

吐法 下法

Towards a working methodology for translating Chinese medicine

In the past three issues, Tony Reid and Nigel Wiseman have argued the question of standardisation of TCM terms and the accurate translation of traditional medical Chinese into modern English. The discussion continues ...

By Dan Bensky, Jason Blalack, Charles Chace and Craig Mitchell

OVER THE PAST 15 YEARS or so there has been a great deal of discussion related to the proper way of transmitting Chinese medicine to the West, with a specific emphasis on translation methodology. We are a group of practitioners of Chinese medicine who are native English speakers and who have varying degrees of experience translating Chinese medical texts for a variety of forums. We represent a broad spectrum of translation approaches that includes extensive direct experience with all of the major positions being advocated. Our individual views on the transmission of Chinese medical texts to the West are by no means monolithic, and in some cases they are almost diametrically opposed.

We have joined together to write this article as a positive contribution to this topic. Our aim is to present an inclusive perspective on what we believe are the key issues currently under discussion. In this paper we will define the areas in which we all agree. We will present the basic operating principles that we all work with in the hopes of helping to define a common ground for all approaches to Chinese medical translation. Although our individual application of these essential premises will inevitably vary among us, they are the principles that ultimately determine the course of our decision-making in specific situations. They include the following:

1. From our perspective, Chinese medicine is characterised by a conceptual flexibility that encourages multiple solutions to a given problem. Just as health complaints may be approached from a variety of different models within Chinese medicine, there will always be some variability in how language is used within the medicine. Far from being a problem, this is a characteristic that translators can make use of in transmitting Chinese medicine to the West.
2. Glosses are a useful tool for consistently translating Chinese medical terms that are used in a consistent manner throughout the literature. That said, individual Chinese medical texts are often characterised by a nuanced interpretation of these terms, and that is precisely one of the things that makes them of interest to Western readers. In light of this, translators cannot rigidly adhere to any fixed term set. Moreover, there are many instances, particularly in the pre-modern literature, where Chinese medical terms clearly do not have the meanings that are often attributed to them today.
3. It is these sometimes very slight interpretive variations of Chinese medical terms that argue against rendering a term with a single English language equivalent. This finds its proper expression in the variability with which translators translate the same word. Another way of saying this is that although there is an overall agreement on the general meaning of Chinese medical terms, they are also very sensitive to context, which may exert a significant influ-

ence on their translation into English.

4. A plurality of English terms for a given Chinese word does not necessarily obscure its meaning. On the contrary, it has the potential for promoting a more well-rounded understanding of that word. Its general meaning may remain the same, yet each well-considered English language translation sheds light on the overall scope of its use in the medicine.

5. By contrast, the rigid application of the principle of one-to-one correspondence in translating Chinese terms into English easily oversimplifies Chinese medical ideas and tends to obscure the very interpretive nuances that make individual texts worth reading.

6. Translating Chinese medical terms using common English words or using words requiring immediate recourse to dictionary are both valid approaches. Each methodology has its strengths and weaknesses. All translation involves loss; these different methods attempt to limit the loss in overlapping, but different, areas. In the end, we believe that these preferences have more to do with the conceptual biases and aesthetic inclinations of the translators than the effective transmission of the medicine. Chinese medical texts have been accurately transmitted into English using both methodologies. What is more important is how these methodologies are applied.

7. The question of how one defines a “term” in Chinese medicine is quite complex and the implications of that determination have far reaching consequences. If a word has an entry in a Chinese medical dictionary does that make it a term? If so, then the Chinese medical term set is truly massive and even our current best English-language dictionary, Wiseman’s *Practical Dictionary*¹, is incomplete and in many cases misleading. If one defines terms as those unusual words that a non-medical reader would not recognise, or those words that have a special meaning in medicine that is very different from the common meaning, then one ends up with a much smaller and more manageable term set.² Furthermore, this determination is not static. When an author uses a common word in an idiosyncratic manner and that usage is worthy of note, any word may rise to the level of a term that needs to be explained. Conversely, terms that are commonly understood by the layperson, even when used in a specific medical context, may not rise to this level.

Although the authors of this paper are not in agreement as to the size of the Chinese medical term set, we believe that its size is not of critical importance because any term set is inherently flexible and changeable. The crucial issue for us is the flexibility and rigor with which these translation choices are made. In practical terms, the gloss accompanying a translated text is an expression of its presumed term set. Glosses must certainly

be applied consistently, particularly within a given text, though not blindly. In every instance, it behooves translators to consider if the default term in their gloss is really the best word for the job.

8. The pluralism that we advocate is presented not so much in opposition to the concept of a fixed term set as it is a perspective that encompasses multiple translation methodologies including a standardised approach. Our critique of fixed term sets and one-to-one translation is presented only as a means of illustrating why we prefer the methodology that we do.

9. Those who engage in Chinese medical translation must have an adequate understanding of the medicine and the language. If this is not the case then it is a virtual certainty that significant errors will be introduced in the process of translation.

As these principles are only meaningful within the context of the translation process itself, we will develop them further by discussing our rationale for translating a few Chinese medical terms.

Pluralism as a hallmark of Chinese medicine

Chinese medicine is marked by a few characteristics that we believe are relevant to this discussion. Primary among these is *pluralism*, as throughout the entire history of Chinese medicine multiple approaches to diagnosis, systems of underlying concepts, and principles of treatment have coexisted. Another essential aspect of Chinese medicine that it shares with Chinese culture as a whole is the importance of *context*. Context, perhaps best known in the West as the importance of connections (关系 *guān xi*), is a concept that permeates all aspects of Chinese culture from the aesthetic of its painting to the grammar of its language. No one, no thing, no concept, no word, and no acupuncture point contains the full gamut of its meaning and importance out of context.

Pluralism and the importance of context lead to a few other important characteristics of Chinese medicine. These are *flexibility*, *fluidity*, and *appropriateness*. The first two (which are two aspects of the Chinese concept 灵活 (*líng huó*), literally “spirited and lively”) have to do with being flexible in utilising the style of practice or modality that best fits the patient and their condition along with a fluid use of the tools and concepts of each style or modality.

This is tied up not only with their appropriate use, but also issues such as the right intervention at the right time, as well as considerations such as dosage and amount of needle stimulation. The opposite of this approach in medicine is considered to be poor practice and is called being rigid or inflexible (死板 (*sǐ bǎn*), literally being “as dead as a board”). It is not considered poor practice primarily because it violates the ethos of the

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medicine, but because a flexible approach gives rise to a greater understanding and is more efficacious.

The Chinese medical principles of flexibility, appropriateness and sensitivity to context run through the following discussions.

Plurality and sensitivity to context

Almost all translators utilise the principle of flexibility and adhere to the need for sensitivity to context in their work. For example, the Eastland Press draft glossary³ states these principles quite clearly and gives many examples, such as glossing the word 避 (*bì*) as repels or clears away depending on the context. Nigel Wiseman, arguably the most vocal advocate of one-to-one correspondences and standardisation of medical terminology, clearly remains flexible in regard to context in the books that he has participated in writing. This is apparent in many of the entries appearing in his *Glossary of Chinese Medical Terms*. There are, of course, Chinese words that simply have multiple uses. For instance, tongue coats may be 滑 (*huá*) glossy, but pulses are 滑 (*huá*) slippery. The word is the same, but its meaning differs based on the context in which it is used.

There are also words that are translated slightly differently to better represent nuances of meaning in Chinese. For instance, Wiseman glosses 安 (*ān*) as “quiet” yet depending on the context, he translates it as “tranquil,” “peaceful” or “resting.” Wiseman glosses the common compound 不安 (*bù ān*) as “disquieted” yet he also routinely translates the term as “agitation,” “unquiet,” “stirring,” “fidgetiness,” or “restless.”⁴

Similarly, Wiseman glosses 走 (*zǒu*) as penetrate (v), penetration (n.); wandering (n.). As soon as Wiseman pairs it with 罐 (*guàn*: cup) as in the phrase 走罐 (*zǒu guàn*), he chooses to translate the phrase as “slide-cupping” not “wandering-cupping.” This latter translation would not technically be incorrect but fails to clearly convey the meaning. Here Wiseman opts for transparency rather than rigidly adhering to the principle of one-to-one correspondence.

Considerations such as these are the rule rather than the exception in transmitting Chinese medicine into English. The concept of one-to-one equivalence assumes that there is a single best word choice that is applicable in the vast majority of cases. This equivalence is clearly an illusion when even the staunchest proponents of this idea so often find themselves defaulting to a

pluralistic approach when actually doing translation work.

Consider, for instance 忧 (*yōu*). We prefer to translate this term as “worry, upset, or melancholy” and Wiseman prefers “anxiety.” It is one of the seven affects and is (most commonly) related to the Lung. But in the opinion of the noted modern commentator on translation, Xie Zhu-Fan, 忧 (*yōu*) has at least two meanings. Depending on the context of the usage it can mean grief (忧伤 *yōu shāng*) in modern Chinese) or worry (担忧 *dān yōu*) in modern Chinese). He believes that it means worry when related to the Spleen and grief when used in reference to the Lung.⁵ Clearly, no single word from anyone’s gloss will suffice for all these situations.

Flexibility

The goal of translation must be to transmit as much as possible of the meaning of the original words into a reasonable form in the target language. We believe that while in general consistency is a virtue, flexibility is also important to achieve this goal. Sometimes this flexibility is built around an understanding of the pluralities of meanings of the Chinese words. One example is the character 败 (*bài*). When this character appears in different words it can require a variety of translations because of different meanings of the term in question as well as differences in Chinese and English syntax. At least since the Warring States period, this word has a few different, although closely related, meanings. These include to ruin, to corrupt, and to defeat. These different meanings show up in Chinese medical terminology where 败毒 (*bài dú*) refers to the defeat of a toxic condition (and can be translated as overcomes toxins). In other cases 败 (*bài*) means corrupted or spoiled as in 败血 (*bài xuè*). This term refers not to blood that has been defeated or overcome, but to blood that should have been discharged but has not been (primarily after giving birth) and has spoiled. This can be translated as corrupted blood.

The word 益 (*yì*) is another excellent example of a word requiring flexibility in translation in that it has been used in different ways throughout medical history. Wiseman glosses 益 (*yì*) as “boost,” whereas Eastland Press prefers “augment” or “benefit.” None of these is inherently incorrect. Some writers have argued for the use of “boost” based on its affinity for suggesting an upward lifting action, particularly in

relation to the central qi. This is consistent with Li Gao’s use of the word in his *Treatise on the Spleen and Stomach* (脾胃论 *Pí Wèi Lùn*). This is helpful information as far as it goes. In modern times, however, 益 (*yì*) is most frequently equated with the common term “tonify” (补 *bǔ*), which does not suggest an uplifting action at all.⁶ Such an interpretation is evidenced by the common use of the words 益气 (*yì qì*) in describing the actions of herbs such as *Gān Cǎo* (Glycyrrhizae Radix) and *Chén Pí* (Citri reticulatae Pericarpium). The latter herb is said to have a descending action and the use of 益 (*yì*) refers only to its ability to supplement (or add to) the body’s qi.

益 (*yì*) is appropriately translated as boost if one intends to convey the function of both tonifying and lifting. If, however, the text one is translating uses the word synonymously with tonify (补 *bǔ*), then another word, perhaps “augment,” is preferable. This example illustrates that the pre-modern usage of some terms is still prevalent in modern sources. It also illustrates that the meanings of Chinese medical terms do change over time and that there is significant variability of usage between authors. Most Chinese medical writing is characterised by classical and pre-modern quotes imbedded into the modern discussions. These quotes have words and phrases that were written by ancient authors whose word choices are not always consistent with our modern understanding. Sometimes an archaic meaning is more correct for a given context, even if it appears in a modern text.

Even terms that appear to have been used consistently and transparently throughout history merit close examination. Xie Zhu-Fan points out that the meaning and translation of even a common term like 精气 (*jīng qì*) is dependent on the surrounding grammatical structure. 精 (*jīng*) could be an adjective meaning “essential qi.” It could be two juxtaposed nouns rendering “essence and qi.” 精 (*jīng*) could also be a possessive noun making the term “qi of essence” or even the inverse “essence of qi” as *The Chinese Textbook of Programmed TCM* course defines it.⁷ Rigidly translating 精气 (*jīng qì*) as essential qi is clearly a prescription for error. We also have to remember that Chinese medical works have been written by a large number of people over thousands of years without reference to a gloss or a rigidly defined term set. Idiosyncratic usages are common and translators need to be aware of this fact and then deal with different usages appropriately.

Appropriateness

The appropriateness of a translation, even more than the other characteristics that we have been discussing, is a judgment call. A particular translation or approach that may seem spot-on to one group of translators appears to be a particularly poor choice to others. To some, this may be a reason to standardise in order to remove one aspect of subjectivity. To us, this is a major reason not to standardise, both as we realise that different understandings of a word can have their own validity (and therefore can be of use to readers) and because this kind of difference convinces us that we should be a little modest in evaluating our abilities and not carve them in stone just yet.

One example of this issue is the word 郁 (*yù*). This is translated by Wiseman as “depression” and occurs in such compounds as depressed heat (郁热 *yù rè*), exterior depression (表郁 *biǎo yù*), and Liver qi depression (肝气郁 *gān qì yù*). Wiseman has written in reference to this word: “In Chinese medicine, it denotes stagnation (of *qì*) due to internal causes, notably in people who are angry, frustrated, depressed, etc.”⁸ He feels that “depression” is a particularly apt translation as its two main meanings in English are “sluggish” and “sad” and so matches very well with the Chinese medical concept of a specific form of *qì* stagnation as well as the emotional state the word in Chinese represents.

From another perspective, depression is not an appropriate translation at all. The original meaning of the word depression means to be pressed down, a usage that is still common in English. However, the word 郁 (*yù*) does not mean this but instead has a set of meanings that relate to being pent-up or stagnated. This connects to its use in Chinese medicine where, as Wiseman points out above, 郁 (*yù*) refers to a type of stagnation. We suggest the word “constraint” as a default translation for this term, although sometimes “pent-up” works better. To us this has the advantage of being accurate and appropriate across a variety of uses. For example in 表郁 (*biǎo yù*) (which we translate as exterior constraint) cold is compressing the exterior of the body, not slowing it down nor pressing it downwards; the same is true of 郁热 (*yù rè*) (which we translate as heat from constraint).

Differences in opinion relating to appropriateness come into play even in terms of the emotional meaning of this term. To some of us, there is a nuance lost when

translating 郁 (*yù*) as depression as it misses some of the possible cross-cultural distinctions. To most Westerners, being depressed is a synonym for feeling low; in East Asia it is common for the experience to be one of being stifled and frustrated. Regardless of whether one prefers to use the word depression or constraint, the important thing is to realise that both are thoughtful translations that can be useful in illuminating this word's broader scope of meaning.

False transparency

Sometimes a literal translation may provide an immediate and succinct understanding of a word. Other times it can be overtly misleading. The compound 拒按 (*jù àn*) is an example of how various translations illuminate the overall meaning of a word. 拒 (*jù*) is a verb meaning to repel, to resist, or to expel. 按 (*àn*) is a verb meaning to press or palpate. Translating 拒按 (*jù àn*) as “refuses pressure” seems straightforward enough, and that is indeed the translation preferred by Wiseman. However, that is not always what the term means. To be sure, patients suffering from appendicitis or peritonitis may have an acute abdomen that is indeed so painful that it physically refuses pressure. In such cases it may well be appropriate to translate this term as “refuses pressure”. It is much more common, though, for patients simply say, “ugh, that feels bad when you press there.” The sensation is often one of discomfort as opposed to overt pain or tenderness. There is not necessarily any guarding or resistance on the part of the patient. Abdomens that 拒按 (*jù àn*) may or may not be distended, and may be accompanied by bloating but these are not distinguishing features of 拒按 (*jù àn*). On the contrary, it is very possible that abdomens that 拒按 (*jù àn*) may be rather flaccid. In most cases, we believe it is preferable to translate 拒按 (*jù àn*) simply as “discomfort upon palpation”. The choice of a phrase like “discomfort upon palpation” is an example of a preference for transparency in translating medical terminology into English. Advocates of a standardised Chinese medical terminology often argue against this premise on the grounds that unusual terminology disabuses the reader of their preconceptions regarding a term and compels them to look up the meaning of the word for themselves. In this case, readers will find that the *Practical Dictionary* defines “refuses pressure” as “*jù àn* – (of pain or discomfort, especially in the chest or abdomen) to be exacerbated

by pressure; a sign of interior repletion.” This definition, though brief, suggests that in most cases 拒按 (*jù àn*) can be rendered in an entirely accurate and arguably more transparent manner as “discomfort upon palpation”. The considerations involved in translating 拒按 (*jù àn*) also illustrates that sensitivity to context is essential to an effective translation strategy.

Trade-offs in translation

We recognise that trade-offs are inherent in every facet of the translation process. For example, some of us prefer to use English translations for traditional disorders where the meaning is at immediately apparent. The problem with this approach is that there can be instances when the preferred translation does not work completely. One example is 痹 (*bì*) which, when referring to a disorder, usually refers to joint or muscle pain from a combination of wind, cold, and dampness entering the channels and obstructing them. Based on this understanding, in Eastland Press books this is translated as “painful obstruction”, the meaning of which is both transparent and accurate in the majority of cases. The translation used by Wiseman, “impediment”, emphasises the obstruction in the channels and while being opaque to the inherent significance of physical discomfort in 痹 (*bì*), has the advantage of being able to be used without any further glossing whenever the disease term 痹 (*bì*) occurs.

There is one type of 痹 (*bì*), blood 痹 (*xuè bì*), which is characterised more by numbness than pain. Translating this term as “blood painful obstruction” would be somewhat misleading in that it highlights the sensation of pain without acknowledging the distinguishing symptom of numbness. “Blood impediment” is arguably more accurate but it, too, fails to evoke the unique quality of this disease. Both translations are approximations of the original scope of meaning.

Properly translating the term 发热 (*fā rè*) involves a similar trade off. 发热 (*Fā rè*) refers to a subjective sense of fever or heat in the body. Prior to the advent of the thermometer in the 1800s all fevers were subjective so it is quite reasonable to simply translate this term as “fever” when working with pre-modern Chinese medical literature. Modern readers today, however, associate fever with an objective elevation in body temperature, possibly even in the absence of a subjective sense of warmth. One may therefore choose to translate 发热 (*fā rè*) as heat effusion when it is

used to refer to a subjective sense of heat and as fever when it is used in the modern biomedical sense of the word. Conversely, one may choose a single word like feverishness to convey both meanings. The word 利 (*lì*) poses a similar conundrum. One may invariably translate 利 (*lì*) with a single word reflecting its most general scope of meaning, or one may translate it on a case-by-case basis, to reflect its precise meaning in a given context. Both approaches are legitimate and strong arguments can be made for each. In the end, these are matters of personal preference, not scholarship.

Yet another translational difficulty arises with terms that mean different things in different contexts. An example of this is 中风 (*zhòng fēng*). In the context of the *Discussion of Cold Damage* (*Shāng Hán Lùn*), it refers to a pattern of externally contracted disease characterised by feverishness, aversion to wind or cold, and mild sweating and treated with *Guì Zhī Tāng* (Cinnamon Twig Decoction), which is reasonably translated as either “wind strike” or “wind attack”. Of course, the exact same term is used in both classical and modern texts to refer to the sudden onset of hemiplegia, loss or distortion of speech, etc., which we recognize as stroke and translate as “wind stroke”. There is neither a difference in the characters, nor a special punctuation mark to indicate these different usages, there is only the textual context and the understanding of the translator to guide the appropriate choice.

Conclusion

As we have seen, the various approaches to translation discussed above are in practice much less polarised than they seem. Those opposed in principle to pluralism and transparency in translation are inevitably drawn in that direction simply for the sake of clarity and readability. Conversely, those opposed to one-to-one correspondences still work from glosses in the interest of consistency. The authors of this paper all differ with regard to the degree that we endorse standardisation and transparency in the translation of Chinese medical texts into English. Wherever each of us may fall along this continuum, we believe that this is nothing more than personal preference. In the end it is of secondary importance. What we do agree on is the following:

Regardless of whether one is an advocate of transparency in word choices or one favors a more technical approach that requires immediate recourse to a dictionary, words that are used in a consistent manner throughout a text should be translated as much as possible in a consistent manner throughout a given text. However, because of idiosyncratic and inconsistent word usage, there are times where this may be impossible and undesirable. If translators state their bias in the introductory notes to a translation, the reader

will then know which approach is being taken and what problems may be encountered. For example, a translator who is using a fairly strict glossary approach, which is sometimes referred to as source-oriented translation, should necessarily alert the reader to any instance in which the translator chooses to veer away from the standard term set, because of the importance of maintaining the connection between the source material and the translation. This however does not guarantee, as seen above, that the words that are pulled straight from the gloss are correct for the usage at hand, which therefore can mislead the end-reader.

However, a translator who is using a less strict, more transparent approach, which is sometimes referred to as target-oriented translation, will by design be making different word choices not specifically connected to the gloss, but to their understanding of the source text. It has been argued that source-oriented translation is truer to the original text, whereas target-oriented translation relies overly much on the translator's knowledge. We would suggest that these approaches are both valid and that each has specific limitations. Either can produce valid and valuable work, and optimally readers are told in advance which approach has been used.

Glossaries and dictionaries are useful in one way in the context of lexicography, another way in the context of translation, and yet another way in the context of reading texts. Thus, the degree of standardisation and consistency required for the accurate production of a dictionary, glossary, or other reference work, is different than the flexibility required for producing a nuanced translation that accurately transmits the source text into the target language. In fact, the many examples referenced above indicate that a thorough understanding of the source text combined with a flexible approach to translation is the linchpin of effective translation. Whatever the methodological bias of the translator, all quality translations will inevitably incorporate aspects of standardisation and pluralism, accurately transmitting the meaning of a text in a manner as accessible as possible. Arguments advancing one extreme of this continuum or another are inconsistent with the realities of translation work.

In this paper we have used our areas of common agreement as a basis for defining what we consider to be the essentials of translating Chinese medical texts into English. We have suggested a template for articulating a model of Chinese medical translation that is pluralistic, inclusive and consistent with the sensibilities of Chinese medical thinking. We hope to have defined a position that will resonate with those in the Chinese medical community who are looking for a reasonable and intellectually rigorous middle ground in the discussion of translating Chinese medical texts into English.

Endnotes

1. Wiseman, N., Ye F. (1998). *A Practical Dictionary of Chinese Medicine* (2nd Edition). Brookline, Massachusetts: Paradigm Press.
2. An example of this would include the *Draft Glossary for Chinese Medicine* by Eastland Press. Note that in this gloss, no clear demarcation is made between technical terms and other words.
3. Eastland Press (2006). *Draft Glossary for Chinese Medicine*. Available at: www.eastlandpress.com/upload/pdf_20060316150625_2/draft%20Glossary%203-13-06.pdf
4. Wiseman, N. (2005) *Chinese-English Dictionary of Chinese Medicine* CD Version 4.
5. Xie Zhu-Fan (谢竹藩) (2003) *Standard TCM Nomenclature: On the Standard of Nomenclature of Basic Chinese Medical Terms* (IV), CJIM 9(2), p. 148-151
6. Wu Da-Zhen, Yu Chuan-Long 总编: 吴大真 余传隆 (1995). *Standard Dictionary of Chinese Medicine* (中医辞海), 中国医药科技出版社, p. 1157
7. Xie Zhu-Fan (谢竹藩) (2002). *Standard TCM Nomenclature: On the Standard of Nomenclature of Basic Chinese Medical Terms* (II), CJIM 8(3), 231-234.
8. Wiseman, N. *Against Anti-terminology* issued on the Chinese Herbal Academy Listserv, August, 2002, 12.



SUN TEN SEMINAR

November 2006

Respiratory Disorders

Traditional Chinese Medicine in the Management of Asthma, Bronchitis, Sinusitis, Cold and 'Flu

Sun Ten invites you to share the knowledge and experience of well-known TCM practitioner and teacher Greg Bantick as he discusses the TCM treatment of Respiratory conditions. Clinically relevant and fascinating, this seminar provides attendees with a clinically successful interpretation of the classics of Chinese Medicine, combined with research regarding respiratory disorders commonly presenting in clinics. It also provides an introduction to a wide variety of treatment techniques for most common respiratory disorders.

By attending the November Sun Ten Seminar presented by Greg Bantick, you will:

- Appreciate the relationship between TCM patterns and modern biomedical disorders.
- Study many cases of successful treatment with TCM herbal formulae.
- Learn how to modify these formulae for greater effectiveness and range of use.

Greg Bantick, M.T.O.M., L.Ac. (CA)

Dates and Venues

Brisbane - Sunday November 5th 2006

Carlton Crest, King George Square
Brisbane.

Melbourne - Sunday November 12th, 2006

Novotel Melbourne on Collins, 270 Collins Street,
Melbourne.

Sydney - Sunday November 19th, 2006

Mercure Sydney Airport, 20 Levey Street,
Wolli Creek.

Seminar Times:

Registration from 1:30 pm - 2:00 pm

Seminar runs from 2:00 pm - 7:00 pm

(including two half-hour breaks)

Dinner will be served from 7:00 pm - 8:30 pm

Total lecture time of four hours.

As well as the informative specialised topics, this seminar will include:

- An extensive overview of Chinese medical terminology for the treatment of respiratory disorders.
- An explanation of traditional Chinese treatment strategies for respiratory disorders.

Greg Bantick will present many of his personal experiences from his own extensive clinical practice to illustrate the treatment approaches that will be detailed in the seminar. Greg has been very well received at the previous Sun Ten seminars he has presented. He delivers a seminar that contains numerous relevant case studies from personal experience and clearly describes the seminar topics in an easy to understand manner.