

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

Dear Ahpra Chinese Medicine staff,

I have read your draft guidelines for dispensing and labelling and would like to provide some feedback:

1.1 Herbal nomenclature for prescriptions

1. Your statement: Individual herbs must be written using any one of the botanical name, pinyin name or pharmaceutical name. Other forms of nomenclature may be used in addition to these (e.g. Chinese characters) where it is an accurate translation of the name and enhances patient safety and compliance. The common name of a herb must not be used as it cannot accurately identify the correct herbal species.

This sounds reasonable, as long as we can use one of those. Most practitioners use Pinyin which is perfectly suitable for a prescription. I would like to suggest that we use additional Latin names only when it is necessary to clarify which herb should be used. You have already given an example of this in your draft paper:

e.g. Da Ji refers to two separate herbs, *Cirsii japonica* (大蓟) and *Euphorbiae pekinensis* (大戟). The correct herb can only be identified if the botanical name, pharmaceutical name or Chinese characters are included.

2. Your statement: 3. Zhao et al (2006) identified that up to 27 per cent of Chinese herbs are sourced from multiple species, making it impossible to accurately identify the species used if the herb is identified only by pinyin, Chinese characters or pharmaceutical name. Best practice is to label herbs supplied to a patient by the botanical name to allow for accurate reference to drug-herb interaction databases, accurate tracking of potential adverse events and the informed use of evidence from pharmacological research. Do you agree that herbs should be labelled according to their botanical name? If not what alternative do you recommend to address these safety issues and remove ambiguity in labelling?

No. I do not agree that herbs need to be prescribed in this way. See pt 1 for possible solution. All pinyin names (plus Latin names when required for clarification) will be found in data bases. A possible satisfactory solution is to ensure that prescriptions are written with proper pin yin names (and Latin names only, when required for clarification or if a rare herb is used)

3. Time constraints in a busy clinic: practitioners will write, and often also dispense many prescriptions during the day. To expect us to write each prescription in lengthy Latin names instead of pinyin, that we would have to cross-refer, is unreasonable. It will reduce the time we want to spend tailoring and refining our prescription to the patient's needs and may lead practitioners to resorting to prepared medicines in order to save time for the task of nomenclature.

4. Pinyin/Chinese language is the way herbs are referred to in Chinese medical textbooks and articles. This is the way students are learning Chinese medicine and the way the Chinese medicine community communicates. Every dispenser will be able to dispense a prescription written in Pinyin (with Latin clarification when necessary). Pharmaceutical/ botanical names should be provided if the patient requests. A patient sometimes may request this because they want to show it to another medical practitioner or they want to take their prescription with them when travelling.

2. Labelling

- 1.1.1. For an individualised herbal formulae (extemporaneously prepared medicine, e.g. raw herb formula) The label is to include the:
- 1.1.2. specific directions for use, including route of administration, frequency and dose
- 1.1.3. patient's name
- 1.1.4. date of dispensing or supply
- 1.1.5. name, address and telephone number of the dispensary
- 1.1.6. name of the prescriber if different to the dispenser
- 1.1.7. required storage directions and expiry date to promote the safe and effective use of the medication
- 1.1.8. *name and dose of each herb (measured in grams)*
- 1.1.9. *total weight of the dispensed prescription (measured in grams), and*
- 1.1.10. *Name of the formula dispensed as described in a standard reference book, where applicable*
- 1.1.11. The warning statement 'keep out of reach of children' must be included on a separate line. For typed labels the statement must in capital letters in a sans serif font (such as Arial) of uniform width and bolded. It must be in a font at least 4/10 of the height of the heading on the label. Hand-written labels must adhere to the principles outlined for typed labels, and the warning statement must be prominent, clear and legible.

Comment: While Western pharmacists need to provide a prescription that may read: "Codeine forte. Take 1-2 tabs per day", Chinese herbal prescriptions are somewhat different. Sometimes a commonly known formula may be used, but frequently this is not the case. For example, we may use the formula 'Si Wu Tang' containing 4 ingredients, or we may want to use a formula such as the one listed below, which was researched for the treatment of IBS, and contains 20 herbs. So a herbal formula can contain many herbs, that may not even fit on the label, even in pinyin. It may be more reasonable to provide the prescription number on the label and the complete composition of the prescription on a separate sheet (the prescription the patient receives anyway - see comments above re prescription and nomenclature) as well as a separate sheet for cooking instruction.

3. Questions asked by the board:

- 1.1. *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 would have to spend an unreasonable time in changing their prescription practices
- 1.2. *Whether the proposal results in an unnecessary restriction of consumer choice.* Yes, the proposal results in an unnecessary restriction of consumer choice. Practitioners may be forced to pre-label herbs and limit their effectiveness of their prescriptions in order to save time. Most older Chinese practitioners, those who are experienced, will be disadvantaged by the policy as they may find it difficult to switch to a prescription and labelling system that uses Latin names and may have to change their way of practice all together, or be pushed out of practice and therefore restricting consumer choice.
- 1.3. *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 cannot make reasonable variations to prescriptions and label times and format.

Thank you for considering these comments

Bettina Brill

IBS Study herbal prescription

Dang Shen *Codonopsis pilosulae*, radix 7
Huo Xiang *Agastaches seu pogostemi*, herba 4.5
Fang Feng *Ledebouriellae sesloidis*, radix 3
Yi Yi Ren *Coicis lachryma-jobi*, semen 7
Chai Hu *Bupleurum chinense* 4.5
Yin Chen *Artemesiae capillaris*, herba 13
Bai Zhu *Atractylodis macrocephalae*, rhizoma 9
Hou Po *Magnoliae officinalis*, cortex 4.5
Chen Pi *Citri reticulatae*, pericarpium 3
Pao Jiang *Zingiberis officinalis*, rhizoma 4.5
Qin Pi *Fraxini*, cortex 4.5
Fu Ling *Poriae cocos*, sclerotium (Hoelen) 4.5
Bai Zhi *Angelicae dahuricae*, radix 2
Che Qian Zi *Plantaginis*, semen 4.5
Huang Bai *Phellodendri*, cortex 4.5
Zhi Gan Cao *Glycyrrhizae uralensis*, radix 4.5
Bai Shao *Paeoniae lactiflorae*, radix 3
Mu Xiang *Saussureae seu vladimirae*, radix 3
Huang Lian *Coptidis*, rhizoma 3
Wu Wei Zi *Schisandrae*, fructus 7
*Pharmaceutical terminology from Hsu.18

1586 JAMA, November 11, 1998—Vol 280, No. 18 Chinese Herbal Medicine for Irritable Bowel Syndrome—Bensoussan et al
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