American Chinese Pharmaceutical Association Newsletter

美洲華人藥學會通訊

Editor: James W. Shaw, Pharm.D., M.S. **April 2002**

Message from the President
Jinn Wu, Ph.D.

Spring is here already, and I wish all of our members an enjoyable time and a smooth year for 2002. Since many of you may not be familiar with the history of ACPA, I would briefly like to introduce our association and its past contributors.

ACPA was founded in December 1986 (16 years ago) by a group of Chinese-American pharmacists. Pharmaceutical scientists were invited to join the organization in June 1987. To date, we have an association that consists of members from the US, Canada, Mexico, China, Hong Kong, Taiwan, Singapore, and the Philippines. We are not the largest professional pharmaceutical association in the US; however, we are very focused.

The leadership and contributions of numerous individuals have made ACPA what it is today. Beginning in 1987, the following volunteers have served our association: Dick Fong, Anne Lin (1987); Cheong Fung, Anne Lin (1988); Moses Chow, Anne Lin, Annabella Foo (1989); Gerald Shiu, Lisa Lum, Annabella Foo (1990); Anne Lin, Lisa Lum, Annabella Foo (1991); Chester Lau, Julie Chen, Annabella Foo (1992); Syang Su, Julie Chen, Helam Wan Luk (1993); Keith Chan, Julie Chin, Helam Wan Luk (1994); Jean Tang, Julie Chin, Helam Wan Luk (1995); Ming-Haw Liu, Syang Su, Helam Wan Luk (1996); Gary Yee, Anna Tai, Cheong Fung (1997); Steve Chin, Bing-Bing Yang (1998); Francis Lam, Judi Mar, Bing-Bing Yang (1999); Shiew-Mei Huang, Anna Lee, Bing-Bing Yang (2000); and Marina Chang, Van Doren Hsu (2001). I wish to thank all of those individuals who have contributed. In addition, many thanks are due to Chester Lau who has served as Executive Director of ACPA for the past several years.

Our association welcomes new members to join, participate, and work with us. ACPA needs your support.

Finally, with this issue of the newsletter you have been mailed a questionnaire. We are interested in collecting demographic information from our members. This information will be used to target ACPA's services to your needs. Thus, it is vital that each of our members takes the time to complete the questionnaire and return it to Eddie Hong in the enclosed self-addressed stamped envelope. We ask that you do so by April 30, 2002. If you have any questions regarding the questionnaire, please do not hesitate to contact Eddie by e-mail at GlobalHealthcareUSA@yahoo.com.

Report from the Program Committee
Shiew-Mei Huang, Ph.D.

ACPA's 6th International Conference and Workshop will be held August 1–3, 2003 in Taipei, Taiwan. The conference will be jointly sponsored with the National Taiwan University (NTU) School of Pharmacy. Its program is being developed, in part, to celebrate the 50th anniversary of the NTU School of Pharmacy and will focus on cutting-edge technologies and challenges in modern drug discovery and development. Program coordinators include Shiew-Mei Huang, Keith Chan, Jonas Wang, and Jinn Wu. The program is still under

development; however, we will make it available to our members in the next issue of the newsletter.

ACPA and the Sino-American Pharmaceutical Association will jointly host a workshop entitled "Botanical Drug, Traditional Chinese Medicine, and Drug-Drug Interaction Issues." This meeting will take place during the afternoon (1:45 PM–5:00 PM) on August 3, 2002 at Rutgers University. ACPA members interested in attending the symposium should send an e-mail to Jinn Wu at jwu@xbl.com for more information. It is hoped that all members, especially those who reside on the East Coast, will be able to attend this meeting.

In addition, ACPA will hold its annual dinner meeting on Tuesday, November 12, 2002 at this year's American Association of Pharmaceutical Scientists (AAPS) annual meeting in Toronto, Canada. Please mark your calendars. We have asked Charlene Ng, a Ph.D. candidate at the University of Toronto College of Pharmacy, to assist us. She has reserved a good Chinese Restaurant in Toronto for our meeting. We are looking for suggestions as to who should be our keynote speaker. Please e-mail your recommendations to Shiew-Mei Huang at huangs@cder.fda.gov as soon as possible. Again, if you plan to attend the AAPS annual conference, please set aside Tuesday night for ACPA.

Announcements

Past ACPA Presidents Francis Lam and Keith Chan recently presented invited lectures at the First International Conference and Exhibition of the Modernization of Chinese Medicine held in Hong Kong. Their lectures were titled "Chinese Medicine-Drug Interactions: Problems, Limitations, Challenges" and "Comparative Studies of the Latest Regulatory Changes in the US and China," respectively.

Also, we are actively seeking submissions for the newsletter from our members. If you have written something that you would like to have considered for publication in the ACPA Newsletter, please contact the editor, Jim Shaw, by e-mail at shaw@pharmacy.arizona.edu.

Traditional Chinese Medicine: Current Status in America

Alex Holland, M.Ac., L.Ac.

Traditional Chinese Medicine (TCM) made its official entry into American consciousness with Richard Nixon's visit to China in 1971. Since that time, TCM, which encompasses the primary modalities of acupuncture, Chinese herbal medicine, and Qi Gong, has flourished to a remarkable degree. This is evidenced by the establishment of well over 40 accredited colleges of TCM, a number of journals dedicated to the field, growing insurance coverage, national professional and academic organizations, evolving acceptance among allied health care professionals, licensing boards in almost every state, and thousands of practitioners.

The growth of Oriental medicine over the last 30 years has been very rapid. Accredited schools of TCM offer a master's level education, and a few now offer advanced clinical studies leading toward a doctoral degree. The educational standards are well established and provide a rigorous and thorough emersion into the field of study. Graduates are skilled and qualified to care for those who seek them out for health care. However, there are some areas of deficiency that the educational system is currently addressing, most notably the perceived loss of the spiritual component of TCM. This important aspect of TCM, which forms the essence of its holistic underpinnings, was compromised when the medicine was exported to other countries by the communist regime in the People's Republic of China. Western countries, including Australia and many in Europe, are currently reconstituting this component of the medicine as they gain the ability to re-translate and interpret many of the classics of TCM. It is a slow process but well worth the effort.

Another area of concern related to this growth has been the perceived turf wars that have at times developed between Western medical professionals and the practitioners of TCM. These have resulted

primarily from the paradigm from which TCM evolved, one that is quite foreign to Western medical concepts of disease etiology and therapeutics. As a result of this difference, TCM is often misunderstood and its claims to health care held suspect. Over the last few decades, allopathic declarations regarding the efficacy of TCM have ranged from the "fact" that it is mere suggestion (much like hypnosis) to that it simply does not work at all. Such claims have been made in spite of clinical proof to the contrary. In some instances, Western medicine has attempted to co-opt TCM by developing its own brand of acupuncture, i.e., medical acupuncture, which is devoid of the complex theories upon which TCM is based. Medical acupuncture relies primarily on cookbook methods of treatment and is claimed by its adherents to be more valid and effective than TCM, mostly because it is performed by medical doctors. While medical acupuncture has its place, it adherents should not claim that it is more valid than TCM since they do not have full understanding of the axiology and ontology that underlie the practice of Chinese medicine.

Many of the misconceptions concerning TCM are dissolving as communication and correct understanding of the utility of the medicine are more thoroughly appreciated. I anticipate that someday TCM will be viewed not as a threat to allopathic medicine but as a complete and complementary system that can work exceptionally well within the framework and care offered by Western medicine.

TCM is not a panacea and, much like Western medicine, has its strengths and weaknesses. A primary strength of TCM is its focus on preventive health care and the body-mind-spirit connection involved in the development of disease. Other strengths include its treatment protocols for stroke rehabilitation; pain management; hypertension; addictions; neuromusculoskeletal disorders; and numerous cardiac, digestive, and pulmonary diseases. It also has value when used as an adjunct to ease the side effects associated with many types of Western medical therapies. TCM can offer only symptomatic management for certain chronic degenerative diseases such as multiple sclerosis, cancer, acquired immune deficiency syndrome, Alzheimer's disease, cystic fibrosis, amyotrophic lateral sclerosis, and similar disorders. More research needs to be done to establish TCM treatment protocols for these types of diseases. In this way, Chinese medicine can be employed, when appropriate, as an adjunct to standard Western therapies for these conditions.

We are on the road to a truly integrated medicine, but only open-minded communication, compassion, and the understanding that we are all focusing on the same purpose—treating the ill and disenfranchised—will expedite the process.

Alex Holland, M.Ac., L.Ac., is President of the Asian Institute of Medical Studies in Tucson, Arizona. He has been involved in TCM education and curriculum development for over 18 years. He is former Academic Dean of the Northwest Institute of Acupuncture and Oriental Medicine in Seattle and is currently a lecturer and clinical preceptor with the Program in Integrative Medicine in the College of Medicine at The University of Arizona. He is the author of *Voices of Qi: An Introductory Guide to Traditional Chinese Medicine*.

Kava-Containing Dietary Supplements May Be Associated with Severe Liver Injury

The following caution was released by the US Food and Drug Administration (FDA) on March 25, 2002. It is available from the FDA's Web site at http://www.cfsan.fda.gov/~dms/addskava.html.

The [FDA] is advising consumers of the potential risk of severe liver injury associated with the use of kava-containing dietary supplements. Kava (*Piper methysticum*) is a plant indigenous to the islands in the South Pacific where it is commonly used to prepare a traditional beverage. Supplements containing the herbal ingredient kava are promoted for relaxation (e.g., to relieve stress, anxiety, and tension), sleeplessness, menopausal symptoms, and other uses. FDA has not made a determination about the ability of kava dietary supplements to provide such benefits.

Liver-related risks associated with the use of kava have prompted regulatory agencies in other countries, including those in Germany, Switzerland, France, Canada, and the United Kingdom, to take action ranging from warning consumers about the potential risks of

kava use to removing kava-containing products from the marketplace. Although liver damage appears to be rare, FDA believes consumers should be informed of this potential risk.

Kava-containing products have been associated with liver-related injuries—including hepatitis, cirrhosis, and liver failure—in over 25 reports of adverse events in other countries. Four patients required liver transplants. In the US, FDA has received a report of a previously healthy young female who required liver transplantation as well as several reports of liver-related injuries.

Given these reports, persons who have liver disease or liver problems, or persons who are taking drug products that can affect the liver, should consult a physician before using kava-containing supplements.

Consumers who use a kava-containing dietary supplement and who experience signs of illness associated with liver disease should also consult their physician. Symptoms of serious liver disease include jaundice (yellowing of the skin or whites of the eyes) and brown urine. Non-specific symptoms of liver disease can include nausea, vomiting, light-colored stools, unusual tiredness, weakness, stomach or abdominal pain, and loss of appetite.

FDA urges consumers and their health care professionals to report any cases of liver and other injuries that may be related to the use of kava-containing dietary supplements. Adverse events associated with the use of dietary supplements should be reported as soon as possible to FDA's MedWatch program by calling their toll-free number (1-800-332-1088) or through the Internet (http://www.fda.gov/medwatch).

The presence of kava in a supplement should be identified on the product label in the "Supplement Facts" box. The following are commonly used names for kava:

- ava
- ava pepper
- awa
- kava
- kava kava
- kava-kava
- kava pepper
- kava root
- kawa
- kawa kawa
- kew
- intoxicating pepper
- *Piper methysticum*
- *Piper methysticum* Forst.f.
- *Piper methysticum* G. Forst.
- rauschpfeffer
- sakau
- tonga
- wurzelstock
- yangona

FDA will continue to investigate the relationship, if any, between the use of dietary supplements containing kava and liver injury. The agency's investigation includes attempting to determine a biological explanation for the relationship and to identify the different sources of kava in the US and Europe. The agency will alert consumers, and if warranted, take additional action as more information becomes available.

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