

## Template A

# 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 consultation:

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 pekinensis* (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 vowel for the 3<sup>rd</sup> 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 tailor 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.