

# COMPLEMENTARY HEALTH UPDATE



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## Expert Committee on Complementary Medicines in the Health System

As you will be aware, the draft report of the Expert Committee was released last week and the committee has invited comments. You can see the report at:

[www.tga.gov.au/docs/html/cmreport1.htm](http://www.tga.gov.au/docs/html/cmreport1.htm)

## A preliminary response from the Democrats:

Sadly, the Expert Committee did not examine the Pan Pharmaceutical product recall or make recommendations about how such a crisis could be avoided in the future.

On the positive side, it does call for the disparity between Government funding for complementary, over-the-counter and prescription medicines to be addressed, as well as research funding.

The report does accept that nutritional and complementary medicines are low-risk, however, it proposes that the levels of evidence for efficacy be provided to support therapeutic claims in the same way that they apply for conventional pharmaceuticals.

The Democrats strongly support the use of quality standards and transparent and defensible advertising and we agree with those recommendations requiring better labelling, however, it is not necessarily the case that rules for evidence should be the same.

So-called conventional medicine is only now discovering the

therapeutic value of many earlier remedies. An 'active ingredient' in reindeer antlers - now been identified as an anti-inflammatory - has been used for centuries in traditional Chinese medicine but scoffed at by many trained in the conventional medical model which demands evidence through randomised control trials.

For low-risk medicines, perhaps efficacy should be claimed by a different sort of evidence such as usage over time or inclusion in medical manuals in China or other parts of the world. People should be able to make up their own minds based on that information.

Many conventional medical services are not cost effective, have doubtful efficacy and are applied by doctors in vastly different ways and circumstances that often has more to do with GP medical training than any other factor to do with patient characteristics.

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## The Future of Complementary Medicine Forum & Dinner

Sandringham Yacht Club  
12 November 2009

This very successful forum (organised by the Democrats) in Melbourne, brought together people from right across complementary health sector.

We thought you might be interested in some of the comments made by our very well qualified panel to questions put to them on regulation:

### Q. Is the Therapeutic Goods Authority the best authority for control of complementary medicine in Australia?

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#### Professor Ian Brighthope:

principal lecturer, first post-graduate medical course in nutrition in Australia, former head, Complementary Health Care Council

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No. The TGA is not the best authority to control complementary medicine

The TGA is the most stringent regulator in the world and under TGA the cost of compliance is going 'through the roof'

We need a body made up of qualified, trained individuals who understand the difference between natural health and pharmaceuticals.

We need a body that conducts appropriate audits.

Appropriate regulations in Australia would incorporate very high standards of GMP (good manufacturing process), appropriate for the low-risk nature of the industry's products.

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#### Marcus Blackmore:

Chairman of Blackmores

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No The TGA has a good, clearly defined model for pharmaceuticals but although the system works reasonably well, it is not interested in the objectives of optimal health, living longer or alternatives to pharmaceuticals that have less side effects.

The TGA has a higher level of bureaucracy than is necessary for complementary medicine.

A new regulatory regime is needed that recognises that complementary medicine is neither food nor drugs, is a risk based system and facilitates a shift from a disease to a wellness model.

We need to balance freedom of choice with public safety and efficacy. (The Medications Safety Task Force in 2001 said



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#### PANELISTS

Bill Pearson  
Michael Murphy  
Marcus Blackmore  
Professor Stephen Myers  
Professor Ian Brighthope  
Professor Marc Cohen  
Dr. Mark Donohoe  
(LEFT TO RIGHT)

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Photos: Daan Spijer

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## “...make the distinction between complementary medicine and pharmaceuticals and food.”

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there were an estimated 80,000 hospital admissions each year as a result of adverse drug events, compared with 23 for complementary health products!)

Efficacy should only be regulated as it relates to false and misleading claims and/or the restrictions that should be placed on information to the public and practitioners, ie it is important that information is not just provided in a negative context but allows the positive role complementary health can play in personal healthcare (and in saving Government money).

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**Professor Stephen Myers:**  
Director, Australian Centre for Complementary Medicine Education & Research

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The first principle that should apply to complementary medicine regulation is that it should be risk based, recognise the traditional use and knowledge and make the distinction between complementary medicine and pharmaceuticals and food.

Australia has very high standards compared with, say, the US.

Canada has the Natural Product Directorate which requires

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SENATOR LYN ALLISON with complementary health forum speakers and organisers..

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substantiated monographs for each claim but this would not necessarily be good for Australia.

Knowledge about the benefits of many complementary products generally comes before the theoretical basis for those benefits is clearly understood.

Provided products are safe and the claims are based on traditional use, the industry should not be pushed down the regulatory path of scientific evaluation.

### Q: Should we look at other models of control such as the Codex, Canadian system or a mixture?

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**Professor Brighthope:**

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Codex applies to food and is not likely to be introduced into Australia for complementary medicine products because they are currently regulated in the same way as pharmaceuticals.

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#### Other speakers were:

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Professor Marc Cohen, founding Head of the Department of Complementary Medicine, RMIT and President, Australasian Integrative Medicine Association

Dr Mark Donohoe, medical doctor and President of Natural Health Care Alliance

Michael Murphy, natural therapist and Director, Complementary Medicine Practitioner Associations Council

Bill Pearson, acupuncturist and President, Australian Traditional Medicine Society

Speakers discussed manufacturing, the independence of the Government's advice on complementary health policy, the players in decision-making and the contribution complementary medicine contributes to Australia's health.

We will be producing a fuller report of the forum and would be happy to forward it to you when ready.



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## Natural Health Care Alliance

You may be interested to know that a new alliance of complementary health groups has been formed. For details, contact:

admin@nhca.com.au

[www.nhca.com.au](http://www.nhca.com.au)

NHCA  
PO Box 296  
Cremorne NSW 2090

## Acupuncture stats

Did you know that there were almost 600,000 acupuncture treatments provided by GPs last year for which a Medicare rebate is applicable, costing \$13.5 million? This raises questions about the very distinct advantage GPs have, often with minimal training in the practice, over acupuncturists. A case of unfair and restricted trade practices perhaps?

## ACA report on Echinacea

This week the Australian Consumers Association cast doubt on the efficacy of products sold in Australia containing Echinacea. This is an extract of the Complementary Healthcare Council's response to that report.

*"Echinacea is probably the most difficult herb to test when comparing products. Three species are used in traditional herbal medicine (and also in contemporary clinical studies), and different extracts are prepared commercially from various plant parts. In formulating Echinacea products, extracts from different species are sometimes combined, and Echinacea products are often*

*combined with other herbs or nutrients to enhance efficacy. Two of the products tested by ACA were, in fact, combination products, but the relevance of this is not discussed in the article.*

*"On the positive side, not surprisingly the laboratory testing confirmed that all of the products were true to label in terms of the species used. By contrast an independent American study revealed that nearly half of the US products tested did not contain the species mentioned on the label."*

See the full response at: [www.chc.org.au](http://www.chc.org.au) (click on latest information, then media releases)

## What's happened to the Complementary Medicines Evaluation Committee?

Apparently this committee has not met for some time and obviously the Government did not seek its advice over the Pan Pharmaceutical recall. I have asked the Government about the status of this committee and will report when I have a response.

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