# Feedback to the Consultation on Draft Guidelines for Safe Chinese Herbal Medicine Practice

Dear CMRB staff,

I have read your draft guidelines for dispensing and labelling. Here is my feedback to the consolation:

1. I disagree that we MUST use botanic name in labelling. I believe the pinyin should be the **Key** label language.
2. I believe that we need to label herbs **only at the first consultation** and **whenever patients asked**.
3. I believe the Board should allow us to use reasonable variations to label.
4. I believe Chinese character is suitable for herbal name prescription in practitioner's own clinic.

The reasons are listed as below,

1. **Pinyin should be the Key label language**

1.1 Chinese herbal medicine is a huge system with thousands of years of experience of practice. It is far more complicated than we can think of. It is clear in its system with the correct species and genus. It has reasons to use different species under the same genus. In China there is a big team of botanic, research, teaching, herbal identify and whole sale people (should be over 100,000 people I guess) who are managing the industry and supporting practitioners. I wonder our good intention of changing its name would shake its foundation.

1.2 In general, Pinyin and Chinese characters carry much more herbal information compared to botanic name:

1.3 Certain attitude and temperature make the specific function of herbs. Hence the location of the produced herb is more important than its botanic name, which pinyin can reflect, such as *huai* (means Henan province) san yao. This means that two herbs with same botanic name, one lived in the correct location and the other one did not, their functions are different.

1.4 Different species of herbs under the same genus, grow in similar environments may function similarly. As practitioners, we all know that same specie function similarly (同种同效). It is the researcher's job to find their similarities in herbal treatment instead of our job to change the system.

1.5 There are more than 10, 000 herbs that have been identified have therapeutic functions. It is the beauty of Chinese herbal medicine that we can use herbs from multiple species for similar functions. So we can protect the endangered species, we can use local produces to save on transportation fees. For example, Huang Lian has been an endangered herb for thousand years, and it would have disappeared had we not used its variants. In addition, it is

estimated that the herbal resources from main land of China will not enough to supply whole world. Hence, the use of similar species under the same genus will be the solution.

1.6 As a Chinese medicine terminology teacher for many years I believe Pinyin can fully represent Chinese character with minor improvement. Although we rarely use Euphorbiae pekinenensis (大戟) in Australia, it can be separated by Daji and Cirsii japonica (大蓟) Dajii. The example is Shan xi province and Shaan xi province in China. We can add one more vial for the 3rd tone, or write the tone behind the pinyin like.daji4 and daji3. In addition, there are Chinese ways to distinguish herbals in similar sound. Like Gou Qi Zhi and Gou Ji. The industry calls Gou Ji as Jin Mao (gold wool) Gou Ji in order to enforces their differences.

1.7 There are equal amount of internet information and research articles available when you search Pinyin and botanic name. Please try yourself if you have doubt.

1.8 Students may only wish to learn one nomenclature for herb. Australian teaching institutions cannot teach botanic names instead of pinyin name if only nomenclature needed. It is because Chinese medicine is a practical medicine and its thousand years of clinical experience is concentrated in literature with pinyin name instead of botanic name. Cutting off teaching pinyin names will also result in cutting off the linkage to the huge wealth of experiences it implies. Modern scientific research cannot replace classic literature study as the classic literature has brought remarkable clinical results and has been essential in the survival of traditional Chinese medicine until today. In addition, Chinese medicine is a culture instead of pure science. Chinese characters carry their culture and thinking philosophy. If we take away pinyin, we may lose the culture, thus shake the foundation of TCM.

**2. Way of labelling**

2.1 We understand that high level of labelling is a sound idea for practice. Currently, pharmacists have been paid by government to practice at the high level. To write all information required by the draft guideline may take us up to 5 minutes. In addition, we cannot memorise all botanic names by heart, it may take us longer time to copy them one by one from dictionary. The challenge for practised adult practitioners to learn hundreds of new botanic names is unrealistic.

2.2 Chinese herbal medicine is a way of practice which we tailer herbs each time according to patients' condition in order to achieve the best results. If we have to spend big amount of time labelling, **some practitioners may have to change their way of practice**. They may prepare lots of pre-labelled formula/herbs, and work with reduced choices for patients which will not best fit the patients. Practice on pre-labelled herbs is the way Western herbal medicine currently using. This is not the traditional Chinese medicine practice. We have different philosophy in practice. So hopefully our Board is not changing TCM practicing direction eventually.

2.3 So we suggest that we give patients our prescription **only at the first consultation** and **whenever patients asked**. We found not many patients and /or doctors understand our prescriptions, even in botanic names. It is useless for them but time consuming for us.

2.4 I believe the Board should allow us to use reasonable variations to label. For example, we can use letter head paper or a seal for self-address, allow a separate sheet for cooking

instruction and a separate sheet with a list of commonly used herbs where we can circle and mark herbs with dosage, and a small sticker with brief information at the bottle. That can reduce this seemingly unsurmountable challenge and also help avoid spelling mistakes.

2.5 It is unrealistic to "firmly stick" the information sheet which the Board suggested to the herbal bottle we give to patients, as the sheet normally will be A4 size or half A4 size, while the bottle can be 8cm high.

2.6 We understand that our board is trying to assimilate to standards of other medical boards. The reality is that TCM is a foreign culture based medicine. Yes- we can use our administration power to make it similar to other modalities, but we may end up weakening the life force of TCM which will affect its practice and clinical results for patients. Although the board does not have obligations to protect the profession, the board should not weaken the profession using its administrative powers.

**3. In regard to the board's assessment below, we believe that**

3.1 Whether the proposal results in an unnecessary restriction of competition among health practitioners. Yes, the proposal will result in an unnecessary restriction of competition among health practitioners, as most Chinese practitioners are not able to learn botanic names by heart in couple of years.

3.2 Whether the proposal results in an unnecessary restriction of consumer choice. Yes, the proposal results in an unnecessary restriction of consumer choice. Firstly is due to practitioner have to pre-label herbs and limit what they can offers to patients; secondly is due to the most older Chinese practitioner will be disadvantaged by the policy. Normally we believe in Chinese medicine the experienced Chinese practitioners bring patients the best clinical results. As the older practitioners are being pushed away, consumers will be disadvantaged as well.

3.3 Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved. Yes the overall cost of the proposal to members of the practitioner is high IF we do not allowed to use reasonable variations to label time and label format.

**Extra information to my last CMRB submission:**

**Lisa Liu**

In addition to my last submission, I have descripted difficulties practitioners will have when we implement the new guideline. I also listed my personal suggestions for your reference.

**Why practitioners feel great difficult in doing labelling work required by the draft guideline?**

Western medicine do labelling like a paragraph with 2-3 lines of words, mainly containing ONE drug name and other general information like the name, how and when to take the medicine.

But Chinese herbal medicine do labelling likes a small essay. We have 10-20 herbal names (not only one), and general information.

We are not able to remember herbal names by heart due to how we are all busy, so we have to search them from dictionary.

I counted my time on Friday when I wrote a label (or a letter) for a patient to travel overseas. It took me 7-8 minutes to physically write done the letter (as attached), if consider the time when I took the simple dictionary before sitting down, and explain to the patients when hand in the paper to her, it took me 10 minutes of time.

I have a moderate busy clinic and I book patients in every 30 -45 minutes. If practitioners have to write the label of every visit of every patient, it means 10 minutes extra service in every 30-45 minute of practice. Then will be 2 hours extra work every 12 patients a day. I am not sure if you are sensitive to business analysing. If you ask business planners or old business men, they may tell you that the business will be in crisis, the owner of the business needs to take some actions from choices listed below:

1. Increase price for extra service (we do not willing to)
2. Reduce patients number treated per day (we do not willing to)
3. Get more staff/an assistant
4. Change practice format to avoid or reduce labelling
    a. Use the pills instead of individual herbs
    b. Use a herbal supplier like the 'Herbooth' in Sydney which patients can only get their herbs 2-3 days late by post.
    c. Use limited and pre-labelled herb formula only

Actions number a. b. c. will all reduced clinical results for sure (as the **Soul** of Chinese medicine practice is one people has one formula at one time. There is no repeat) and patients have limited choice in treatment.

**Regarding to information patients obtains:**

In my years of practice, I have found not doctors nor do patients understand English/botanic Name of herbs， in regardless of if botanic names accurately represent the herbal information.

- Not a doctor can understand herbal name translation. Occasionally patients asked me to translate my herb prescription for their doctors, and then come back to me and say their doctors didn't understand the herbs. I have doctors as my patients. They do not understand my herbs when I translate for their overseas travels.
- Not a patient understands herbs in English translation except a couple of basic herbs like dry ginger and Ginseng.
- Occasionally some western herbalists understand a few more herbs like Licorice, and Bupleurum.

So write botanic name does not increase patients' information.

**Who will be benefit from the new policy?**

Obviously clinics will be much affected downward from the new policy.

But patients do not get the benefit, as no doctors or patients understand botanic names/English names of herbs. In addition, as practitioners have to change their style of practice, patients will have limited with herbal they can use and slightly poor clinical results.

Administrative staff will be benefit from the new policy, as they believe that they have improved current practice to a new and higher level where they can communicate more with other modalities (but do other modalities really mind if we are in our original status).

Some people will say patients will be safer, as they will know herb-drug interaction. The fact is when you search on the internet, you can find the same amount of information from Pinyin and botanic name (please do have a try).

As policy making staff, they may say that they do not care how practitioners suffers as long as patients get the benefit. However, the policy will not benefit patients either.

**Suggestions:**

1. Give patients prescriptions in Pinyin with translation (translation would be a better wording, as botanic name cannot accurately represent herbs from Pinyin) ONLY at the first consultation and whenever patients ask for it. This may show patients that

we can give them our prescriptions with translation, but patients are not able to read them. Thus those prescriptions are useless for them. So please only ask us when they really need.

2. Or give pinyin prescriptions every time. Also advice patients that they can search from the internet themselves for botanic names and functions if they need.
3. Please allow us to use creative ways in labelling as long as we have covered required information. So practitioners can pre-print a list of herbs and highlight or circling used herbs.

Thank you for reading my feedback and suggestions. My practitioner colleagues and I are really appreciate your positive considerations.

Sincerely yours

Lisa

# Tai-Chi AcuHerb Clinic

This is to certify MS. [redacted] has been given herbs from this clinic listed below:

| | |
|---|---|
| Chenpi 6 | Citrus Chenpi |
| Hou Po 3 | Magnolia houpo bark |
| Bai zhu 12 | Atractylodes Baizhu |
| Huang Qi 12 | Astragalus huangqi |
| Bai zhi 6 | Angelica Baizhi |
| Gou qi zi 9 | Lycium fruit |
| gan jiang 6 | Ginger dried |
| Chai Hu 6 | Bupleurum |
| niu xi 3 | Cyathula |
| Dang gui 6 | Angelica danggui |
| Rou gui 6 | Cinnamon bark |

Please contact me if you need more information.

Lisa Yanyan Liu

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