvious that collaboration between the members of his team lacked strict standardization in citing earlier authors and their texts. Names of authors can have several variants that do not always clearly point to one specific person. Even more confusing are book titles: one book title may appear in four or five different versions, some of which are also used for other books with similar titles. We have traced each quote in the *BCGM* to its source to provide potential users of the encyclopedia with reliable information on titles and authors.

The fourth and final volume of the *Ben cao gang mu Dictionary* offers data on the scientific identification of the approximately two thousand pharmaceutical substances listed in the *BCGM*. The *BCGM* quotes texts from one and a half millennia earlier, and one cannot be sure that an item sold under a specific name in our own time or in the sixteenth century is identical with the one designated by the same name in antiquity, during the Tang or the Song era. However, beginning in the nineteenth century scientists set out to identify and catalogue Chinese herbal substances in terms of modern botanical nomenclature. An examination of animal and mineral substances followed soon afterwards. That is, at least in view of the actual market situation during the past two centuries, a reliable identification is available for most of the pharmaceutical substances recorded in the *BCGM*. More than a few users of the *BCGM* will approach the encyclopedia with an interest in clinical application of its pharmaceutical lore. For them, as well as for historians of medicine and pharmacy, such information is crucial.

The *Ben cao gang mu Dictionary* project owes its conception and realization to an earlier plan to prepare a first annotated English translation of the *BCGM*. The *BCGM* is more than an outstanding example in a long series of *materia medica* literature written in China over a period of two thousand years. It may be justly called the single most impressive work on medical-pharmaceutical natural history

of China's imperial age. Chinese scholars have written and published innumerable medical and pharmaceutical books since the beginnings of a distinct Chinese medicine in the second and first centuries BCE. By preparing translations of the *Huang di nei jing su wen* 黃帝內經素問 (short: *Su wen*) and of the *BCGM* based, for the first time, on a strict application of European philological standards, we meant to provide reliable access to two of the most remarkable literary compendia signaling the beginning and the final culminating period in the development of Chinese medicine as an independent tradition of health care ideas and their clinical application.

The *Su wen* is a compilation of dozens of short texts written during the earlier and later Han dynasties by unknown authors. These persons were influenced by a completely new mode of understanding human life and its integration in the larger dynamics of a natural universe. The contents of the *Su wen* challenged established worldviews accepting the power of gods, ancestors, and demons over the length and quality of human life. The authors of the *Su wen* were the first in China to claim that human life depended on natural laws independent of time, place, and human or numinous beings. In their own time they appear to have occupied a rather marginal position in society. Their names have not been recorded. Their texts survived in a feeble tradition of transmissions. It was only in the twelfth century that they began receiving broader attention among the formally educated elite. Even in the subsequent centuries of the second millennium CE the basic notions of systematic correspondences in nature, idealized in the doctrines of yin-yang and the Five Phases, never penetrated beyond a small upper crust of people in Chinese society.

The *Su wen* is witness to the earliest consolidation of Chinese medical theory in textual form. When during the Tang dynasty the physician Wang Bing 王冰 created the body of text known today as the *Su wen* by adding to a text of approximately sixty thousand characters another large text of approximately thirty thousand characters on the theory of the Five Periods and the Six Qi (*wu yun liu qi* 五運六氣), the latter section too had been transmitted since the Han dynasty. The fact that it was not mentioned in a single bibliographical work further attests to a long-term marginality of the contents of the *Su wen*. Only if we reconstruct the Han era pronunciation of the Wang Bing addenda does it become obvious that these chapters cannot have been written in post-Han times. The mnemonic rhymes make sense only in their Han-era pronounciation. Whether for lack of interest or for other reasons unknown today, the basic tenets of Chinese medical theory as formed in the *Su wen* were neither questioned nor substantially further developed in subsequent centuries. They became the canonized theoretical foundations of acupuncture and thus remained "as is" until the Song-Jin-Yuan period of the thirteenth through the fifteenth centuries, when a short-lived attempt is documented in Chinese pharmaceutical literature to establish a pharmacology of systematic correspondences, that is, an explanatory model of drug effects on the human organism based on the yin-yang and Five Phases doctrines.

The *BCGM* signifies an opposite pole to the *Su wen* and its contribution to a tradition of a secular science of systematic correspondences. The *BCGM* is the apex

of what has been the basis of Chinese disease treatment since time immemorial, that is, materia medica and associated pharmaceutical lore. The earliest documentation of a diverse materia medica in China prepared from natural and manmade substances may be found in the so-called Mawangdui manuscripts unearthed from a tomb near Changsha in the province of Hunan in the early 1970s.¹ Throughout the imperial era and up to the sixteenth century, Chinese pharmaceutical knowledge developed continuously and most impressively. The number of natural and manmade substances recognized as therapeutically valuable increased from a few hundred listed in the Mawangdui manuscripts to almost two thousand in the *BCGM*. Authors of recipe literature gathered tens of thousands of formulas—the mainstay of historical Chinese medicine. Pharmaceutical treatment of disease remained free, as indicated above, of Chinese medical theory of systematic correspondences until the emergence of Song Neo-Confucianism generated an intellectual climate stimulating a merger of theory and pharmaceutical clinical practice. However, the inroads of theory into pharmaceutical treatments remained superficial. All available evidence suggests that the use of yin-yang and Five Phases theory in pharmaceutical therapy remained limited to a small number of healers.

When Li Shizhen and his team of unknown size sat down to compile the *BCGM*, they strove to gather information as comprehensive as possible on herbal, animal/human, mineral, and manmade substances used in China for therapeutic purposes. With this goal in mind, the *BCGM* was intended as a receptacle to be filled with data from literature of various genres often written many centuries ago, as well as from numerous contemporary sources found in different geographical regions of the Chinese Empire and beyond. Inevitably, the wide net that was cast to catch all available knowledge brought together a rather heterogeneous array of data expressed in terms that originated in different times and diverse cultural environments. The diversity of origins of the information collected is particularly evident in the naming of illnesses that readers encounter in the almost 1,900 entries devoted in the *BCGM* to pharmaceutical items.

2. The Heterogeneity of Early Illness Terminology

The geographical dimensions of the Chinese Empire were too vast, and its internal cultural diversity was too pronounced, for all those engaged in therapeutic activities to ever agree on one binding homogeneous terminological system that might be called a nomenclature. This is why the terminology of traditional Chinese healing, especially in materia medica and recipe literature, comprises a much larger number of terms denoting disease, malady, and illness than does any national European language.

The naming of illnesses has a long history in Chinese literature. The earliest extensive texts listing numerous therapeutic indications in a medical context are the Mawangdui medical manuscripts from around 200 BCE and the biography of

1 D. Harper, *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts* (London: Routledge, 1998).

Chunyu Yi 淳于意 in Sima Qian's 司馬遷 *Shi ji* 史記 a hundred years later.² These texts, as well as various nonmedical ones such as the etymological dictionary *Shuo wen jie zi* 說文解字 of 121 CE and the first known materia medica text, the *Shen nong ben cao jing* 神農本草經 of possibly the first century CE, already offer examples of a wide range of types of disease terms. They include historical labels such as *wen nüe* 溫瘧, “warmth nüe”—presumably referring to malaria—the meaning of which can be known only from an added listing of illness signs covered by these terms. Then there are descriptive labels such as *han re* 寒熱, “[alternating sensations of] cold and heat,” as well as descriptive labels with early pathological theorization, such as *da fu shui zhong* 大腹水腫, “enlarged abdomen, a swelling with water.” Some terms are entirely based on etiological theory, such as *zhong feng* 中風, “struck by wind,” and *shang han* 傷寒, “harm caused by cold.” Others indicate subtle understandings of internal tubular structures and the pathological consequences resulting from their clogging, such as *ju* 疽 and *yong* 癰. Both refer to “impediments” or “obstructions” leading to abscesses, boils, and further ailments. Still others evidence their origin in premedical belief systems such as demonology, as in the case of *zhong'e* 中惡, “struck by the malign.” Finally, a term like *huo luan* 霍亂 may simply be the Chinese pronunciation of a term known along the entire Silk Road from Southeast Europe to the Far East to communicate a health problem that may have been encountered all the way along, namely cholera. We find terms similarly suggesting a foreign source in the *Su wen*, whose core contents originate from a period between the second century BCE and the second century CE and from additions later on. Two millennia ago, a term like *fei xiao* 肺消, “lung consumption,” was phonetically as close to the ancient Greek term *phthisis* as *huo luan* was to cholera. Tuberculosis may have been equally prevalent along the road as disorders of merchants' and other travelers' digestive tracts.

Ever since, Chinese observers and authors have greatly expanded their vocabulary to describe human illness and ailments. The heterogeneity of this vocabulary has likewise increased over time.

One difficulty in appropriately interpreting and translating ancient Chinese illness terminology has to do with a change in linguistic aesthetics. Whereas the oldest examples of illness terms suggest that one single character was used in literary documents to signify an illness or a disease, at some time compounds of two or more characters appear to have appealed to their users. This means that often enough two different characters with similar meanings were combined. One example is *ji ju* 積聚, “accumulation and collection.” No conceptual difference exists between the two elements of this compound. More problematic are compounds ending with the character *feng* 風, “wind,” or *qi* 氣, “qi.” A compound including the term for “wind” may signify two meanings. First, the illness in question was caused by an intrusion into the organism by wind. This may result in blockages, concretions, pain, and other pathological conditions. However, often enough the character for “wind” is added to signify a changing location of the ailment's manifestation, such as pain or

2 E. Hsu, *Pulse Diagnosis in Early Chinese Medicine: The Telling Touch* (Cambridge: Cambridge University Press, 2010).

concretions, in the human body. Here the concept of “wind”—as something that exists because it moves—is transferred to the movement of an ailment in the body. It is not always easy to immediately distinguish between the two different usages of “wind” in illness terminology.

The problem is even harder to solve when the character *qi* is added to an illness designation. Again, the term may signify some pathological or pathogenic dynamics associated with *qi*. However, the character *qi* may have been added simply for stylistic reasons to generate a compound rather than use a single-character term. The translation of such terms in this dictionary seeks to recreate in the target language English as close an approximation as possible to the original linguistic style and contents of ancient Chinese illness terminology. Hence, whether *qi* is added for conceptual or simply for stylistic reasons is a matter not to be decided by the translator. The term is added in the English word just as it was added to a core concept in the Chinese original.

3. The Concept of Disease and Symptoms

When, with the appearance of Sima Qian's *Shi ji* around the year 90 BCE or shortly thereafter, intellectuals whose names failed to enter historical records created the medicine of systematic correspondences, this entirely novel understanding of human physiology and pathology rested on conceptual foundations supplied by the yin-yang and Five Phases doctrines. The new approach to coping with physical and mental illness in what was perceived as a social and natural environment of permanent violence was introduced to explain illness in purely theoretical terms and to leave only the description of symptoms to everyday language. Bleeding, sores, cough, loss of hair, infertility, menstrual cramps, vomiting, fever, and countless other ailments were supposed to be associated with irregularities in the flow of *qi* and blood in the human organism. These irregularities in turn were supposed to be linked to irregularities in the constant dynamics of domination and revenge in the coexistence of yin and yang factors, or a failing adaptation of the human organism to the natural course of the Five Phases, equally understood to be constantly engaged in mutual overcoming and generation.

That is, during the closing centuries of the first millennium BCE, Chinese medical intellectuals undertook a most decisive conceptual step in their understanding of bodily and mental suffering that eventually led to a distinction between what in modern terminology might be called a disease and its symptoms. Disease is a theoretical construct. Symptoms are its manifestations. The new medicine went beyond the approach of merely providing illness with a label and seeking means to cure it. It distinguished between external signs and the internal pathological conditions responsible for these signs.

The earliest evidence of this development is documented in the *Su wen*. An example is a passage in its treatise 38. It shows the separation between an underlying pathological condition, sometimes called *ben* 本, “root” or “basis,” that is purely theoretical, here “heart cough,” and the various signs resulting from this “root,” understood as *biao* 表, “outer garments” or “external signs”:

心咳之狀，咳則心痛，喉仲介介如梗狀，甚則咽腫喉痺

The appearance of heart cough. When [patients] cough then their heart aches. They have an obstructing sensation in the throat, as if there were a stick. In severe cases, the gullet is swollen and the throat is thick.

Several terminological constructs were introduced to convey the relationship between “root” and “external signs.” Disease and suffering were named variously *bing* 病, *ji* 疾, and *huan* 患. These characters have remained in use ever since and are indiscriminately applied to what might be called, from a Western perspective, ailments, illness, or disease in the sense of symptoms and underlying disease. However, in the *Su wen* these terms were often understood as conditions giving rise to external evidence signaling an internal pathological state. These signs were termed *zhuang* 狀, literally “physical appearance,” as in the example of signs of heart cough given above; *hou* 候, literally “to inquire,” “to observe,” or “signs to be observed”; and *zheng* 徵, literally “evidence.”

Applying Western terminological categories of “disease” and “symptom” to explain the relationship between a theoretical disease entity, such as *fei yong* 肺癰, “lung obstruction-illness,” and its consequences, such as chest pain, vomiting of blood, and fever, may be justified in many cases. In a narrow sense, a disease is a pathological condition deep inside the human organism, perceptible to medical experts only by means of their diagnostic competence and theoretical training. A symptom of such a “hidden” disease is a sign that is perceptible/visible to both patients-laypersons and experts-healers. However, neither in Western nor in Chinese medicine does a clear conceptual line separate “disease” from “symptoms.” For example, the compound *lou xue* 漏血, “leaking blood,” is used to signify both an “illness sign” and a “pathological condition.” That is, in one context “leaking blood” is identified as a consequence of a certain pathological condition; in another context it is a pathological condition itself with no further underlying pathological condition. Such dual usage of a single term or one identical compound is a common phenomenon in Chinese medical disease terminology. The compound *qi ji* 氣急, “qi urgency,” is one of countless further examples. It was used to denote an “illness sign” associated with the “pathological condition” of *chuan* 喘, “panting,” and it appeared also as a “pathological condition” itself, identical with *chuan* 喘, “panting.”

4. Technical Terminology

In acupuncture the identification of an underlying disease condition in terms of the doctrines of systematic correspondences became a nationwide acknowledged standard. This was not at all the case in Chinese pharmaceutical treatment until the twelfth century, and it remained a superficial and short-lived attempt associated with Song-Jin-Yuan pharmacological ideology thereafter. Illness terminology in the context of Chinese materia medica remained tied to a wording largely free of hints at the doctrines of yin-yang and the Five Phases. This is not to say that there was no specific technical language (*Fachsprache*) in Chinese vernacular disease terminology. From early on illnesses were labeled with terms that may not have been

easily or immediately comprehended by all strata of even the literate population. Many such labels were deliberately constructed to consist of a radical *ni* 疒 signifying “illness” (originally “bedridden”) and an additional element. The latter may have simply hinted at the complete character’s pronunciation, which in turn reflected a historical naming of an illness. The character *zhen* 疹, “rash” or “papule,” is an example. It also appears written 軫 in medical texts. *Zhen* 軫 is the “cross-board at the rear end of an ancient carriage.” An association of this meaning with skin problems such as rashes or papules is difficult to imagine. Hence, one may assume that the word *zhen* was historically used to signify certain pathological changes of the skin. The term 軫 may have been used simply for its pronunciation; the term 疹 may have been constructed to integrate this pronunciation into medical terminology.

In quite a few instances the element combined with the radical *ni* 疒 was associated with the nature of the illness it was supposed to signify. Examples include the following:

疔 *ding*, “pin-illness”; 疰 *xian*, “string-illness”; 疽 *ju*, “impediment-illness”; 癰 *lai*, “repudiation-illness”; 癰 *li*, “pervasion-illness”; 癰 *tui*, “prominence-illness”; 癰 *yong*, “obstruction-illness”; 癰 *long*, “protuberance-illness”; 瘰 *xi*, “tumor-illness”; 疝 *shan*, “elevation-illness”; 癰 *biao*, “flaming-heat-illness”; 瘰 *jia*, “conglomeration-illness”; 瘰 *pi*, “obstacle-illness”; 痢 *li*, “free-flux illness”; 疵 *ci*, “blemish-illness”; 癰 *dian*, “peak-illness”; 癰 *guo*, “lair-illness”; 癰 *feng*, “wind-illness”; 癰 *wen*, “warmth-illness”; 癰 *zhu*, “attachment-illness”; 癰 *pi*, “aggregation-illness”; 癰 *zheng*, “concretion-illness”; 癰 *lao*, “exhaustion-illness”; 癰 *ban*, “macule-illness.”

The addition, for example, of the radical *ni* 疒 to *lao* 勞, “exhaustion,” makes clear that *lao* 癰 is a pathological state of exhaustion. The addition of the radical *ni* 疒 to *ban* 斑 (“speck, spot, macule”) makes clear that *ban* 癰 are pathological conditions of the skin. In all instances, the English translation aims at offering an immediate understanding of what the Chinese term appears to have referred to. The inclusion of “-illness” in each of the English versions may at times read somewhat awkwardly but appears necessary to signify the intentional pathological nature of the conditions described.

Some of these terms could also be rendered with vernacular illness terms familiarly used in Western languages. Thus 痢 *li*, “free-flux illness,” appears to have covered diarrhea and dysentery. 癰 *dian*, “peak-illness,” signifies illnesses associated with the “peak” of the human body, namely the head. That is, a “peak-illness” is a mental illness. 癰 *lai*, “repudiation-illness,” is a term paralleling the German term *Aussatz* for leprosy. Lepers were “repudiated” from society, in German *ausgesetzt*, not only because of the contagiousness of their disease but also because of the possibly repulsive appearance of their physical body. Interestingly, all special terms known to signify leprosy in ancient Europe and China appear to have begun with the phoneme **le*: (*e*)*le*-*phantiasis* (not to be confused with the modern pathology of “elephantiasis”), *leu-ke*, *le-prosy*, in ancient Europe, and *lei/lai* in China. Like *huo*

luan/cholera and *fei xiao*/phthisis, the **le*-illness may have been common knowledge along the Silk Road from the eastern Mediterranean all the way to China.

No principle is without exceptions. Numerous ancient Chinese terms signified by their radical *ni* 疒 as illness terminology will appear in this dictionary with English terms that are commonly used in the target language too. Here no attempt has been made to arrive at a translation reflecting possible images conveyed by the Chinese term. For example, 癘 *wan*, “epidemic,” is of course a character consisting of *ni* 疒, “illness,” and *wan*, the character meaning “ten thousand.” Hence the term could be translated as “disease affecting a myriad of people.” Similarly, the term *jie* 瘡 links the radical *ni* 疒, “illness,” and *jie* 皆, “all.” Maybe this was meant to signify “an illness affecting all.” In both cases a simple rendering as “epidemic” appeared preferable. The character 瘡 is used often in conjunction with *nüe* 瘧, “malaria.” *Jie nüe* 瘡瘧 may therefore be translated as “epidemic malaria.” Whether the compound *jie nüe* 瘡瘧, which was already used in the *Su wen*, is an older writing of the same term or whether it signifies two different diseases, *jie* 瘡, “*jie*-illness,” and *nüe* 瘧, “malaria,” is not clear. After all, the pronunciations of 瘡 and 瘧 may have differed significantly in the distant past.

The term 痘 *dou* could be rendered as “bean-illness” to convey to English readers the image implied by the Chinese character. However, the term is used for small-pox to this day, and we must avoid unnecessary confusion. Keep in mind that the labeling of conditions with these terms in ancient China (as in premodern Europe) lacked the far-reaching diagnostic differentiation that is required to consider a one-to-one association between what these terms were meant to describe centuries—if not millennia—ago and what today’s readers have in mind when they encounter these terms in the twenty-first century. More or less, these labels come close to their modern diagnostic categorization. However, their ancient meaning was not necessarily identical with today’s understanding. Further examples of Chinese terms signified by the radical *ni* 疒 as belonging to illness terminology and translated with familiar English terms include the following:

瘍 *yang*, “ulcer”; 痔 *zhi*, “piles”; 痛 *tong*, “pain”; 癇 *xian*, “epilepsy”; 瘛 *jing*, “spasms”; 痹 *bi*, “blockage”; 皰 *bao*, “blister”; 瘡 *chuang*, “sores”; 癰 *lou*, “scrofula”; 癍 *ban*, “wound”; 痕 *hen*, “scar”; 痰 *tan*, “phlegm”; 疹 *zhen*, “papules”; 疫 *yi*, “epidemics.”

It is worthwhile to take a closer look at some of these examples.

The two terms *ju* 疽 and *yong* 癰 referred to above are represented by characters resulting from a deliberate combination of the radical *ni* 疒 with one additional element, in this case *ju* 沮 (lit. “impediment” and “corruption”), omitting the radical “water,” and *yong* 壅 (used in antiquity with the same meaning as *yong* 壅, lit. “to stop up,” “obstruction”), modified to 用 in the modern abbreviated character. In the medicine of systematic correspondences these two terms were used to form a yin-yang pairing signifying internal cloggings resulting in dermal or subdermal tissue destruction, such as festering abscesses. However, they may have been in use before the emergence of such a theoretical framework to signify ailments seen with

the naked eye or perceived through the touch of one's fingers and hence may have been construed to convey meanings such as "corruption-illness" for a decaying skin surface in the case of *ju* 疽 and "walled-up location where pus collects"³ in the case of *yong* 癰.

An example of a character that may have been constructed to convey an image that is also known in Western medical terminology is the character *long* 隆, a combination of the radical *ni* 疒 and *long* 隆, "a high mountain with steep slopes on its four sides." That is, a suitable literal translation of the term *long* 隆 might be "bedridden/ill with a protuberance." The description of the signs associated with this disease suggests that the character *long* 隆 was chosen here to denote a state one might identify in hindsight as a prostate disease. To avoid an implication of a one-to-one overlap of *long* 隆 with the Western medical concept of prostate disease and to reflect the image conveyed by the original character, the translation chosen for this dictionary is "protuberance-illness."

The term *ding* 疔 is another example. Here, too, the radical *ni* 疒 signifying "illness" is combined with a meaningful second character indicative of the nature of the illness concerned. *Ding* 丁 is a "nail" or "pin." The appearance of the illness *ding* 疔, literally "bedridden/ill with a pin," is that of an acute festering developing between skin and subdermal tissue, with a small size, deep-reaching root and hardness. Chao Yuanfang 巢元方, the author of the seventh-century *Zhu bing yuan hou lun* 諸病源候論, the earliest Chinese text on the origins and signs of disease, wrote: "When it first becomes active it rises like a pinhead. Hence one speaks of 'pin sores.'" In contrast to *long* 隆, "protuberance-illness," the illness *ding* 疔 has no corresponding pathological concept or designation in modern medicine. The translation chosen is "pin-illness," to remain as close as possible to the original Chinese meaning.

Examples of terms in which the element added to the radical *ni* 疒 for a pathological condition or sign offers no clear-cut hint at the reason underlying its selection are the following:

疸, "dan-illness"; 癰, "xuan-illness"; 疥, "jie-illness"; 疔, "gan-illness."

They are given in the present dictionary as semitranslated/semitransliterated terms. In the English compounds, the radical *ni* 疒 is reflected by the word "-illness," the added element is simply given in pinyin, transliterating the pronunciation of either the entire character or only that added element.

These disease labels remain inaccessible in their pictographic meaning. An example is *dan* 疸. Neither the symptoms associated with this illness nor an explicit attempt at an explanation by an ancient author, as was provided by Chao Yuanfang for *ding* 疔, suggests a reason for combining the character *ni* 疒, signifying "illness," with *dan* 旦, the latter signifying the sun rising above the horizon, or "dawn." The character *dan* 疸 may have been designed to convey an ancient term pronounced *dan* for an illness so well known to everyone in the field that it required no further identification, or it may simply be a modification—that was easier to write—of

3 D. Harper, 1998, 290. E. Hsu, 2010, 123 ff.

the character combining *ni* 疝 with *dan* 單, literally “solitary,” referring to what is described in the *Su wen* as an illness resulting from a “solitary” presence of heat qi. In this case, I have chosen to render 瘰 in the present dictionary as “solitary [heat] illness.” In combination with the character *huang* 黃, “yellow,” and given descriptions of a patient’s condition to this effect, an identification of a “yellow *dan*-illness 黃疸” as jaundice appears justified.

The term *gan* 疳 poses a different difficulty in finding a suitable English equivalent. A combination of the character *ni* 疝 signifying “illness” with the character *gan* 甘, “sweet,” *gan* 疳 is used to label diseases affecting spleen and stomach, organs associated in the Five-Phases worldview with the flavor “sweet.” In some cases *gan* 疳 is used to denote ailments resulting from a one-sided consumption of sweet items. Hence a translation of *gan* 疳 as “sweets-illness” appears to make sense. However, the term is also used to denote illnesses that cannot easily be associated with either the spleen and stomach or the consumption of sweet food, as when *gan* 疳, “*gan*-illness,” is said to be caused by worms in the patient’s intestinal tract. Hence, the present dictionary has provided the entry with the heading “*gan* 疳, *gan*-illness; sweets-illness” to permit a flexible adaptation to the various usages of the term in Chinese medical and pharmaceutical literature. A singular usage of the compound *ya gan* 牙疳, “dental *gan*-illness,” combined with the term *qing tui* 青腿, “black legs,” in the medical text *Yi zong jin jian* 醫宗金鑑 of 1742, to signify the disease scurvy, may be seen as a further hint at the association of *gan*-illness with malnutrition.

5. Vernacular-Descriptive Terms

Given the lack of a “dead” metalanguage such as the combination of ancient Greek and Latin available to European medicine in the centuries following the Renaissance, Chinese writers resorted to several strategies to build up their specific disease terminology. A first approach may be called vernacular-descriptive. The combination of *bei* 背, “back of the human body,” and *jiang* 強, “stiff,” to form the compound *bei jiang* 背強 may have been understood by virtually everyone, literate or not. It signifies a “stiff back” with difficulties in bending and stretching. The compound *ao tong* 懊痛, “annoyance with pain,” similarly describes a feeling a patient may have experienced after excessive consumption of alcoholic beverages. The compound *ji man* 急滿, “tightness and fullness,” likewise describes an ailment from the perspective of a patient’s sensations. In his *Zhu bing yuan hou lun* of the early seventh century, Chao Yuanfang described the illness as follows: “The disease develops into failure to defecate and urinate. [It is associated with] a feeling of fullness and pain in the head and neck, of tightness and fullness in the lower abdomen. Patients are not in peace, neither when they are up nor when they sit down.”

Such vernacular-descriptive illness terms are not restricted to single characters or binomials. *Bian nong xue* 便膿血 is easily understandable as a reference to “relief (i.e., defecation) with pus and blood.” *Bao zhu xia po* 暴注下迫 is an example of a four-character wording. The appearance of this term in the *BCGM* can be traced for about one and a half millennia to the earliest text of the medicine of systematic correspondences, the *Su wen*, where an author chose to describe a violent diarrhea as

“sudden outpour with downward pressing.” Even compounds of six and seven characters are seen occasionally when the description of a specific condition necessitates a lengthy wording such as *chan hou bai xue chong xin* 產後敗血沖心, “rotten blood surging to the heart following delivery.” *Chan hou xue ben ru si zhi* 產後血奔入四肢 describes a situation conceptualized as “blood hastening to enter the four limbs following delivery.” Vernacular-descriptive illness terms of this type have remained in constant use in materia medica literature and recipe texts into the present. They are an unavoidable consequence of the absence of a technical nomenclature developed by experts for experts.

In some instances modern translations found in Chinese-English dictionaries of traditional medical terminology prefer not to elucidate the images inherent in an illness term introduced as a meaningful vernacular-descriptive term long ago. The terms signifying numbness provide an example. Beginning with the Tang era, traceable to the *Qian jin yao fang* 千金要方 of Sun Simiao 孫思邈 (581-682?), the two characters *ma* 麻, “hemp,” and *mu* 木, “log,” were combined to *ma mu* 麻木 to signify a loss of sensitivity. Hence, *ma mu* 麻木 may justly be translated as “numbness.” Still, this dictionary translates the term differently. A literal translation as “hemp and logs” would be as irritating as misleading; a patient can hardly be said to suffer from “hemp and logs” in his legs. In this case, a compromise appears to be meaningful: “[numbness of] hemp and logs.” Though we have avoided such explanatory brackets in parentheses as much as possible, this case is an exception.

6. Terms Reflecting the Mechanics of the Human Organism

A different approach to the naming of illness resorted to a physiological and pathological understanding based on everyday know-how that also entered the medicine of systematic correspondences. Here the human organism was seen as a system of long-term storage facilities, *zang* 藏, and short-term storage facilities, *fu* 府, interconnected by ducts or conduits, *jing* 經, literally “warp thread.” Blood and qi were considered the normal contents transported through this system. Rheum, pus, snot, bad odors, and various intruders such as moisture, wind, and heat were identified as pathological and had to be removed from the organism. Associated with this understanding of the organism were illness concepts such as “blockage,” “aggregation,” “abiding [item],” and many other terms transferred from a knowledge of simple mechanics in daily life to a conceptualization of human pathology.

An example is *bi* 痹, “blockage” or “numbness.” The sensation of numbness was associated with a notion of the flow of qi and blood being blocked by pathogenic intruders such as wind and cold. *Bi* 痹 is homophone with *bi* 閉, a character used in daily life to describe “closure.” Both characters appear as illness terms; the former is the result of a modification of a vernacular term to a technical illness term. Such terms lend themselves to countless combinations with more specific terms. An example is *bi long* 閉癰, “closure with protuberance-illness.” Given the observation that the flow of urine is restrained by a protuberance-illness, this compound links the vernacular term for “closure” with the technical term *long* 癰.

Some terms link such a simple mechanical understanding of the human organism's "storage facilities" and the network of conduits with more sophisticated concepts found in the medicine of systematic correspondence. An example is the term *pi wei xu* 脾胃虛, "spleen and stomach depletion," an abbreviation of "spleen depletion" and "stomach depletion." At least the stomach must have been known as an anatomical entity to virtually every adult from time immemorial. "Depletion," though, has two levels of meaning. An empty or "depleted stomach" is first of all a colloquial expression requiring no expert explanation in most cultures. Given the functional proximity in Chinese culture of spleen and stomach, "spleen and stomach depletion" may simply be a reference to an insufficient supply of food with the result of a weakened organism, or to a loss, primarily through diarrhea, of food contents before they can be digested. Chao Yuanfang offered a definition to this effect when he stated: "This is a free-flux illness [i.e., diarrhea] that has lasted for an extended period of time and may change into [abdominal] distension and fullness; it may also . . . cause vomiting." However, as a technical term used by medical experts, *xu* 虛, "depletion," conveys an additional notion when combined with the word for one of the long-term storage facilities, *zang* 藏, such as the lungs, heart, spleen, liver, or kidneys. In this conceptual context, a spleen depletion refers to a significant loss of *qi* in the long-term storage facility "spleen." Such a "depletion" is harmful because it generates free space to be entered by intruders from outside the human organism or from a neighboring storage facility within the organism. Terms like *pi wei xu* 脾胃虛 are not defined in materia medica and recipe literature. Their meaning was evident both to laypersons and, as technical terms, to medical experts.

Although referring equally to simple mechanics assumed to work in the human organism, a term like *pi yu* 脾鬱, "pent-up spleen [qi]," may have been more meaningful to experts than to laypersons. Understanding its significance required at least a superficial acquaintance with the basic physiological concepts of the medicine of systematic correspondences. In this context, the spleen is supposed to receive *qi* from the stomach, process it, and supply it to the remaining long-term storage facilities. If the functions of the spleen are restrained, it will be unable to feed the lungs, heart, liver, and kidneys, with all kinds of unfortunate consequences. In such a case, the *qi* may be "pent up" in the spleen, a disease with signs described in the *San yin ji yi bing zheng fang lun* 三因極一病證方論, published by Chen Yan 陳言 in 1174, as follows: "When the liver *qi* is not balanced and manages to overcome the spleen, [this brings forth] pent-up spleen [qi] and [this qi] fails to move. This results in nodular amassments with saliva turning into foam. The *qi* of the depots [i.e. long-term storage facilities] is locked in, and the *qi* of the palaces [i.e. short-term storage facilities] cannot move freely. As a result, the stomach is distended with a feeling of fullness, and the [movement in the] vessels is string-like and retarded." Evidently, this is a definition written by an expert for experts. The level of theorization required to comprehend this explanation may have been beyond the reach of the general public.

7. Locally Specific Terms

Unrelated to the conceptual realm of the medicine of systematic correspondences and possibly enigmatic to the general public are terms that nevertheless appear to have originated from a local or an otherwise specific popular culture. An example is the term *bie jia* 鰓瘕, “turtle[-shaped] conglomeration-illness,” cited in the *BCGM* twenty-three times. It is conceptually related to the term *bie zheng* 鰓癥, “turtle[-shaped] concretion-illness,” cited five times, and to the term *qi bie* 氣鰓, “qi turtle,” which appears six times. These terms reflect an assumption to the effect that certain pathogenic conditions may result in the growth of a turtle in the human organism. The reference to a “turtle” was more than simply a metaphor. Chao Yuanfang in his *Zhu bing yuan hou lun* suggested this when he wrote: 鰓瘕者，謂腹中瘕結如鰓狀是也, “‘Turtle[-shaped] conglomeration-illness’ is to say: these are conglomeration-illness nodes in the abdomen that have the shape of a turtle.” Yang Shiying 楊士瀛 in his *Ren zhai zhi zhi fang lun* 仁齋直指方論 of 1264 differentiated between “turtles” formed by an interaction of blood with wine and those resulting from blood congealing with qi when he wrote: 腹中鰓瘕：平時嗜酒，血入於酒則為酒鰓；平時多氣，血凝於氣則為氣鰓, “Abdominal turtle conglomeration-illness: When someone regularly indulges in drinking wine, when his blood enters the wine, this will result in ‘wine turtle.’ When someone regularly has much qi, the blood congeals with the qi, and this will result in ‘qi turtle.’” Presumably, Yang Shiying’s was an attempt to give some scholarly credence to an ancient folk term by associating it with regular medical concepts such as blood, qi, and the consumption of an alcoholic beverage. Chao Yuanfang’s more realistic idea appears to have survived until recent times. Drawings in nineteenth- and early twentieth-century folk-medical manuscripts show the location and concrete appearance of a “turtle” growth in the human body.

8. Demon Belief Terms

The cultural or regional context that gave rise to the idea of a “turtle” growing in the human abdomen may be difficult to trace. In contrast, a large number of “irregular” illness terms in the *BCGM* signify the widespread and millennia-long transmission, even in a work compiled by a representative of regular Chinese medicine such as Li Shizhen, of terms originating in a belief system acknowledging the existence of demons and their ability to harm human health. Some of these terms were given definitions in earlier medical and nonmedical texts suggesting an English translation that would be impossible if one were to start from the Chinese characters forming the term.

An example is the term *ba bing* 魃病. The etymological dictionary *Shuo wen jie zi* 說文解字 of 100 CE identified the demon *ba* 魃 as *han gui* 旱鬼, or “drought demon.” This dictionary therefore translates *Ba bing* 魃病 as “drought demon disease.” Another example is the term *xiao er qi bing* 小兒魃病. The author of the recipe collection *Tai ping sheng hui fang* 太平聖惠方 of 978–92 must have felt a need to explain this term to his readers. He wrote:

小兒所有此魃病，由婦人懷妊之時，有惡神導其腹中胎妒嫉而制服他小兒令病也。…治小兒生十餘月後，母又有娠，令兒精神不爽，身體萎瘁，名為魃病

Children have this *qi* 魃 disease when their mother is pregnant [again] and a malign demon causes jealousy against the fetus in the abdomen and then takes control over the other children and makes them have a disease.

The explicit reference to jealousy hints at a notion of what is called sibling rivalry today and suggests a translation of *qi bing* 魃病 as “jealousy demon disease.”

An imagined negative relationship between a suckling and a mother’s unborn child may also have been the rationale underlying the term *ji bing* 繼病, literally “transmission disease.” This is a disease first afflicting a suckling and then the fetus in the once-again pregnant mother’s womb. The *BCGM* quoting the *Jia you ben cao* 嘉祐本草 of 1061 explained the term as follows:

繼病者，母有娠乳兒，兒病如瘡痢，他日相繼腹大，或瘥或發。他人有娠，相近亦能相繼也。北人未識此病，

Transmission disease: A mother is pregnant and has a suckling. The suckling has a disease resembling malaria free-flux illness. The next day it is transmitted [to the fetus] and causes the [mother’s] abdomen to increase in size. This may go into remission and then break out again. When another person is pregnant and comes close, a transmission is possible too. The people in the North do not know this disease.

To this quote Li Shizhen added a commentary:

繼病亦作魃病，魃乃小鬼之名，謂兒羸瘦如魃鬼也，

Transmission disease is also named drought demon disease. Drought demon is the name of a small demon. That is to say, the child is as emaciated as a drought demon.

However, elsewhere in the *BCGM*, the author quoted from the *Tang ben cao*’s 唐本草 entry on “a white horse’s eyes,” *bai ma yan* 白馬眼, which in the *Tang ben cao* were recommended to treat *xiao er qi* 小兒魃, “children’s jealousy demon.” In the *BCGM*, this was modified to *xiao er ba bing* 小兒魃病, “drought demon disease in children.”

That is, while the conceptual foundation of some terms resulting from a belief in the illness-causing potential of demons is obvious, in the *BCGM* these terms are met outside their original conceptual context. Medical authors from those of the Tang era *ben cao* 本草 works to Li Shizhen in the sixteenth century may or may not have shared the belief in the potential of demons to cause illness. Sufficient textual evidence exists, however, for the assumption that at least in the *BCGM* the ancient demon terms may have simply been labels of diseases that had lost their original significance. This is comparable to the use of the term *stroke* in English today. It is

no longer associated with its connotation of a demon striking a person and causing loss of consciousness, sudden immobility, and further unexpected conditions.

The move away from a term meaningful in the demon belief system to labels surviving in a different conceptual context is apparent from the modification over time of terms originally meant to convey a notion of demon possession, such as *gui zhu* 鬼注. The character *zhu* 注 was used in the *Shi jing* 詩經 of the late Zhou era in the sense of “water flowing into,” and it appeared in the dictionary *Er ya* 爾雅 of about the 2nd century BCE in the sense of “to attach to.” That is, the notion of demon possession is expressed in the Chinese term *gui zhu* 鬼注 as “demon influx” or “demon attachment.” Apparently, in a regular medical context the term *zhu* 注 was an alien import from its very beginning and required explanation and modification.

An early explanation was provided by Chao Yuanfang when he wrote:

注之言住也，言其連滯停住也。人有先無他病，忽被鬼排擊，當時或心腹刺痛，或悶倒地，如中惡之類，其得瘥之後，餘氣不歇，停住積久，有時發動，連滯停住，乃至於死。死後注易傍人，故謂之鬼注

Zhu 注, “influx,” stands for *zhu* 住, “to stay with; to be attached to.” That is to say, the [disease] stays with/is attached to [a patient] for an extended period of time. When someone originally had no other disease and then was suddenly attacked by a demon, his heart and abdomen may experience a piercing pain. Or he experiences heart-pressure and falls to the ground, as if struck by the malign. After this has been cured, there may be additional qi that have not left. They stay for long, and at times they break out. This continues for an extended period of time until [the patient] dies. After he has died, [these qi] flow over into a bystander. Hence one speaks of “demon influx.”

While the existence of demons is not explicitly denied here, a medical notion of qi is introduced to explain the pathological dynamics. At some time, the character *zhu* 注 appears to have been replaced by its homophone *zhu* 疰. *Zhu* 疰 is a deliberate combination of the character *ni* 疴 signifying “illness” with the character *zhu* 主. The latter is that segment of *zhu* 注/住 that indicates its pronunciation. This way the new character *zhu* 疰 retained the pronunciation of *zhu* 注/住 while at the same time it alienated the term from its original demon belief context and integrated the concept of “influx” and “attachment” into a more regular medical terminology. The term *zhu* 疰 is translated in this dictionary as “attachment-illness.”

Henceforth, even the concept of “demon possession” appears to have been mostly written, at least in printed medical literature, with the characters *gui zhu* 鬼疰. An example is the compound *gui zhu xi tong* 鬼疰心痛, “heart-ache because of a demon attachment-illness.” However, the label *zhu* 疰 was removed even further from its original context when it was also used to form compounds such as *lao zhu* 勞疰, “overexertion attachment-illness,” *chong zhu* 蟲疰, “bug attachment-illness,” *du zhu* 毒疰, “poison attachment-illness,” *re zhu* 熱疰, “heat attachment-illness,” *leng zhu* 冷疰, “cold attachment-illness,” and *shi zhu* 食疰, “food attachment-illness.”

As late as in the twelfth century, Chen Yan 陳言 in his *San yin ji yi bing zheng fang lun* 三因極一病證方論 explained to his readers why all these illnesses included the label *zhu* 注:

以注者、注也，病自上注下，與前人相似，故曰注

This is because *zhu* 注 is *zhu* 注, “to flow into.” The disease flows from above to below, and appears similar to [its appearance in] previously [affected] persons. Hence it is called *zhu* 注.

The communicable nature of *zhu* diseases alluded to here was emphasized by other authors too. In English, a term like *zhu* 注 permitting a reading of “to flow into” and “to attach to” is not available. With *zhu* 注 occurring mostly in compounds retaining a demonological flavor, this dictionary has chosen to remain with the definition of “attachment-illness” suggested by Chao Yuanfang.

9. This Dictionary’s Underlying Principles

The limited number of examples of Chinese illness terms discussed above may suffice to leave users of the *Ben cao gang mu Dictionary* of illness terms and of premodern Chinese materia medica and recipe literature with at least a rough idea of the heterogeneity of Chinese traditional illness terminology. The extreme difficulty of grouping and categorizing these terms on the basis of their conceptual systems is further aggravated by terminologically unclear boundaries between terms signifying causes, pathological mechanisms, diseases, symptoms, and occasionally even therapies. A brief remark is also needed on the anatomical-morphological specificity of ancient Chinese organ terms. There can be no doubt that as early (or as late) as during the Han dynasty all major anatomical components of the human organism were known to Chinese medical experts and, given the absence of a terminology exclusively used by these experts, to educated laypersons too. Hesitation voiced by Western authors in the late twentieth century to translate *fèi* 肺 as “lung,” *gān* 肝 as “liver,” et cetera, has been overcome as knowledge of the contents of ancient texts has improved. Questioning a translation of *gān* 肝 as “liver” or *xuè* 血 as “blood” today would be the same as questioning the translation of *bí* 鼻 as “nose” and *ěr* 耳 as “ears.” The anatomical and material entity is the same in the ancient and modern understanding—only the functions assigned differ. The one exception is the term and concept of *xīn* 心, usually translated as “heart.” Like the respective hieroglyph in ancient Egyptian papyri and *kard-* in ancient Greek medical texts, *xīn* 心 covers both heart and stomach. Apparently, *xīn* 心 was meant to signify a “center,” and this center was varyingly identified as heart and as stomach. When the *BCGM* refers to 心氣痛, “heart qi pain,” it mostly means pain in the stomach duct. Interestingly, in the *Su wen* 素問 at least one quote suggests a link of both meanings: In *Su wen* treatise 10, the term *xīn bì* 心痹, “heart blockage,” is defined as follows:

積氣在中，時害於食，名曰心痹。得之外疾，思慮而心虛

Accumulated qi in the center. Occasionally this is harm caused by food. It is called heart blockage. If one gets it as an external disease, [the reason is that] one thinks and ponders [about something] and the heart is depleted.

Readers of premodern Chinese medical texts need to be aware of this dichotomy. It is not always clear which anatomical entity is meant in a statement.

This dictionary offers definitions and historical data on illness terms encountered in the *BCGM*. Reliance on a list included in the *BCGM* section *Bai bing zhu zhi yao* 百病主治藥, “Pharmaceutical Substances to Treat the Hundreds of Diseases,” would lead one to assume that Li Shizhen acknowledged only about two hundred diseases. This small number may indeed have composed the entire range of disease names Li Shizhen regarded as sufficient to cover the horizon of human suffering. However, the number of disease terms scattered throughout the *BCGM* text, with its innumerable quotations from earlier sources, exceeds this number by far.

A complete list of therapeutic indications encountered in the *BCGM* comprises approximately eighteen thousand illness states. Examples are *er san shi nian tou feng bu yu* 二三十年頭風不愈, “head wind that has not been cured for twenty to thirty years”; *er yin bu tong* 二陰不通, “the two yin[-orifices] are not passable”; *er bian bu li* 二便不利, “the two reliefs [of stools and urine] are not free”; *er bian bu tong chang ji* 二便不通脹急, “the two reliefs [of stools and urine] do not pass, the intestines are tight”; *er bian bu tong* 二便不通, “the two reliefs [of stools and urine] do not pass”; *er bian bu jin* 二便不禁, “the two reliefs [of stools and urine] cannot be restrained”; *er bian bi* 二便閉, “the two reliefs [of stools and urine] are blocked”; *er bian guan ge* 二便關格, “the two reliefs [of stools and urine] are locked up.” This dictionary has not given all of these phrases separate entries.

To arrive at a manageable and meaningful selection of entries, we have identified basic terms, such as *chuang* 瘡, “sores,” and composite terms combining basic terms with a modifying term. Such a combination must result in a changed meaning not immediately understood, as in the case of *yin chuang* 陰瘡, “yin sores,” or sores affecting a person’s private parts. We have not taken into account composites of basic terms with simple additions that do not have a new meaning resulting out of this composition. Examples are combinations of the basic term *chuang* 瘡 with a body part, such as *jiao chuang* 腳瘡, “leg sores”; *zu chuang* 足瘡, “foot sores”; *mian chuang* 面瘡, “facial sores”; *shou chuang* 手瘡, “hand sores”; and *ti chuang* 體瘡, “body sores.” These compounds have not been given an entry of their own.

9.1. Pseudocomposites

In listings of illness terms one often encounters composites of two terms that are, in fact, pseudocomposite terms. They are not standard, and their terms are grouped together simply as items in a list failing to generate a new meaning. The text passage 古方治風毒痹厥諸酒, “all types of wines from ancient recipes to treat wind poison, blockage, and recession” offers an example. The first compound, *feng du* 風毒, “wind poison,” is a standard composite term. It receives an entry of its own because it refers to a pathogenic evil qi including the characteristics of both *feng* 風, “wind,”

and *du* 毒, “poison.” In contrast, the following two characters *bi jue* 痹厥 represent simply the listed items of “blockage” and “recession,” both of which are treated in separate entries. Some compounds, though, are neither pseudo- nor true composites. They signify often-seen combinations of two illnesses closely associated with each other. Examples are *wan die* 踣跌, “[injury from] fracturing and falling,” and *tu nü* 吐血, “spitting [blood] and spontaneous external bleeding.” Such compounds have also been given entries.

The application of this principle has resulted in a selection of approximately 4,500 term entries.

9.2. Two Terms—One Meaning

Numerous therapeutic indications are phrased with different characters expressing, as composites, identical meanings. Examples are the two terms *fu zhang* 腹脹 and *du zhang* 肚脹. Both are used to signify “abdominal distension.” The first appears in the *BCGM* 126 times, the second only 9 times. In such instances, on the basis of their frequency of appearance we have identified one term, here *fu zhang* 腹脹, as the standard term, and the second, here *du zhang* 肚脹, as an alternative designation. A standard term is given a more detailed entry than an alternative designation.

Fu zhang 腹脹, abdominal distension [126]

① AN *du zhang* 肚脹; *lu zhang* 膈脹, the abdominal wall is distended. IS of a) an uncomfortable feeling of fullness and pressure in the abdominal region. *SW* 19: 脈盛，皮熱，腹脹，前後不通，悶膈，此謂五實， “An abounding [movement in the] vessels, a hot skin, an **abdominal distension**, [defecation and urination] in front and in back are not passable; mental and physical pressure, these are called the five repletions.” b) A concrete distension and massive swelling of the abdominal region. *TPSHF* 19: 治乾霍亂，不吐不瀉，腹脹如鼓，心胸痰壅，宜服此方， “To cure dry cholera, when one neither vomits nor has diarrhea, and if there is drum-like **abdominal distension**, with the heart and chest congested by phlegm, it is advisable to ingest this recipe.”

② PC with abdominal distension. *ZBYHL* 15: 脾氣盛，為形有餘，則病腹脹， “When spleen qi abounds, one’s physical appearance has an excess. This leads to the disease of **abdominal swelling**.”

Du zhang 肚脹, abdominal distension [9]

IS identical with → *fu zhang* 腹脹①. *RHZ SE ma bian cao* 馬鞭草：通月經，治婦人血氣肚脹，月候不勻， “It makes the monthly period pass and cures women with **abdominal distension** resulting from blood and qi, with menstrual irregularity.”

Another example is the therapeutic indication “difficult birth.” In the *BCGM* it is expressed with two terms of identical characters in opposite sequence signifying an identical meaning: *nan chan* 難產 and *chan nan* 產難. The former appears in the *BCGM* ninety-one times and is therefore regarded as standard term; the latter appears only fifty-three times and is listed as an alternative designation.

The two terms for “pin sores,” *ding chuang* 丁瘡 [27] and *ding chuang* 疔瘡 [58], may be used here as an example of departing from the principle of identifying a standard term that is used more often than others of identical meaning. In ancient medical texts of Tang and Song times, the character 疔 was not used at all. Books like *Zhou hou fang* 肘後方, *Zhu bing yuan hou lun* 諸病源候論, *Qian jin yao fang* 千金要方 and *Qian jin yi fang* 千金翼方, *Wai tai mi yao* 外臺秘要, *Tai ping sheng hui fang* 太平聖惠方, and *Sheng ji zong lu* 聖濟總錄 always refer to *ding chuang* 丁瘡. The term *ding chuang* 疔瘡 appears for the first time in a *Si ku quan shu* 四庫全書 edition of the *Pu ji fang* 普濟方, possibly as a modification introduced by a Qing era editor. Hence we have identified *ding chuang* 丁瘡 as a standard term, although it is encountered in the *BCGM* only twenty-seven times, and have made *ding chuang* 疔瘡, with fifty-eight occurrences, an alternative designation, despite the latter’s more numerous appearances in the *BCGM*.

9.3. One Term—Different Meanings

The same term may appear in different contexts with different meanings. An example is *xia xie* 下泄; it appears in the *BCGM* thirteen times, to designate (1) an illness sign, *zheng zhuang* 症狀; (2) a pathological condition, *bing zheng* 病證; (3) a pathological mechanism, *bing ji* 病機; and (4) a therapeutic approach, *zhi fa* 治法. For example, in the section *Huang lian fu fang* 黃連附方, “[Pharmaceutical Substance] *huang lian*, Attached Recipes,” the term *xia xie* 下泄 appears in the passage 氣痢後重：裡急或下泄, “Qi free-flux illness with a feeling of heaviness in one’s behind, internal tension, and occasionally a discharge with outflow.” Here it is used to designate an illness sign (IS) to be translated as “discharge with outflow.” In the section *Ji luan bai zhu zhi*, 雞卵白 主治, “Egg White, Main Indications,” it appears in the passage 止煩滿咳逆，小兒下泄，婦人產難, “It stops irritation and fullness with cough and [qi] countermovement, discharge with outflow in children, and difficult birth in women.” Here, *xia xie* 下泄 is used to designate a pathological condition (PC). In the section *Bai bing yin chui* 百病陰吹, “The Hundred Diseases—Vaginal Flatulence,” it appears in the passage 婦人胃氣下泄，陰吹甚喧, “Women with discharge and outflow of stomach qi experience extremely noisy vaginal flatulence.” Here *xia xie* 下泄, “discharge and outflow,” is used to designate a pathological mechanism (PM). Finally, in the section *Pu xiao, fa ming* 朴消 發明, “*pu xiao*, Explanatory Notes,” it appears in the passage 內經云：鹹味下泄為陰, “The Inner Classic states: salty flavor causing draining is yin.” Here *xia xie* 下泄 is used to designate a therapeutic approach (TA) of “draining.”

Hence in the present dictionary the term *xia xie* 下泄 has received the following entry:

***Xia xie* 下泄, discharge with outflow; to drain [13]**

① IS identical with → *xie xie* 泄瀉, outflow ①. *SW* 45: 少陰厥逆，虛滿嘔變，下泄清，治主病者, “Recession with counterflow in the minor yin [conduit results in the following]: depletion with a change to fullness, vomiting, and a **discharge with clear outflow**. Treat the [conduit] ruling the disease.”

② PC identical with → *xie xie* 泄瀉, outflow②, YD SE hou po 厚朴: 大溫。主下泄, 腹痛, “Very warm. Controls **discharge with outflow** with abdominal pain.”

③ PM of a disease-caused downward movement of qi that normally moves upward. LS 22: 氣下泄, 不治, “**Discharge with outflow** of qi. Do not treat.”

④ TA CD of numerous different therapies aiming at stimulating excretion, draining liquids, facilitating intestinal passage, causing qi to move down, and removing extravascular blood. SWBJQYBMJ Fj 上涌下泄, 奪其病之大勢, “Causing upward gushing and **discharge with outflow** will take its major strength away from any disease.”

9.4. Meanings Selected by Li Shizhen

As this is a dictionary of the BCGM, it should reflect the meanings assigned to terms by Li Shizhen. Such an approach confronts three possibilities. First, authors in former times may have assigned a different meaning to a term than Li Shizhen did. Second, different authors in former times may have associated different meanings with one single term, and Li Shizhen may have agreed with one of them. Third, all former authors may have used a specific term with a certain meaning, and Li Shizhen may have added yet another meaning.

An example is the term *xue xia* 血下. It is used as a distinct term in the BCGM thirteen times. In former times it was associated with the general meaning of “bleeding,” “blood loss,” or “hemorrhage,” identical with today’s *chu xue* 出血. Hence the following passage from the *Wai tai mi yao* 外臺秘要, chapter 3:

療天行毒病，鼻衄是熱毒，血下數升者方

All types of recipes to cure diseases resulting from epidemic poison, nosebleed because of heat poison, and bleeding with a loss of several *sheng*.

In contrast, in the BCGM, all thirteen occurrences associate the term 血下 with vaginal bleeding. Hence, the entry devoted to *xue xia* 血下 begins as follows:

***Xue xia* 血下, blood discharge [13]**

IS of bleeding in women through their yin orifice, i.e., vagina.

Another example is *zang nüe* 臟瘧. In the BCGM, under the substance entry *fu zi* 附子, *pi han nue ji* 脾寒瘧疾, “malaria illness associated with spleen cold,” Li Shizhen quotes a passage from the book *Ji sheng fang* 濟生方:

五臟氣虛，陰陽相勝，發為臟瘧，寒多熱少，或但寒不熱，宜七棗湯主之

When the qi in the five depots is depleted, and yin and yang [qi] dominate alternately, this effuses as depot-specific malaria. There is more often a feeling of cold than of heat, or there is only a feeling of cold and not heat. The decoction with seven pieces of *zao* is appropriate to control this.

However, the original text of the *Ji sheng fang* 濟生方 was worded differently:

七棗湯，治五臟氣虛，陰陽相勝，作為瘧瘧，不問寒熱先後，與夫獨作、疊作、間日，悉主之

Decoction with seven pieces of *zao* serves to treat qi depletion of the five depots, with yin and yang [qi] dominating alternately, resulting in *jie* and malaria. Regardless of whether a feeling of cold or heat sets in first or second, or whether one [such cold or hot feeling] appears alone, whether [these feelings] appear accumulated or every second day, [this medication] will master them all.

In the *BCGM* the term *jie nüe* 瘧瘧 appears eight times. At least three possibilities can be imagined for interpreting this compound. It may be read as a genuine composite, in the sense of “*jie*-malaria,” that is, “the *jie* variant of malaria.” It may also be simply a combination of two characters used to signify, in two different regions or traditions, the same illness. Or it may be an enumeration of two distinct illnesses, “*jie* and *nüe*,” with the symptoms of *nüe* in all instances described in terms reminiscent of malaria. In such cases, a more cautious approach has been chosen. The heading of the entry in the dictionary translates *jie nüe* 瘧瘧 as “*jie* and malaria.”

In contrast, the term *zang nüe* 臟瘧, literally “depot[-specific] malaria,” appears in the *BCGM* only once and is attested nowhere in earlier medical-pharmaceutical literature. It may have been a writing error or a new creation by Li Shizhen or someone else of his team, perhaps as an abbreviated version of the term *wu zang nüe* 五臟瘧, “five types of depot[-specific] malaria.” This term is already attested in the Tang era *Wai tai mi yao* 外臺秘要 and appears in the *BCGM* twice. It may have originated in the context of *Su wen* treatise 36 attributing a characteristic *nüe*-disease to the “depots and palaces” in the human organism. Despite its unclear origin, the term *zang nüe* 臟瘧 has been given an entry in this dictionary.

The term *gui tai* 鬼胎 is an example of designations that appear in pre-*BCGM* texts with several different meanings, whereas the *BCGM* conveys only one of these meanings. Prior to the publication of the *BCGM* it was used to express three meanings. A first meaning is found in chapter 42 of Chao Yuanfang’s *Zhu bing yuan hou lun* 諸病源候論:

若榮衛虛損，則精神衰弱，妖魅鬼精，得入於藏，狀如懷娠，故曰鬼胎也

If camp and guard [qi] are depleted and harmed, the essence spirit is weakened. All types of specters and demon-spirits will be able to enter the depots, and the resulting condition resembles a pregnancy. Hence it is called “demon fetus.”

This is a description of a pseudopregnancy assumed to have been caused by the presence of demons in any of the depots. A second meaning of the compound is conveyed in chapter 77 of the *Tai ping sheng hui fang* 太平聖惠方:

治婦人經脈不通，癥塊脹滿，腹有鬼胎方

Recipe to cure women with a blockage of conduit vessels, concretions with distension and a feeling of fullness, and a demon fetus in the abdomen.

Here the term refers to a “demon fetus” that is in fact a “concretion” generated by blocked flow of qi and blood through the conduit vessels. A third meaning is given in the final chapter of the *Nü ke bai wen* 女科百問:

雄黃丸，治妊娠是鬼胎，致腹中黑血數下，腹痛。…服後…初下清水，次下蟲如馬尾狀無數，病極者下蛇蟲，或如蝦卵雞子，或如白膏，或如豆汁

Pills with *xiong huang* serve to treat a pregnancy that is in fact a demon fetus. It causes frequent downward passage of black blood from within the abdomen, accompanied by abdominal pain. . . . After having ingested this . . . [the patient] will pass clear water first. Then innumerable bugs will be discharged resembling hair from a horse tail. When the disease has reached an extreme, [patients] will discharge snake bugs. Sometimes they resemble shrimp eggs or chicken eggs, sometimes a white paste, or bean juice.

Here the term may refer to a molar pregnancy. An examination of the ten occurrences of *gui tai* in the *BCGM* shows that it is used throughout to signify only the notion conveyed by the quote from the *Tai ping sheng hui fang*, a concretion-illness. Hence this is the definition given in the dictionary entry first. It is followed by a quote from a very early, if not the earliest known, literary source, conveying the meaning found in the *BCGM*. The complete entry reads as follows:

***Gui tai* 鬼胎, demon fetus** [10]

PC of → *zheng jia* 癥瘕, concretion-illness and conglomeration-illness, assuming an appearance of pregnancy, with blocked menses and abdominal distension. *TPSHF* 77: 治婦人經脈不通，癥塊脹滿，腹有鬼胎方， “Recipe to cure women with a blockage of conduit vessels, concretions with distension and a feeling of fullness, and a **demon fetus** in the abdomen.”

The term *mu nüe* 牡瘡, “male malaria,” is known from three earlier appearances in medical literature. In the *Jin gui yao lue* 金匱要略, chapter 1, one finds the following wording:

牡蠣湯，治牡瘡

Decoction with *mu li* serves to treat *mu*-malaria.

The term *mu* in *mu li* 牡蠣, literally “male oysters,” and *mu nüe* 牡瘡, literally “male malaria,” is identical. One might speculate that “male malaria” is a disease associated with heat, and since oysters originate from the sea they are classified as yin and are considered, because of the terminological link by means of *mu*, to be able to counter a yang disease. However, the text itself says nothing on a hot or cold nature of

the disease. In Sun Simiao's *Qian jin yao fang* 千金要方, chapter 10, the following statement appears:

蜀漆散，多寒者牡瘡也

Powder with *shu qi*. Those [cases of malaria] with a dominating feeling of cold, they are called *mu nüe*, “male malaria.”

In Wang Tao's *Wai tai mi yao* 外臺秘要, chapter 5, the information given in the *Jin gui yao lue* and in the *Qian jin yao fang* is combined, but instead of *mu nüe* the text speaks of *pin nüe*, literally “female malaria”:

多寒者名牝瘡，牡蠣湯主之方

Those with a dominating feeling of cold are called *pin nüe*. The decoction with *mu li* is a recipe to control it.

Centuries later, the *Pu ji fang* 普濟方, chapter 197, repeats the former version:

病者寒多不熱 名曰牡瘡

Those with a dominant feeling of cold and no feeling of heat, they are called *mu nüe*, “male malaria.”

The *BCGM*, in the entry of *chang shan shu qi* 常山蜀漆, “*Shu qi* from Chang shan,” writes:

牡瘡，獨熱不冷者

Mu nüe are those with a feeling of heat only, and the absence of a feeling of cold.

Hence, the entry in this dictionary shows the change of meanings conveyed by *mu nüe* 牡瘡 over time and reads as follows.

***Mu nüe* 牡瘡, male malaria [3]**

PC of → *nüe ji* 瘧疾, malaria ailment, with a predominance of heat over cold sensations. *BCGM* SE *chang shan shu qi* 常山蜀漆, quoting *WTMY*: 牝瘡多寒者, “Cases of female malaria are those with much cold sensation,” writes: 牡瘡，獨熱不冷者, “Cases of **male malaria** are those with only heat sensation and no cold.”

9.5. Meanings Introduced by Li Shizhen

An example of an entry pointing out a peculiar position held by Li Shizhen, while also drawing attention to older views, is *wu dan* 五疸, “five types of *dan*-illness.” The *Jin gui yao lue* 金匱要略, chapter 2, lists

huang dan 黃疸, “yellow *dan*-illness”; *jiu dan* 酒疸, “wine *dan*-illness”; *gu dan* 穀疸, “grain *dan*-illness”; *nü lao dan* 女勞疸, “*dan*-illness resulting from exhaustion with women”; *hei dan* 黑疸, “black *dan*-illness,”

as the “five types of *dan*-illness.”

The *Zhou hou fang* 肘後方, chapter 4, has omitted “black *dan*-illness” and has split *nü lao dan* into *nü dan*, or *dan*-illness resulting from intercourse with women, and *lao dan*, or *dan*-illness resulting from exhaustion.

疸病有五種，謂黃疸，穀疸，酒疸，女疸，勞疸也

There are five types of *dan*-illness: *huang dan*, *gu dan*, *jiu dan*, *nü dan*, and *lao dan*.

The *BCGM*, section *Bai bing zhu zhi yao* 百病主治藥, “Pharmaceutical Substances to Treat the Hundreds of Diseases,” offers yet another, hitherto unrecorded, definition of only *huang dan*, “yellow *dan*-illness”:

黃疸：有五，皆屬熱濕。有瘀熱，脾虛，食積，瘀血，陰黃

There are five types of *huang dan*; all are associated with heat and moisture. They include *yü re* [*huang dan*] 瘀熱[黃疸], “stagnant heat” [yellow *dan*-illness]; *pi xu* [*huang dan*] 脾虛[黃疸], “spleen depletion” [yellow *dan*-illness]; *shi ji* [*huang dan*] 食積[黃疸], “food accumulation” [yellow *dan*-illness]; *yü xue* [*huang dan*] 瘀血[黃疸], “stagnant blood” [yellow *dan*-illness], and *yin huang* 陰黃, “yin jaundice.”

However, in the entry for *zhu* 豕, “swine,” *zhi gao fu fang* 脂膏附方, “Attached Recipes with Lard,” the *BCGM* quotes the *Zhou hou fang* offering a list reminiscent of the phrasing in the *Jin gui yao lüe*:

五種疸疾：黃疸、穀疸、酒疸、黑疸、女勞疸

Five types of *dan*-illness: *huang dan*, “yellow *dan*-illness”; *gu dan*, “grain *dan*-illness”; *jiu dan*, “wine *dan*-illness”; *hei dan*, “black *dan*-illness”; *nü lao dan*, “*dan*-illness resulting from exhaustion with women.”

Hence the complete entry in the present dictionary reads as follows:

***Wu dan* 五疸, five types of *dan*-illness [4]**

PC referring to five different types of → *huang dan* 黃疸, yellow *dan*-illness. *BJSE zì cǎo* 紫草: 主心腹邪氣, 五疸, “It controls evil qi in the heart and abdomen, and the **five types of *dan*-illness.**”

The “five types of *dan*-illness” have been defined differently by medical authorities. The most widely accepted definition originates from the *Jin gui yao lüe*: *gu dan* 穀疸, “grain *dan*-illness”; *jiu dan* 酒疸, “wine *dan*-illness”; *hei dan* 黑疸, “dark *dan*-illness”; *nü lao dan* 女勞疸, “*dan*-illness resulting from exhaustion with women”; *huang dan* 黃疸, “yellow *dan*-illness.” This definition is repeated in the *BCGM*, substance entry *zhu* 豕, “swine,” *Zhi gao fu fang* 脂膏附方, “Attached Recipes with Lard,” with only a modification from *nü lao dan* 女勞疸 to *nü dan* 女疸, “female *dan*-illness.” In contrast, the *BCGM*’s section *Bai bing zhu zhi yao* 百病主治藥, “Pharmaceutical Substances to Treat the Hundreds of Diseases,” lists *yü re huang dan* 瘀熱黃疸, “stagnant heat yellow *dan*-illness”; *pi xu huang dan* 脾虛黃疸, “spleen depletion yellow *dan*-illness”; *shi ji huang dan* 食積黃疸, “food accumulation yellow

dan-illness”; *yü xue huang dan* 瘀血黃疸, “stagnant blood yellow *dan*-illness,” and *yin huang* 陰黃, “yin jaundice.”

9.6 Error and Intention: The Divergence of the *BCGM* from Its Sources

To provide comprehensive data on individual natural and manmade pharmaceutical drugs, the *BCGM* is known to have relied on numerous earlier texts. Some such sources were compiled more than a millennium ago, others possibly only a few years or decades before Li Shizhen made use of them. The older a primary source, however, the more likely it is that Li Shizhen had access to them only through later secondary sources, such as Song dynasty encyclopedias. A comparison of the wording of quotes from earlier texts frequently shows more or less significant deviations from the original texts. The question here is whether such divergences were intentional or simply the result of careless copying or erroneous reading. A clear distinction between these two possibilities is not always possible. If divergences were intentional, they may have resulted from an advanced nosological or therapeutic understanding or simply from a change in terminological aesthetics. A few examples may illustrate various forms the divergences in the *BCGM* have taken from its sources.

9.6.1. Intentional Divergence—in Style

In its description of the therapeutic effects of *wu jing* 蕪菁, the *BCGM* based its text on the Song dynasty recipe work *Tai ping sheng hui fang* 太平聖惠方. There the description of the illness to be cured is as follows:

身體腫強，舌乾燥硬

The body is swollen and stiff. The tongue is dry and hard.

The *BCGM* shortened this to

身體強，舌乾硬

The body is stiff. The tongue is desiccated and hard.

That is, a two-times-four-characters wording was changed to a two-times-three-characters phrase.

The Tang era recipe book *Zhen yuan ji yao guang li fang* 貞元集要廣利方 describes the therapeutic effects of *bi jie* 萆薢 as follows:

療丈夫腰脚痺，緩急，行履不穩者

It heals males experiencing blockages affecting the lumbar region and legs, with alternating episodes of slackening and tension, so that they are unable to walk steadily.

In the *BCGM*, this information is repeated as follows:

腰脚痺軟，行履不穩者

The lumbar region and legs experience blockage with slackening, with patients being unable to walk steadily.

Here the *BCGM* has moved from a two-times-six-characters wording to a two-times-four-characters statement. Similarly, the following deviation from the original wording may also be attributed to an intention to shorten a statement and make it appear more precise:

The following statement on the therapeutic potential of *wo niu* 蝸牛 in the *Zi mu mi lu* 子母秘錄, a gynecological and pediatric text also of the Tang dynasty, is quoted in the *BCGM*:

小兒鼻下兩道赤者名曰蠱，亦名赤鼻瘡

When the two paths below the noses of children are red, this is called “hidden worms.” Another name is “red nose *gan*-illness.”

The *BCGM* rewords this as

小兒鼻蠱：鼻下兩道赤色，有瘡

Nose with hidden worms in children: the two paths below the nose assume a red color. They have a *gan*-illness.

Even more with an eye to offering short, precise data on illness in its therapeutic advice, the *BCGM* quotes the following effects of *xiong* 熊 from the Song dynasty recipe work *Tai ping sheng hui fang* 太平聖惠方:

治小兒瘡蝨蟲蝕鼻

It cures children with *gan*-illness sores, and bugs/worms eroding their nose.

In the *BCGM* this therapeutic indication is narrowed down to

小兒鼻蝕

Nasal erosion in children

While a comparison of *BCGM* quotes with its source texts suggests a general tendency to shorten original wordings, a comparison of the following two versions shows a difference in style but no difference in their lengths.

The Song dynasty recipe work *Sheng ji zong lu* 聖濟總錄 of the twelfth century contains the following description:

咽喉如有物噎塞，飲食不下

The throat has a feeling as if there were a gullet occlusion with a blockage; beverages and food do not descend.

The *BCGM* changes this statement to

咽喉妨礙，如有物吞吐不利

Throat blockage as if there were an item that fails to move regardless of whether one intends to swallow it or spit it out.

9.6.2. *Intentional Divergence—in Technical Terms*

Possibly as a consequence of a change in describing a loss of consciousness in technical terms including the cause of unconsciousness, a statement on the effects of *fu long gan* 伏龍肝 in the seventh-century Tang recipe book *Qian jin bei ji fang* 千金備急方 was reworded in the *BCGM*. The original statement reads:

鬼魔不悟

Demonic nightmares and unconsciousness

The *BCGM* wrote:

魔寐暴絕

Nightmare with sudden cut-off [of qi]

The term *bu wu* 不悟, “not awake,” is a vernacular description of unconsciousness. It was replaced by a technical term possibly unfamiliar to medical laypersons but known to experts in the theory of qi flow in the human organism, and the consequences of an interruption, or “cut-off,” of this flow.

Similarly, a quote in simple vernacular from the *Qian jin yi fang* 千金翼方, also from the seventh century, reads more “professionally” in the *BCGM*. Again, a common-language description is replaced by a term emphasizing a hidden cause. The original listing of conditions to be treated with *tan huo* 炭火 includes

卒噦

Sudden retching

The *BCGM* writes:

卒然咽噎

Sudden gullet occlusion

One may wonder whether the following change of wording has followed the same rationale. The *Shi zhai bai yi xuan fang* 是齋百一選方, a recipe work from the southern Song era of the twelfth century, refers to

心神不安

restless spirit of the heart

The *BCGM*, once again changing perspective from a description to an underlying cause, writes:

心神不足 “heart spirit [qi] insufficiency”

9.6.3. Erroneous Divergence

The *Ben cao shi yi* 本草拾遺, a Tang dynasty book on the pharmaceutical use of victuals, says of garlic/chives, *jiu* 韭,

止泄白膿

It ends outflow of white pus.

The *BCGM* writes:

止泄血膿

It ends outflow of blood and pus.

Given the close resemblance of the two characters *bai* 白, “white,” and *xue* 血, “blood,” in—perhaps—a handwritten or erroneously wood-carved source text, the change from “white pus” to “blood and pus” may not have been intentional.

Not infrequently, the *BCGM* has illness terms that are not found in earlier texts. The origin of such innovations is often beyond our reach. In some cases, however, it is virtually certain that Li Shizhen or one of his team members simply introduced a writing error. The term *da bai yi* 大白蟻, “big termite,” may serve as an example. It appears in the *BCGM* only once. The *BCGM* entry for *ming* 茗, “tea,” in the section *cha zi fu* 茶子附方, “Attached Recipes with *cha zi*,” has

頭腦鳴響：狀如蟲蛀，名大白蟻。以茶子為末，吹入鼻中，取效。
楊拱，醫方摘要

A ringing sound in the brain, as if there were insects boring, is called “big termite.” Grind *cha zi* to a powder and blow into the nose. This is effective.
Yang Gong. [Quoted from] *Yi fang zhai yao*.

The original text, in *Yi fang zhai yao* 醫方摘要, a recipe book published in 1572, that is, while the *BCGM* was being compiled, has

頭內有蟲蛀響聲，名天白蟻。用茶子細末，吹入鼻中，效

If in the head there is a ringing sound of insects boring, this is called “heaven’s termite.” Prepare a fine powder from *cha zi* and blow this into the nose. Effective.

This suggests that *da bai yi* 大白蟻 may simply be an erroneous writing of *tian bai yi* 天白蟻. A comparison with further texts supports this. In the *Yi xue gang mu* 醫學綱目, a book on clinical medicine of 1389, the text states:

頭內如蟲蛀響，名天白蟻。用茶子細末，吹鼻中

If in the head there is a ringing [sound] as if there were insects boring, this is called “heaven’s termite.” Prepare a fine powder from *cha zi* and blow into the nose.

Similarly, a hundred years after the *BCGM*, the *Zhang shi yi tong* 張氏醫通 of 1695, in chapter 5, wrote:

頭內如蟲蛀響者，名天白蟻…丹方：用茶子為細末，吹鼻中

If in the head there is a ringing [sound] as if there were insects boring, this is called “heaven’s termite.” . . . Recipe for an elixir: prepare a fine powder from *cha zi* and blow into the nose.

That is, the new term “big termite,” *da bai yi* 大白蟻, resulting most likely from an erroneous writing of the character *tian* 天, “heaven,” as *da* 大, “big,” was not continued by authors in subsequent times.

9.6.4. Divergence—Reasons Unclear

Numerous quotes in the *BCGM* show substantial changes in the documentation of therapeutic indications for pharmaceutical drugs. It is unclear what caused these modifications. They are too fundamental to suggest an unintentional divergence, and they often lack a medical-theoretical or clinical rationale. For those interested in tracing the therapeutic effects of historically transmitted Chinese recipes and single pharmaceutical drugs, such discrepancies between source text and *BCGM* quote suggest to never rely on the *BCGM* only but also to take the source text into account. A few examples serve to illustrate this. The *Yao xing lun* 藥性論, a materia medica book possibly of the Song era, writes on the effects of *ma bo* 麻勃:

一百二十種惡風，黑色遍身苦癢

[It cures] 120 types of malign wind, the entire body assumes a dark complexion and suffers from itching.

The *BCGM* has

一百二十種惡風，黑色遍身苦痺攣

[It cures] 120 types of malign wind, the entire body assumes a dark complexion with blockage cramps.

The *Ying tong bai wen* 嬰童百問, a pediatric book of the fifteenth century, writes in its description of the therapeutic effects of *zi bei* 紫貝:

瘡痘入眼

Sores of smallpox enter the eyes.

The *BCGM* writes

癍疹入目

Macule-illness and papules enter the eyes.

The *Xiao er yao zheng zhi jue* 小兒藥證直訣, a pediatric book of the twelfth century, in its description of the therapeutic effects of *hou po* 厚朴, writes:

小兒吐瀉或誤服冷藥，脾虛生風，因成慢驚

When children vomit and have outflow, or if they mistakenly ingest medication with a cold nature, their spleen will be depleted and generate wind. Hence this generates slow fright.

The *BCGM* changes this to

小兒吐瀉，胃虛及有痰驚

When children vomit and have outflow, their stomach is depleted and they have phlegm fright.

10. The Structure of the Entries of this Dictionary

Each dictionary entry begins with the pinyin transcription and the Chinese characters of the term to be introduced. This is followed by an English translation and, in brackets, a number referring to the number of occurrences of that term in the *BCGM*. If this occurrence is frequent, this is indicated by [p], or *passim*. The heading of an entry may also include references to alternative names (AN), alternative writings (AW), and abbreviated designations (AD) of the term in question.

The entry itself begins with a categorization of the term based on a classical Chinese understanding distinguishing between pathological condition (PC) and illness sign (IS). The former is the condition thought to exist in the organism. The latter is a condition resulting from a pathological condition. One identical illness term may be used in historical writings to signify both a pathological condition and an illness sign. A third most frequently encountered categorization is that of etiological agent (EA), reflecting a notion underlying much of illness conceptualization in Chinese as well as European traditional medicine: that is, illness must have a cause, and for an effective treatment the cause should be identified. For all abbreviations used in the entries, see the Abbreviations List at the front of this book. Entries of terms that we have identified as secondary to a standard term of equal meaning refer readers to the entry of the standard term itself. Different classifications of one single term, such as pathological condition (PC), illness sign (IS), therapeutic approach (TA), and etiological agent (EA), are indicated by numbers ①, ②, ③, and so on. Different meanings within these classifications are indicated by a), b), c), and so on. Following its classification, each term is defined on the basis of its usage in the *BCGM*. This is followed by a quote from an earlier, if not the earliest known, medical text elucidating the meaning conveyed by the term in this source. In very few instances, a term found in the *BCGM* was identified only in a text published after the appearance of the *BCGM*. All terms have been translated into English. Where a subsequent term requires a translation identical with the preceding, the translation is not repeated.

If a term is used in the *BCGM* in a form different from an obvious source, both the original source and the modified wording in the *BCGM* are quoted. Titles of texts quoted are given as abbreviations. A complete list of all these titles is provided

in a first appendix following this dictionary. Abbreviated titles of source texts are followed by numbers indicating a chapter (e.g., *QJYF* 4 for *Qian jin yao fang*, *juan* 4), a treatise (e.g., *SW* 44 for *Su wen*, treatise 44), or other types of numbered sections (e.g., *SHL* 229 for *Shang han lun*, paragraph 229; *NJ* 56, for *Nan jing*, difficult issue number 56) where a text passage quoted may be found. Quotes from materia medica books are referred to by the title of the book followed by a reference to the respective substance entry [SE] in that book (e.g., *BJ* SE *wan jiao* 蔓椒 for *Ben jing*, substance entry *wan jiao* 蔓椒). Quotes from the *BCGM* that can be traced to an earlier source text are indicated accordingly (e.g., *BCGM* SE *ren ru* 人乳 quotes *HSYT*: 治风火证，养老尤宜, “It cures wind and fire condition, and is particularly well-suited for nourishing old people”). Often a quote from an earlier source text appears in a modified wording in the *BCGM*. This is indicated by the following structure: *BCGM* SE [substance name] quoting [source text] writes: [BCGM text] (e.g., *BCGM* SE *bie* 鳖 quoting *SHZBL* 4: 斑豆烦喘, “Macule smallpox with vexation and panting,” writes: 癍痘烦喘, “Macule-illness with smallpox, with vexation and panting”). When quotes from the *BCGM* or from earlier texts include references to pharmaceutically used herbal, mineral, and animal substances, their names are provided in the entries with their pinyin transliteration. An identification of these transliterations in terms of the botanical, mineralogical, and zoological definitions is provided in a second appendix to this dictionary.

Berlin, 2014

2. Dictionary

- A -

Ai chuang 癰瘡, **tumor sores** [2]

PC of → *chuang* 瘡, sores, conditions that form peaks and reach deep into the tissue, with separate entities next to each other, and a poisonous root kept deep inside and boring through the interior. *PJF* 288: 黃芩散, 癰瘡爛腫化惡膿, 止痛活血, 以洗之, “The powder with *huang qin* is used for washing **tumor sores** with festering and swelling, and transforming to a malign putrescence. It ends the pain and quickens the blood”.

An ding 暗疔, **pin-illness with dim vision** [4]

PC of red → *ding chuang* 丁瘡, pin sores, with a protrusion on top that is often accompanied by loss of consciousness and/or restlessness. *PJF* 274: 亦治暗疔, 瘡頭凸紅色, 使人昏憒狂悖者, “It also cures **pin-illness with dim vision** where the top of the sores protrudes and assumes a red color while causing that person to become unconscious or turn wild”.

An feng 暗風, **dim-vision wind** [16]

PC of sudden dizziness or transient unconsciousness. *WTMY* 13: 廣濟療瘵氣, 心忪, 骨蒸熱, 暗風, 驚甲丸方, “Recipe for pills with *bie jia*: widely helpful in the treatment of string-illness qi, heart agitation, bone steaming with heat, and **dim-vision wind**”.

An mu 暗目, **dimmed eyes** [2]

PC identical with → *mu an* 目暗, dim vision. *BCGM* SE *qing yu* 青魚 quoting *KBBC*: 主目暗, “It controls dim vision”, writes: 點暗目, “Drip into **dimmed eyes**”.

Ao nao 懊惱, **anguish** [7]

IS of dryness and heat in the heart and chest, with vexation and heart-pressure accompanied by an inability to calm down. *SHL* 76: 反覆顛倒, 心中懊惱, 梔子豉湯主之, “Repeated peak inversion with **anguish** in the heart; the decoction with *zhi zi* and *chi* will master this”.

Ao tong 懊痛, **annoyance with pain** [2]

IS identical with → *fan teng* 煩疼, vexing pain. *ZHF* 4: 酒疸者, 心懊痛, 足脛滿, 小便黃, “In the case of wine *dan* illness, one experiences **annoyance with pain** in the heart and a feeling of fullness in legs and shins. The urine is yellow”.