

My feedback letter for Consultation on draft guidelines for safe Chinese herbal medicine practice – From Doctor Min Wei Huang

Against QS3.Zhao et al(2006)..Best practice is to label herbs supplied to a patient by the botanical name to...

I will clearly state my points against such suggestion, which are as follows.

**Reason 1:**

We can't use the botanical name to replace Chinese prescription name (i.e. Pin Yin), it is impossible to implement such a practice. We acknowledge that Chinese herbal medicine and its practice is legitimate, with all the medicines originating in China. To guide the practice of Chinese herbal medicine, there is a well known masterpiece i.e. *Traditional Chinese Medicine Dictionary Zhong Yao Da Ci Dian 中药大辞典* (which is the bible for the Chinese herbal medicine practise). In this dictionary, it has been clearly articulated that any prescribed Chinese medicine could be gathered from one or multiple plants. For example, *Ji Xue Teng 鸡血藤*, which originates from seven different kinds of plants; and *Da Qing Ye 大青叶*, which originates five etc. Every single Chinese herbal medicine in the dictionary (such as *Ji Xue Teng* or *Da Qing Ye*) is defined by its Chinese prescription name, not by which plant (or which part of the plant) it is collected from.

After complex handling processes ran by the herbal collectors, processing factories, packaging companies, wholesale companies and overseas importers etc, numerous plants have been mixed together, packaged and labeled by its Chinese prescription name. The scale of the Chinese Herbal industry in China is enormous, with millions of people engaged in this industry. Most of the practitioners would have no idea on the corresponding botanical name (it is also unnecessary for them to know the botanical name). For those people who would have knowledge on the botanical names, would account for no more than 1% or 2% of the toll.

The requirement of labeling the botanical names instead the Chinese prescription names would be a dead end to the entire production and supply chain which currently abides to the *Traditional Chinese Medicine Dictionary*. The only exercise that can possibly be implemented is to require the dozens of importers of Chinese herbal medicine in Australia, who are right at the end of supply chain, to label the botanical names for the Chinese herbal medicine imported. Even to implement this exercise would be an extremely difficult task. I have to seriously point out that the importers are only business man, they are not scholars and would not have any knowledge on the botanical names at all. Plus they would not have gone through any systematic

study/training on Chinese herbal medicine. Labeling botanic names for Chinese herbal medicine is an extremely rigorous exercise, which can be considered as an academic research that can hardly be implemented in real life. For example, if we pick up a packet of *Da Qing Ye* from my clinic (weighs about 600g), no one would know the content. It could contain some of the below plants:

- 1) *Lu Bian Qing* 路边青: *Clerodendron, erytrophillum Turcz*;
- 2) *Liao Lan* 蓼蓝: *Polygonum, tinctorium Ait*;
- 3) *Song Lan* 菘蓝: *Isatis tinctoria L*;
- 4) *Cao Da Qing* 草大青: *Isatis indigtica Fort*;
- 5) *Ma Lan* 马蓝: *Baphicacanthus cusia (Nees) Bremek*.

Here comes another problem which makes the circumstances even more strained - even if you know what original plants are possibly in the packet, what about the percentage each plant accounts for? What makes the problem even worse is: the contents and the percentage changes every time for different batches (even though they work in a similar fashion). For some of the Chinese herbal medicines in particular, when they get processed, it is mandatory to add one or multiple original plants as part of the manufacturing process. For example, *Hei Dou* 黑豆 is added for the production of *Zhi Shou Wu* 制首乌, *Sheng Jiang* 生姜 is added for *Ban Xia* 半夏. If the botanical names are required, then two or more original plants need to be labeled for the prescription. However, what is the percentage for each of them? From the importer to the licensed practitioner, and to the Chinese Medicine Board of Australia, who would be in a good position to answer this question? Also as mentioned above, this is an extremely difficult question especially the content and the percentage would change for different batches. For example, *Shen Qu* 神曲, it contains at least *La Liao* 辣蓼, *Qing Hao* 青蒿, *Cang Er* 苍耳, *Xing Ren* 杏仁, *Chi Xiao Dou* 赤小豆, *Xiao Mai* 小麦 etc, with each of them manufactured separately from different kinds of plants. It is nearly impossible to figure out the percentage for each of them. Also, we may choose to add some finished products in the prescription, such as *Shen Qu Cha*, the brand I chose is *Yang Cheng*, which contains 14 different kinds of plants. Apparently, *Shen Qu* is a synthetic medicine which is made of six or fourteen or even more kinds of original plants. If we simply use different original plants to name the prescription of *Shen Qu*, it will not be recognized by well trained practitioner. It will no longer appear in the prescription in Australia. How are we supposed to foster and enhance the Chinese medicine practice in Australia after registration?

Back to the old days (i.e. 1970s), when I first started in the medical industry, I was a part time bare foot doctor and a collector of Chinese herbal medicine. Back then my family was a processor for Chinese herbal medicine where I gained the knowledge of the manufacturing and processing of Chinese herbal medicine. After I finished my master degree, I devoted considerable time and efforts in the research of *Gall Bladder Infection*

*and Gall Stone Clinic treatment.* One of my classmates' research topics was specifically about Chinese herbal medicine. I still remember, in order for their team to identify and classify one original plant, they travelled miles across different cities and provinces, tramped over mountains and through ravines, have been through all kinds of obstacles and then able to succeeded. I would like to ask, are our wholesalers the Chinese herbalists who would be able to understand Latin Language? How would they be able to know the exact content from the finished Chinese herbal products? In the past, I have observed many mistakes they made. For instances, they have mixed up *Ji Xue Teng* 鸡血藤 with *Hong Kong Ji Xue Teng* 港式鸡血藤 (which is actually *Da Xue Teng* 大血藤) by labeling both of them as *Spatholobus Suberectus*; and they labeled *Bei Xing Ren* 北杏仁 and *Nan Xing Ren* 南杏仁 as *Apricot Kerels* (which is actually an English name but not a Latin name); *Da Qing Ye* 大青叶 and *Ban Lan Gen* 板蓝根 as *Isatis Indigotica*. Some importers labeled *Ban Lan Gen* 板蓝根 as *Isatis Root* – which is supposed to be a botanical name in English however it is totally does not make any sense. After all, this is such an extremely difficult task for the poor wholesalers, and they will not be able to do as well as they wish given their limited knowledge on Chinese herbal medicine. Similarly, if the traditional Chinese medicine practitioners use these Latin labels from the wholesalers in their prescription, this will sure catch the eyes of the scholars and experts from overseas, they will laugh their heads off by seeing those funny names!

## **Reason 2:**

Use the botanical names to replace the Chinese prescription name (i.e. Pin Yin) is completely unnecessary. In Australia, among thousands of practitioners in the Chinese medicine industry and the countless customers and patients, hardly anyone would have any knowledge on the botanical names, the number of people who would be able to understand and use the language proficiently is so small which can be neglected. The practitioners and patients will not be able to read, write or speak in the botanical language. Hence the question is raised: is it necessary to give up on the interests for the majority to meet the interests of the botanists (which probably count less than 1% or 2% of the toll). Plus, the botanical language is no longer a popular language that can be used by the civilians; rather, it is a language that is approaching the edge of extinction. Most of the western doctors in the old days would be able to understand the botanical language and use it in practice. The proficiency of the language was also considered as a benchmark to measure the academic excellence of a western doctor, it was a language for the royals. However, in today's society, the botanical language is no longer used by the western doctors. Instead, Latin abbreviations are used nowadays which is much simpler and easy to understand. The prescriptions from the western doctors are no longer using the botanical names or the chemical names, instead, they use the product names (i.e. the prescription names) that are easy to understand and distinguish. This is

for the convenience for the practitioners and consumers in the industry as the prescription names are much easier to grasp and understood. **When a medicine is named by its prescription name, it symbolizes the fact that the medicine is ready and safe to be used in medication, hence well recognized and accredited by the practitioners and patients, this definitely cannot be replaced botanical name or Latin name.** Even the western doctors follow the good practice as naturally as a river follows its course, can't our poor Chinese medicine practitioners draw from their experiences? I would like to ask, if the western doctors are required to write the botanical names, chemical names and product names (i.e. prescription names), imagine what responses you would expect from them? If only require Chinese Medicine Practitioners use Latin, at least, in the Equal Opportunity Commission, our decision makers would have already lost a law suit.

### **Reason 3:**

It is very dangerous to replace the Chinese prescription name (i.e. Pin Yin) with the botanical name, which traces back to how the Chinese prescription names originated. For the Chinese prescription names (i.e. Pin Yin), it means in a specific season (sometimes even specifies the timing in a year), in a specific region, and specifies the main body/parts of the plant it is collected from, which is manufactured under specific methods and might include one or multiple original plants. This strictly follows the rigorousness and preciseness of the *Traditional Chinese Medicine Dictionary* i.e. a medicine that matches all the safety standards. It is nowhere equivalent to a single original plant in the botanical language. Under the same original plant by its botanical name, it cannot be used as it may imply a different plant which deviates to the safety standards. For example, *Ba Jiao Hui Xiang*, it is toxic if it grows in the wild fields, and atoxic if it is fostered under specific methods – however the botanic names do not differentiate between the two. Another example is *Ban Xia*, the plant implied by the botanical name actually cannot be used for medical purpose, however the plant by its Chinese prescription name, is through strict and specific collection and production process, which is safe and atoxic, the usage for Childs is the same as adults. There are countless examples like this. I will not list them one by one due to limited time and space. If use the botanical name to replace the Chinese prescription name, this would a very dangerous practice. The consumers probably would think if the original plant is used it might have the same efficacy. This could possibly endanger people's lives if they simply purchase based on the botanical name and medicate themselves, which are faults to be claimed on the executers of such practice. On the other hand, it will of a lot of chaos to replace the Chinese prescription name with the botanical name in Australia based on the current condition. For example, *Chi Shao* and *Bai Shao*, *Nan Xing* and *Bei Xing*, *Ji Xue Teng* and *Da Xue Teng*...a lot of medicines will become indistinguishable. In addition, *Ban Xia*, as mentioned above, it is then impossible to distinguish if it's a raw

materials or it is already under prepared . After all, a lot of the Chinese medicine practitioners and consumers will become blind and deaf in front of the botanical names, which is dangerous. By implementing such practice, it completely alters and negates the primary meaning and principles of the *Traditional Chinese Medicine Dictionary* by depriving its essence and soul. It will end the Chinese medicine industry in Australia with bunch of meaningless botanical names. Wouldn't this defeat the whole purpose of implementing the legislation of Chinese medicine in Australia?

Interestingly, about eighty years ago, the Chinese government back then did mandate to phase out the Chinese medical practice but keep the use of the Chinese herbal medicine, i.e. a ban was placed on the Chinese doctors and only the Chinese herbal medicine was retained. There were a lot of so called scholars made the following suggestion: even if retain the Chinese herbal medicine, it has to be on the same page with the international medical science i.e. the Chinese prescription names have to be abrogated and the botanical names have to be used. Now, after eighty years, look at what has happened in the Chinese society – the group of the original plant in the *Traditional Chinese Medicine Dictionary* has been enriched and expanded, which serves the purpose of fully utilizing what we know and what we have. The Chinese herbal medicine in the past only served the interests of Chinese people, and now it is benefiting the entire human race.

Here I would like to make a modest proposal, perhaps the Chinese Medicine Board of Australia would like to set up an Australian Herbal Medicine Dictionary, in which case it will no longer be called Chinese herbal Medicine and the practitioners will no longer be called Chinese Medicine practitioner, they should rather be called something else instead. Do you agree on this point?

At last, I would like to make the following suggestion i.e. continuing the current Chinese herbal medicine practice guidelines from the Board of Victoria, i.e. use Chinese Pin Yin as the prescription names (If the customer require can be used Chinese word or English and or botanical name as well ), while the patient keeps a copy of the prescription for their reference. In addition, each packet of the Chinese herbal medicine prescribed by the Chinese medicine practitioner would have an obvious mark of the Clinic on the pack (such as the stamp of the clinic), together with the name of the patient and the date when the medicine is prescribed. This is because the current practice ensures safety and meanwhile practicable - the over ten year's experiences since the registration in Victoria provides the best support to the current practice.

Best regards,

Dr Min Wei Huang

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