

# 1-StopAsia Orange Book Series

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Thai Language Quality Standard  
**Medical Edition**

Published by: 1-StopAsia Thai Linguistic & Medical QA Team  
Domain: Clinical Documentation | Patient Materials | Pharmaceutical | Regulatory



## 1. Introduction

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This guide is part of the 1-StopAsia Orange Book Series. It documents the quality standards applied by our Thai linguistic and medical QA teams when working on medical content for which no client-defined style guide exists.

Thai medical localization requires more than linguistic accuracy. A translator with native Thai fluency and general translation skills will still produce substandard medical content without explicit training in the conventions documented here. Medical content also carries patient-safety stakes that ordinary copy does not: a mistranslated symptom, an altered dose, or a clinical term confused with an everyday word can cause real harm. Thai adds its own pressures: the absence of spaces between words, the decision of whether to transliterate or translate drug and device names, and a sharp divide between the register used for clinicians and the plain language required for patients.

This document is organized into five sections:

- **Terminology and Proper Name Handling:** How drugs, devices, and clinical terms should appear in Thai, and when to transliterate them rather than translate.
- **Register and Tone for Medical Content:** The register choices that distinguish clinician-facing documentation from patient-facing materials.
- **Readability and Sentence Structure:** The structural errors that most consistently reduce Thai medical copy to literal translation.
- **Idiomatic and Clinical Expression:** How English medical idioms and figurative phrasing must be recast for Thai audiences.
- **Punctuation, Format, Numbers, and Units:** Thai-specific formatting rules, including the safety-critical handling of doses, units, and ranges.

**⚠ Medical Note:** This guide applies when no client instruction, translation memory, glossary, approved terminology list, or style guide is available. When client materials or approved drug nomenclature exist, those always take precedence. Any safety-critical ambiguity (dose, route, frequency, contraindication) must be raised with the PM before the project begins.



## 2. Terminology and Proper Name Handling (คำศัพท์เฉพาะทางและการทับศัพท์)


Incorrect handling of drug names, device names, and standardized clinical terms is among the most consistent errors in Thai medical localization. Non-specialist translators tend either to invent ad-hoc transliterations or to misspell established clinical terms that have a single correct Thai form.


### 2.1 Drug, Device, and Ingredient Names

#### [PN001] Drug and Device Proper Names

Brand drug names, device names, and manufacturer names are generally not translated. Active ingredients (generic / INN names) follow approved Thai nomenclature where one exists; otherwise they are transliterated per the principles in 2.2. When an officially registered Thai name exists, always use that form rather than a fresh transliteration.

Source (English)	✗ Incorrect	✓ Correct	Rationale
Acetaminophen (active ingredient)	ยาแก้ปวด (translated as "pain reliever")	อะเซตามิโนเฟน / Acetaminophen	Active ingredients are transliterated or kept, never replaced by a descriptive category. Confirm the approved Thai form against client glossary / Thai FDA.
MRI scanner (device)	เครื่องสแกนเอ็มอาร์ไอ	เครื่องสแกน MRI	Established device acronyms stay in Latin script; the generic descriptor (เครื่อง) may be Thai.

 **Verification required:** Drug, device, and active-ingredient names are not present in the internal Thai quality file. Every name shown here is illustrative and must be verified against the client glossary and Thai FDA (อย.) approved nomenclature.

 **Medical Note:** When a client has an officially registered Thai drug or device name, always use it. It may differ from a direct transliteration. Verify with the PM when in doubt and never guess a drug name.

### 2.2 Transliteration of Medical and Scientific Terms

#### [PN002] Transliteration Principles

Many medical and scientific terms are conventionally transliterated into Thai in a single standardized form. The most common error is an ad-hoc spelling that departs from the established transliteration. The forms below are drawn from the internal Thai transliteration standard.

Source (English)	✗ Incorrect	✓ Correct	Rationale
clinic	คลินิก	คลินิก	Standard transliteration ends in ก, not ค.
capsule	แคปซูล (ad-hoc)	แคปซูล	Established form is แคปซูล.

Source (English)	✗ Incorrect	✓ Correct	Rationale
antibody / bacteria / hormone	(varied ad-hoc spellings)	แอนติบอดี / แบคทีเรีย / ฮอร์โมน	Use the single standardized transliteration for common scientific terms.

## 2.3 Standardized Clinical Spelling

### [TM001] Anatomical and Clinical Term Spelling

Several anatomical and clinical terms have one correct Thai spelling and a set of common misspellings. These are non-negotiable: the wrong spelling marks the content as non-specialist and, for some terms, risks confusion with an unrelated everyday word.

Source (English)	✗ Incorrect	✓ Correct	Rationale
(blood) platelet	เกร็ดเลือด	เกล็ดเลือด	Correct form uses เกล็ด.
diaphragm	กระบังลม	กะบังลม	Anatomical term; single correct spelling.
tonsil	ทอมซิน	ทอนซิล	Transliterated anatomical term; standard spelling.
herpes zoster / shingles	งูสวัส	งูสวัด	Common disease name; correct form is งูสวัด.
medical science	แพทยศาสตร์	แพทยศาสตร์	Compound term - no ʼ after ย in แพทย.

## 3. Register and Tone for Medical Content (ระดับภาษาและน้ำเสียง)


The single most important register decision in Thai medical content is the audience. Content written for clinicians can use technical terms and the verbs of administration; content written for patients must use plain, everyday Thai and the verbs patients use about themselves. Using clinician-style registers in a patient leaflet, or vice versa, is a quality failure even when every word is technically correct.

### 3.1 Audience Register

#### [MD001] Clinician-Facing vs. Patient-Facing Register

Match register to the reader. Patient instructions use the verbs patients use (รับประทาน / ไข้), not the clinician verb of administration (ให้ยา), which belongs in nursing or prescribing documentation.

Source (English)	✗ Incorrect	✓ Correct	Rationale
Take one tablet twice a day after meals. (patient leaflet)	ให้ยา 1 เม็ด วันละ 2 ครั้ง หลังอาหาร	รับประทานครั้งละ 1 เม็ด วันละ 2 ครั้ง หลังอาหาร	ให้ยา (administer) is a clinician verb; patient self-instructions use รับประทาน (take).

 **Verification required:** The register example sentences in this section were drafted to illustrate the rule; they are not drawn from the internal file. Confirm wording with the in-house Thai linguist before publication.

### [MD002] Imperatives in Safety Instructions

Safety instructions must be unambiguous and use a plain imperative. Over-formal or legalistic constructions reduce comprehension and compliance.

Source (English)	✗ Incorrect	✓ Correct	Rationale
Do not exceed the recommended dose.	ห้ามมิให้เกินขนาดยาที่แนะนำ	ห้ามใช้ยาเกินขนาดที่แนะนำ	Plain ห้ามใช้...เกิน is clearer than the legalistic ห้ามมิให้เกิน for patient-facing warnings.



## 4. Readability and Sentence Structure (การอ่านง่ายและโครงสร้างประโยค)

Thai sentence structure differs fundamentally from English, producing predictable failure patterns when content is translated literally. The examples in this section are worked cases reviewed by our QA team, drawn from real medical and health source material.

### 4.1 Avoiding Over-Literal Translation

#### [R001] Too Literal (แปลตรงเกินไป)

Literal renderings of figurative or compressed English collapse the meaning. In clinical content this is dangerous, because the literal version can read as a different clinical statement.

Source (English)	✗ Incorrect	✓ Correct	Rationale
The heart-wrenching choice of who lives and dies.	ทางเลือกที่มีหัวใจผู้ที่ ยังอยู่และจากไป	ทางเลือกสุดลำบากใจ ของแพทย์ เมื่อต้องเลือก ว่าใครจะอยู่หรือไป	The literal version misreads "who lives and dies" as "those who stay and leave," losing the triage meaning. The corrected version names the agent (the physician) and the life-or-death decision.

### 4.2 Restructuring for Natural Thai

#### [R002] English Structural Calques

English "There is something ... about ..." constructions translated word-for-word read as imported copy. Lead with the Thai subject instead.

Source (English)	✗ Incorrect	✓ Correct	Rationale
There is something strangely quiet about the coronavirus wards in Lodi, Italy.	มีบางอย่างเงียบผิดปกติ กับแผนกของผู้ป่วยที่ติด ไวรัสโคโรนาในเมืองโลดี	แผนกของผู้ป่วยที่ติดไว รัสโคโรนาในเมือง โลดีข้างเงียบอย่างผิด ปกติ	มีบางอย่าง...กับ is an English calque. Leading with the subject (the ward) reads naturally in Thai.

### 4.3 Preserving Clinical Meaning

#### [R003] Mistranslation in Patient Materials

Choosing the wrong everyday word changes the clinical meaning. In patient materials this misleads caregivers.

Source (English)	✗ Incorrect	✓ Correct	Rationale
Is Your Baby Spitting Up?	ลูกของคุณถ่มน้ำลาย หรือไม่	ลูกของคุณมีอาการแหะ นมหรือไม่	"Spitting up" in infants is แหะนม (possetting), not ถ่มน้ำลาย (deliberately spitting saliva). The wrong term changes the meaning and confuses caregivers.

## 4.4 Missing and Forced Translation

### [R004] Preserving Modal Nuance

Modal nuances such as "being forced to" carry weight in clinical narrative and must not be dropped.

Source (English)	✗ Incorrect	✓ Correct	Rationale
Doctors are being forced to make a choice about who to prioritise for treatment.	แพทย์ต้องเลือกลำดับความสำคัญแก่ผู้ที่จะเข้ารับการรักษา	แพทย์จำเป็นต้องเลือกว่าจะให้ความสำคัญในการรักษากับผู้ป่วยรายใด	The wrong version drops the "being forced" compulsion; จำต้อง restores it and reads naturally.



## 5. Idiomatic and Clinical Expression (สำนวนและการใช้ถ้อยคำ)

English medical and health copy is built on idioms and figurative phrasing that have no direct Thai equivalent. Literal translation of these constructions is one of the most reliable indicators of non-specialist localization - grammatically possible, but clinically hollow or even wrong.

### 5.1 Recasting English Idioms

#### [ID001] Figurative Health Expressions

Idioms such as "outgrow" must be recast for meaning, not rendered literally. A literal version can invert the clinical message.

Source (English)	X Incorrect	✓ Correct	Rationale
They'll likely outgrow reflux.	มีแนวโน้มสูงที่จะเกิดอาการแหวนมในเด็กทารก	อาการกรดไหลย้อนในเด็กมักหายได้เอง	"Outgrow" has no literal Thai equivalent; the wrong version even inverts the meaning. หายได้เอง ("resolves on its own") conveys the idiom correctly.

### 5.2 Choice-of-Word Precision

#### [ID002] Emphasis and Set Phrases

Set English phrases such as "... are key" read as padded translation when rendered word-for-word; a natural Thai equivalent is both more concise and more idiomatic.

Source (English)	X Incorrect	✓ Correct	Rationale
Feeding fixes are key.	การเปลี่ยนวิธีให้นมเป็นสิ่งสำคัญ	หัวใจสำคัญคือการป้อนอาหารให้ตรงเวลา	"are key" is recast as หัวใจสำคัญ (the crux), the natural Thai emphasis phrase.



## 6. Punctuation, Format, Numbers, and Units (เครื่องหมายวรรคตอน รูปแบบ ตัวเลข และหน่วย)

Formatting in Thai medical content affects both readability and patient safety. The rules below follow the internal Thai punctuation standard, with particular attention to the formatting of doses, units, and ranges - the highest-risk error class in medical localization.

### 6.1 Abbreviations and Parenthetical Glossing

#### [LZ001] Clinical Acronyms

Established clinical acronyms are kept in Latin script and glossed in Thai on first use, rather than transliterated into Thai letters.


Source (English)	✗ Incorrect	✓ Correct	Rationale
lower esophageal sphincter (LES)	กล้ามเนื้อหูรูด หลอดอาหารส่วนล่าง (แอลอีเอส)	กล้ามเนื้อหูรูด หลอดอาหารส่วนล่าง (LES)	Keep the Latin acronym (LES); do not transliterate it. Same pattern as (dB), (CBILS) retained in source.

### 6.2 Numbers, Units, and Dosage

#### [LZ002] Dose, Unit, and Range Formatting

Place a space between a figure and its unit, and use the en-dash (-) for ranges, consistent with the internal Thai punctuation standard for ranges (e.g., เวลา 10.30–12.00 น. and ประมาณ 500–600 คน). Dosage figures, units, and frequencies are safety-critical and must never be reformatted without verification.

Source (English)	✗ Incorrect	✓ Correct	Rationale
Administer 500 mg every 4–6 hours.	ให้ยา 500มก. ทุก 4-6 ชม.	ให้ยา 500 มก. ทุก 4–6 ชั่วโมง	Space between figure and unit; en-dash (–) for the range; spell out the unit where space allows. Do not jam figures and units together.

 **Verification required:** The dose, unit, and frequency formatting shown is illustrative. Numeric/unit conventions for regulated Thai medical content must be confirmed against client and Thai FDA (อย.) requirements. These are safety-critical.

## 7. QA Checklist: Thai Medical

Apply this checklist before submitting any Thai medical translation for review. Items marked [SAFETY] are non-negotiable: an error in these items can cause patient harm and must be resolved before delivery.

### Terminology and Names

- [SAFETY] Drug, device, and active-ingredient names verified against approved Thai nomenclature (Thai FDA / client glossary)
- Established clinical acronyms kept in Latin script and glossed in Thai on first use
- Anatomical / clinical spelling checked against standard (e.g., เกล็ดเลือด, กระบังลม, ทอนซิล)
- Scientific terms use the single standardized transliteration

### Register and Tone

- Audience register confirmed: patient-facing plain language vs. clinician-facing technical register
- Patient self-instructions use รับประทาน / ไข้, not the clinician verb ให้ยา, where the patient administers the medicine
- [SAFETY] Imperatives in safety instructions are plain and unambiguous

### Readability and Structure

- Over-literal English structures (มีนางอย่าง...กัน) restructured to natural Thai with the subject leading
- Modal nuances (จำต้อง / being forced to) preserved
- [SAFETY] No clinical meaning altered by paraphrase or word choice

### Idiomatic and Clinical Expression

- English idioms (outgrow, are key) recast for meaning, not translated literally
- Choice-of-word precision in patient terms (แหวนนม vs. ถมน้ำลาย)

### Format, Numbers, and Units

- [SAFETY] Dosage figures, units, and frequencies verified - space between figure and unit, en-dash for ranges
- [SAFETY] Decimal points and units never reformatted without verification
- Acronyms and number separators confirmed for the Thai market



## 8. Verification Register

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Every item below must be confirmed by the in-house Thai linguist / medical QA lead before this edition is published. Items are flagged because they were drafted to illustrate a rule, or because they touch safety-critical or regulated content not present in the internal Thai source file.

- **Author byline**  
Confirm whether to credit a named Thai linguist / QA lead in place of the team byline.
- **Section-title Thai translations (the parenthetical headings in §§2–6)**  
Confirm wording.
- **[PN001] Drug, device, and active-ingredient examples**  
Confirm against approved Thai nomenclature / Thai FDA (๑๕.). Drafted, not from the source file.
- **[MD001] / [MD002] Register and safety-instruction example sentences (drafted)**  
Confirm naturalness and clinical correctness.
- **[LZ002] Dose / unit / range formatting example, drafted on the authentic range convention**  
Confirm against pharmacy and regulatory practice. Safety-critical.
- **All Thai example sentences**  
Confirm none alters clinical meaning. Items marked "Source: internal Thai quality file" are taken from the Spelling, Transliterated Words, Error Samples, and Punctuation sheets; items marked "Drafted" were written to illustrate the rule.
- **Terminology overall**  
Confirm against client glossary / translation memory where one exists (these always take precedence).



## 9. About This Guide

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This guide is part of the 1-StopAsia Orange Book Series, our published quality standards for Asian-language content across core domains. The Orange Books document the standards our in-house linguistic teams apply when clients have not defined their own quality criteria.

We publish them because we believe quality in localization should be transparent, not assumed. An LSP or enterprise buyer working with 1-StopAsia on Thai medical content should be able to understand exactly what standard their content will be held to, and why.

### Scope and Limitations

This guide covers Thai medical translation / localization quality standards across clinical, patient, pharmaceutical, and regulatory content. It does not substitute for:

- Client-provided style guides, glossaries, or translation memory (which always take precedence)
- Approved Thai drug nomenclature and Thai FDA (๑๕.) requirements
- Regulatory and legal requirements for specific product categories or claims
- Clinical review and sign-off of safety-critical content (dose, route, contraindication)

### Updates and Feedback

This guide is reviewed annually by the 1-StopAsia Thai medical QA team. Feedback from clients, reviewers, and project managers is incorporated into each revision. If you identify a case not covered here, or believe a standard requires revision, contact your 1-StopAsia project manager.

### Related Orange Book Editions

- Korean Orange Book: Marketing Edition (published)
- Japanese Orange Book: Medical Edition (published)
- Korean Orange Book: Automotive Edition (forthcoming)
- Chinese Simplified Orange Book: Marketing Edition (forthcoming)
- Vietnamese Orange Book: Financial Edition (forthcoming)

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