



Chinese Medicine Industry Council of Australia Ltd

澳大利亞中藥行業聯合會

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RE: *Submission for consideration of an agenda item on the incoming meeting with the TCM associations on 23 Sep 2021*

Dear Sylvia

Thank you for your invitation to participate in the incoming zoom meeting scheduled on 23 Sept 2021. First of all, On behalf of the Chinese Medicine Industry Council of Australia Ltd (CMIC), I wish to send our warmest congratulations to the new board members headed by Chair Prof Danforn Lim. We believe under the new leadership and the management, the board will address and resolve industrial concerns and issues more efficiently.

CMIC was established with the aim of playing the role of a representative of the Australian Chinese herbal medicine industry in order to ensure an effective and sustainable supply of quality products and tools to Chinese medicine practitioners to meet their clinical needs. We all play the same role for the public's health and interest but from a different perspective. CMIC supports the regulatory framework approach under the CMBA and always uphold our core values of five principles – that is “Quality, Safety, Efficacy, Availability and Affordability”.

As requested, we hereby lodge a submission for your consideration of an agenda item to be discussed as below:

1. How Chinese medicine practitioners can play a role in helping the government to curve and ease the Covid crisis?

As at today, there are more than 217 million confirmed cases, and more than 4.5 million death globally (Johns Hopkins University of Medicine, 31 Aug 2021), while 53,856 confirmed case are in Australia with death toll reached 1006 (Johns Hopkins University of Medicine, 31 Aug 2021). The continuing spread of the virus variants is imposing greater threat to both the Australian people's life and the economy.

Although we all support the government's vaccination rollout policy, there are no well-recognized medications available to the Delta variant at this stage, and people who were vaccinated can still have the chance to get an infection and contaminate others, especially all confirmed cases are not possibly hospitalized immediately, and they may have to be quarantined at home without any prescribed medication or treatment, leading to a higher contamination chance between family members.

We understand the TGA might have not received any applications to assess and approve any formulas or manufactured Chinese medicines that proved effective in overseas, therefore no Chinese medicines including Chinese medicine practitioners can claim to be able to prevent or treat Covid in Australia. However, according to Chinese medicine practice by practitioners in Wu Han, and the general clinical result released by the frontline treating team led by Prof Zhang boli, individualized herbal treatment with TCM pattern differentiation and a series of basic set formulas demonstrated a promised effectiveness of more than 90% on Covid, and later in one TCM Jiang Xia Fang Cang hospital, no single patient progressed from mild to severe, no death emerged under TCM treatment protocols.

In addition, on 29-30 May 2021, on behalf of the CMIC, I participated the 3rd World Traditional Medicine Forum online. One Chinese medicine practitioner as the invited presenter from the USA illustrated how her team treated 154 confirmed cases (Year 5 to 101) with the rate of 100%. It is quite impressive and encouraging.

We understand the CMBA may have very limited jurisdictions to play a role to those issues belong to the Chinese medicine association, but we believe there is certainly an overlapped area where Public Health are all our common target and priority.

According to the National Law, "the main principle for administering this Act is that the HEALTH and SAFETY of the public are PARAMOUNT (Part 4, 13, 3A), and the function of the national board allows the CMBA to " develop and approve codes and guidelines — to provide guidance to the health practitioners it registers"(Division 3,39). Similar to the TGA to adopt British /Eur Pharmacopeia as the national pharmaceutical standard, we believe the CMBA has the jurisdiction to develop or adopt guidance to the registered Chinese medicine practitioners in the legitimate practicing and intervention with the Covid in early stage by utilizing its advantages and overseas experiences.

The guideline may include TCM intervention procedures, boundaries, integrated treatment strategies, TCM treating protocols of early intervention for those with flu symptoms, or suspicious, quarantined or remotely isolated, pending test results, confirmed cases without hospitalization or prescribed medications or any other

vulnerable groups that Chinese medicine practitioners can play a role to help.

The Covid-19 is an enemy to all humankind and should be at the top of the Health concerns for all our governments and the public. As a profession with profound documented history and successful experiences in fighting epidemic diseases, it is our common responsibility to work together, unleash the power of the profession, take urgent actions to reach consensus and being allowed at least as an voluntary option for concerned patients, and in turn to ease the high pressures for the hospital, helping the people, the community and the governments.

2. Discussion on best pathways to resolve scheduled herbs /substances issues for TCM access

Since the NRAS 2010 was implemented on 1 July 2012, Chinese medicine practitioners are officially included as part of the Australian health workforce. The role of the practitioners is to safeguard the health of the public, while the role of the national board is to safeguard the SAFETY and also the HEALTH of the public.

Health, according to the World Health Organization, is "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity."

The definition of Health may comprise a wider scope, but we believe Prevention of diseases and Effective Treatment of a condition are always the Public's primary interest.

To effectively treat a condition, Chinese medicine practitioners rely on a range of herbal ingredients as a tool. However, for Chinese medicine's profession, what they learned and trained in the university from the textbook is not fully allowed to be utilized in Australia, and some chemical compounds naturally contained in a herb are restricted to an unrealistic or extreme level. The challenges are there is no proven substitutional herbs that are educated or well-recognized in clinical practice by the authorities. Thus it leaves a dangerous big gap to practitioners to treat the public due to the non-availability. These concerns were raised by the associations many times for a period of more than 10 years, but still remain unresolved.

By following previous joint meeting's decision, the associations were directed to lodge a joint submission to the TGA to change the schedule to allow registered practitioners to access important and unchangeable herbs and substances that are significant to Chinese medicine practice and clinical efficacies. These are including Ma Huang, Zhi Fu Zi and Amygdalin-contained herbs such as Ku Xing Ren, Tao Ren, Yu Li Ren, etc

However, preliminary attempts via submissions are all rejected by the TGA either in interim or final decisions. One of the main reasons could be that the TGA scheduling committee or its delegates does not have Chinese medicine expertise or having such knowledge to judging the risk and benefit together with evidence we provided, and we realized that this TGA's pathway is not an appropriate pathway to resolve those issues that only concerned by the Chinese medicine profession.

Therefore we strongly believe it is time to consider changing the pathway back to CMBA's endorsement subject to CMBA's effort and the Ministerial Council's approval.

For the best interest of the public, according to Schedule part 2, 14, (1) of the National Law, It is recommended that the CMBA make a recommendation to the Ministerial Council and convince it to realize, and further approve the endorsement pathway in relation to registered Chinese medicine practitioners to access unreasonably scheduled herbal ingredients which are significant to clinical practice and the public health.

Your considerations are highly appreciated.

Yours sincerely

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President of CMIC