

Consultation on draft guidelines for safe Chinese herbal medicine practice

28 May 2014

Responses to consultation questions

Please provide your feedback as a Word document (not PDF) by email to chinesemedicineconsultation@ahpra.gov.au by close of business on Wednesday, 23 July 2014.

Stakeholder Details

If you wish to include background information about your organisation please provide this as a separate word document (not PDF).

Organisation name
Body-Fix Healing Centre
Contact information (please include contact person's name and email address)

Your responses to consultation questions

<p>Guidelines for safe Chinese herbal medicine practice</p> <p><i>Please provide your responses to any or all questions in the blank boxes below</i></p>
<p>1. Do you agree that these guidelines apply to all medicines prescribed and/or dispensed by Chinese medicine practitioners?</p> <p>We do not agree these guidelines apply to all medicines prescribed and/or dispensed by Chinese medicine practitioners. Our believe that to use Chinese characters and Pinyin can really reflect the true Chinese medicine, as well as prescript Chinese herbal medicine more accurately. Unless different herbs have same pronunciation in Pinyin then it can be written in pharmaceutical name or botanical name.</p> <p>Botanical name is only good to be used in research or scientific studies but not practical for Chinese medicine prescription.</p>
<p>2. TGA nomenclature guidelines require the botanical name to be used for herbal products in manufactured medicines. Pinyin and/or Chinese characters are more commonly used for Chinese herbal medicine prescription writing and dispensing. The use of Chinese characters alone makes it difficult for patients and other health practitioners to understand what medicine the patient is taking. For Chinese herbal medicine prescription writing, do you agree that pinyin or the pharmaceutical name should be used as an alternative to the botanical name, with the addition of Chinese characters where necessary?</p> <p>Is this guideline practical to implement?</p> <p>If you disagree, what alternatives do you suggest?</p>
<p>Pinyin should be used in formal Chinese herbal medicine with the addition of Chinese characters if the pronunciation is same but in different herbs. Alternatively to use pharmaceutical and the botanical name if</p>

necessary.
This guideline is not practical to implement. Botanical name of Chinese herbs in encyclopaedia (dictionary and internet) has explained the plant of herbs but hasn't explained the true meaning of Chinese Herbs and its use.
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, We do not agree that all herbs be labelled according to their botanical name. Especially not in Chinese herbal medicine prescription. Chinese medicine has been practiced for a few thousand years and has developed its own system to write herbs prescription according to individual patient's need. Many herbs have different functions and the methods to use depend on the place of origin, part of plant season and time of year, and combination of herbs. As our understanding that teaching Chinese herb medicine are using Chinese characters and Pinyin at colleges/universities in China and Australia. So to avoid confusion and best use Chinese herbs, all prescriptions and labelling should be in Pinyin and Chinese characters if herbs with same Pinyin.
4. Are the labelling requirements practical to implement?
No, the labelling requirements are not practical to implement on this draft. It will cause unnecessary time to practitioner and is unsafe to write in prescription as herbs with botanical name does not indicate its details.
5. Is the required information for prescriptions appropriate?
No. It is not appropriate for prescriptions.
6. Do you agree with the circumstances in which a medicine may be supplied for self-medication?
Yes, it can be. In Chinese medicine, many herbs can be used as food and is safe to use without prescription.
7. Do you agree with the limited role of dispensary assistants as outlined in section 5 of the guidelines?
Yes.
8. Are there any additional requirements which should apply to the management of a Chinese herbal dispensary?
Chinese herbal dispensers have the role of give correct herbs and its dosage and prepare the herbs according the requirement on prescription. It will provide a safeguard for consumer if they have knowledge and appropriate training to double check prescriptions and provide basic information of the herbs to consumers.
9. Does the sample label and prescription assist in understanding the requirements set out in the guidelines? Should any other examples be used?
Yes, it does. It should use simple and easy understanding language.
10. Taken as a whole, are the guidelines practical to implement and sufficient for safe practice?
No, the draft guideline is not practical to implement and is not sufficient for safe practice. It is too complicated and causes confusion to practitioners and herbal medicine studies. The Chinese Medicine Board need to establish good and easy understanding practical guidelines which can support practitioners and protect safe practice.
11. Is the content flow and structure of the guideline helpful, clear, relevant and workable?

No, the content flow and structure of guideline is not helpful and not clear and not practical. It will be a ideal for Chinese Medicine Board to establish a herbs data source for general public to access and to find out relevant herb information.
12. Is there any content that needs to be changed or deleted?
Yes, any content that is complicated and cause confusion to practitioners and general public need to be deleted.
13. Is there anything missing that needs to be added?
The guideline needs to be cut shorter and be practical.
14. Do you agree with the proposed 12-month transition period and if so is this period adequate?
No. the draft guideline should be consulted with majority Chinese medicine practitioners, schools/universities which provide herbal medicine courses and communities who are interested in Chinese medicine before to implement. The transition period of 12 month is inadequate. The guideline is for all Herbal medicine practitioners to have better practice in the field and protect safety of the general public. To use botanical name for herbal products and prescriptions without appropriate systems in place will create complication and cause difficulty to practitioners. We believe the current practice is working well and does not need to change.
15. Should the review period for the guidelines be two, three or five years?
No, the review period should be around 3 or 5 years.
16. Do you have any other comments on the draft guideline?
Does this draft guideline works only for Australia? How can Australia Chinese medicine practitioners communicate with practitioners from other countries if using different language? Does WHO has the similar requirement?

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