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### Colophon

**Editor**  
Ken Mangroelal

**Editorial address**  
Pan European Federation of TCM Societies  
Geldersekade 87 A  
1011 EK Amsterdam, the Netherlands  
tel / fax: +31 (0)20 4212861  
e-mail: info@pefots.com  
website: www.pefots.com

**Lay-out / design**  
studio Stap & Herhaal
On December 20, 2002 Dr. Xiaorui Zhang, WHO’s Coordinator of Traditional Medicine had a meeting with committee members of PEFOTS: Mr. Zhilin Dong, Mr. Guoguang Zhu, Dr. Giovanardi and Mr. Jianping Wang.

Mr. Dong made a briefing to Dr. Zhang about the work done by PEFOTS over the past year since its establishment and also presented her the work schedule for 2003 with events such as: ‘Symposium on Traditional Chinese Medicine (TCM) Education in Europe’, which will be held March 15-16, 2003 in Lisbon and ‘Forum of TCM Legislation in Europe’, which will be held April 29, 2003 in London. Mr. Dong invited Dr. Zhang as a representative of WHO to attend these two conferences and to present a speech on ‘Development and Problems of TCM in Europe’.
Dr. Zhang gave a presentation on the situation in the use of traditional medicine Worldwide and WHO traditional medicine strategy. During the meeting, Dr. Zhang recommended PEFOTS to pay an attention to encourage the clinical research by using appropriate methodology, to publish materials related to the TCM specific knowledge for other health professionals such as doctors, nurses, physiotherapists, and to develop the information and organize the seminars or workshops for consumers on the proper use TCM. These activities could contribute to the better understanding of TCM in the Western world so that people can benefit from a safer and more effective use of Traditional Medicine.

WHO is happy to support PEFOTS to organize the seminars on the consumer education for the proper use of traditional medicine. PEFOTS is intending to organize two seminars on the consumer education for the proper use traditional medicine in 2003 and 2004 in Holland and Finland respectively. If other countries also want to set up such events, PEFOTS is willing to cooperate.

Mr. Dong hopes for a growing cooperation between PEFOTS and WHO in the future to strengthen the further development of TCM in Europe. Dr. Zhang said she would like to attend the Forum on TCM Legislation in Europe on April 29, 2003 in London if her schedule allows her.

Global Review of the Use of Traditional Medicine and WHO Strategy

Much of what follows is based on material provided to us by Dr. Zhang. As Traditional Chinese Medicine (TCM) is a species of ‘Traditional Medicine’ (TM), we ask our readers to keep that in mind when reading the following lines.

Traditional Medicine (TM)

Traditional Medicine (TM) includes diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness. Populations throughout Africa, Asia and Latin America use traditional Medicine (TM). Meanwhile, in Australia, Europe and North America, “complementary and alternative medicine” (CAM) is increasingly used in parallel to allopathic medicine, particularly for treating and managing chronic disease. Concern about the adverse effects of chemical medicines, a desire for more personalized health care and greater public access to health information, fuel this increased use. See box 1

Widespread and growing use of TM has created public health challenges in terms of: policy; safety, efficacy and quality; access; and rational use. Policy-makers, health care providers, TM providers and nongovernmental organisations (NGOs) can respond to these challenges. Many challenges need to be met for the potential of traditional medicine to be fully realised. Challenges such as:

1. Lack of national policies and regulations on TM/CAM: only 25 of 191 WHO Member States have a national policy for TM/CAM and only 70 of 191 WHO Member States regulate herbal medicines.
2. Lack of sound scientific evidence concerning safety and efficacy: There is a lack of international standards for evaluating the safety and efficacy of traditional medicine.
3. Difficulties in ensuring rational use and quality control of TM/CAM. In 1996, 50 people in Belgium had kidney failure due to a herbal preparation which contained Aristolochia fangchi instead of Stephania tetrandra of Magnolia officinalis. In the USA, some young people died when using high doses of ephedra as narcotic drugs of psychotropic substances. In some European countries, change of traditional use of Kava-kava into a new form caused liver damage in several people. Therefore sound education and training programmes on traditional medicine for health care providers and education for consumers in the proper use of traditional therapies and herbal medicines are absolute prerequisites.
4. Need to ensure the sustainable use and the protection of knowledge of TM/CAM. This can be achieved by way of: recording the knowledge for sustainable use; recording the knowledge for safety and efficacy; recording the knowledge for equity sharing of the benefit

To meet the growing challenges, WHO has formulated a comprehensive working TM strategy for 2002-2005. The Strategy was developed through broad consultation with WHO Regional Offices and Member States, WHO Expert Committees and Collaborating Centres for Traditional Medicine, as well as through work with a broad range of partners with diverse interest in TM. It incorporates four objectives relating to:

1. Policy: integrate TM/CAM with national health care systems
2. Safety, efficacy and quality: Promote the safety, efficacy and quality of TM/CAM
3. Access: Increase the availability and affordability of TM/CAM
4. Rational use: promote therapeutically sound use of TM/CAM by providers and consumers.

National Policy

In 2002, 25 countries reported having a national TM policy. Such a policy provides a sound national health care delivery, ensuring that the necessary regulatory and legal mechanisms are created for promoting and maintaining good practice, that access is equitable, and that the authenticity, safety and efficacy of therapies are assured. To conclude we will present some valuable information on the Utilization and Legal Status of TM/CAM in Selected European Countries. These are useful for overview and comparison.
## Utilization and Legal Status of TM/CAM in Selected European Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Use</th>
<th>Practice CAM</th>
<th>Law</th>
<th>Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Netherlands</td>
<td>80% population</td>
<td>50% GPs practice: Homeopathy</td>
<td>Legal Register CAM: Homeopathy</td>
<td>47 Private companies cover</td>
</tr>
<tr>
<td></td>
<td>Herbal</td>
<td>Manual Therapy</td>
<td>Acupuncture</td>
<td>Acupuncture, Chiropractic</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Belgium</td>
<td>40% population</td>
<td>25% GPs provide CAM</td>
<td>Legislation CAM approved by Parliament 1999</td>
<td>Partially covered</td>
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<tr>
<td></td>
<td></td>
<td>56% MDs Homeopathy</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>40% MDs Acupuncture</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>28% Herbs Acupuncture</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>33% Manual Therapy</td>
<td></td>
<td></td>
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<tr>
<td>France</td>
<td>75% population</td>
<td>30% GPs practice CAM</td>
<td>MDs legally practice CAM</td>
<td>Social/private cover</td>
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<tr>
<td></td>
<td></td>
<td>50,000 non MDs provide CAM</td>
<td>Chiropractic</td>
<td></td>
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<td></td>
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<tr>
<td>Germany</td>
<td>30% population</td>
<td>77% pain clinic provide Acupuncture</td>
<td>Homeopathy legal licensed Heilpraktiker 1994</td>
<td>Partially covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13,000 Heilpraktikers</td>
<td></td>
<td></td>
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<tr>
<td>Switzerland</td>
<td>40-50% population</td>
<td></td>
<td>Regulatory</td>
<td>1999 Cover Homeopathy</td>
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<tr>
<td></td>
<td>Including MDs</td>
<td></td>
<td>Homeopathy</td>
<td>Chiropractic, private cover</td>
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<td></td>
<td></td>
<td></td>
<td>1998 Chiropractic</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Acupuncture</td>
<td></td>
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<tr>
<td>UK</td>
<td>70% population</td>
<td>50,000 Non-MDs provide CAM</td>
<td>Non-MDs practice CAM tolerated by law Homeopathy 1956 free Acupuncture Chiropractic 1994</td>
<td>National health service; hospital provides Osteopathy Chiropractic</td>
</tr>
<tr>
<td></td>
<td>provide Acupuncture</td>
<td></td>
<td></td>
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<tr>
<td>Denmark</td>
<td>33% population</td>
<td>Acupuncture Chiropractic</td>
<td>Chiropractic 1992</td>
<td>Fully reimburse Chiropractic</td>
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<tr>
<td>Finland</td>
<td>50% population</td>
<td>200 centres provide Acupuncture</td>
<td>MDs legally practice CAM</td>
<td>Some cases Chiropractic</td>
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<tr>
<td>Norway</td>
<td>30% population</td>
<td>GPs practice: 35% Acupuncture 33% Homeopathy</td>
<td>Chiropractic Legal 1990</td>
<td>Partially Chiropractic</td>
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### Professional courses in TCM

**Shenzhen Open University of TCM** is an authentic Chinese higher educational institute offering three different courses taught by qualified doctors and experienced specialists. The curriculum consists of literature used in universities in China. The level of the courses meets the demands for therapists conform BIG-legislation.

Shenzhen Open University of TCM offers a profound theoretical and practical training program; many TCM books in different languages are available and there is also a successful clinic where students can serve their apprenticeship under the supervision of a qualified doctor or specialist.

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- Apprenticeship: 144 hours

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- Apprenticeship 100 hours

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- 2 years – 240 class hours
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- 2nd year examination in Pathology

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China’s State Administration of TCM Officers Meet Representatives of PEFOTS

China’s State Administration of TCM officers, Mr. Sheng Zhixiang and Mr. Jiang Zaizeng, director and vice-director, respectively of the International Cooperation Dept. of the State Administration of TCM, China, had a meeting in Beijing December 3, 2002 with Mr. Dong Zhilin, chairman of PEFOTS, and Mr. Zhu Guoguang and Mr Ramon M. Calduch, vice chairman of PEFOTS.

During the meeting Mr. Sheng summarized the official trip to Britain led by Madam She Jing, Vice Minister of the Department of Health. Madam She Jing provided detailed information on both the management and the education system of TCM in China, such as the registration of TCM physicians, during her meeting with the Department of Health of Britain. She further discussed the new registration model which was introduced in Hong Kong and Thailand some years ago. She also expressed her concerns about the registration system being proposed in Britain, which would separate Chinese herbal medicine from acupuncture.

Mr. Dong appreciated the support given by the Chinese government for dealing with the situation of TCM in Europe. Mr. Dong also expressed his anxiety over the British government's approach towards the herbal regulation. According to the model the so called registered ‘herbalist’ will include Chinese, European and Indian herbalist. In addition, Chinese ‘herbalist’ and ‘acupuncturist’ will be registered separately. Most of the TCM practitioners do not agree with this new registration system, simply because Chinese herbal medicine is based on its own theory which is completely different from that of Western herbal medicine or Indian herbal medicine. Acupuncture and Chinese herbal medicine share exactly the same fundamental philosophy and they only differ in their ways of treatment, the one using needles, the other using herbs. Therefore it is highly essential to urge TCM associations in Britain to let the British government know of the potential negative consequences of this registration model.

Report by Ken Mangroelal

From left to right: Mr. Dong, Z.L., Mr. Shen, Z. X., Mr. Calduch, R.M., Mr. Jiang, Z.Z., Mr. Zhu, G.G.
Successful 2nd International Congress on TCM Barcelona

The 2nd International Congress on TCM, held on Oct. 11-13, 2002 in Barcelona turned out to be a success. The main subjects of this congress were: international academic research, education, clinical experiences and legislation of TCM. The congress was sponsored by PEFOTS, Fundacion Europea de medicina Tradicional China and the State Administration of TCM, China. 450 representatives from 24 countries attended the meeting. More than 60 theses were distributed.

Mr. Li Zhen-ji, Professor and Deputy Director of the State Administration of TCM, P.R. China, Mr. Joan Rigol, President of the Catalan Parliament, Mr. Ramon M. Calduch, vice-president PEFOTS.

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Third International Congress on TCM
LISBON
14,15 and 16 November 2003
International Academic Research, Education, Clinical Therapy and Legislation of Traditional Chinese Medicine

Organized by:
Pan European Federation of TCM Societies (PEFOTS)
Associacao Portuguesa de Acupunctura e Disciplinas Associadas
Da Medicina Chinesa De Macau

Sponsors:
The State Administration of Traditional Chinese Medicine, People's Republic of China
Exchange and Cooperation Center of Taiwan HongKong and Macao State Administration of TCM People's Republic of China

Information:
Rua Viriato, Nr 27- 3 A
1050-234 LISBOA, PORTUGAL
E-mail: apa-da@mail.telepac.pt
Tel:00-351-213590474 Fax:00-351-213152269

The Second Shenzhen International
TCM & Health-Care Commodities Fair
May 12-15, 2003

Place: Exhibition Center of Shenzhen International HI-TECH FAIR

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Website: www.healthyfair.com
The proposed European “Directive on Traditional Herbal Medicinal Products” poses the biggest challenge to the Chinese herbal medicine (CHM) sector in Europe. Chinese herb importers and suppliers in European countries realized the seriousness of the situation and felt the necessity to form an alliance to meet the challenge.

ECCTCM aims to improve the safety and quality of Chinese herbal medicinal products and to present a unified voice for the CHM sector in Europe. The use of CHM in Europe has increased steadily in recent years. Its efficacy and safety have won the trust of many patients. On the other hand, incidences of poisoning due to less satisfactory quality control scheme, such as the Belgium slimming clinic incident, cast a dark shadow on the image of CHM. Members of ECCTCM members are to work together to improve this situation and to promote CHM to Europe’s mainstream healthcare product market.

In addition, ECCTCM will, among other things, educate members and increase their awareness on European laws and regulations relevant to CHM, such as protected animal and plant species, and prepare members for the registration of CHM products according to the “Directive on Traditional Herbal Medicinal Products”.

Participants in the meeting represented Chinese herb importers and suppliers from the following 10 European countries: Belgium, Finland, Germany, Hungary, Italy, Netherlands, Portugal, Spain, Switzerland, and the UK.

A Steering Committee of ECCTCM was formed during the meeting. The Steering Committee consists of 1 representative from each participating country. The next meeting of the Steering Committee of ECCTCM is scheduled for 15th February 2003 in Rome, Italy.

Information
Mr. You-Ping Zhu, Phd
Bloemsingel 1
9713 BZ Groningen
The Netherlands
Tel. +31 50 363 32 15
Fax +31 50 363 31 10
E-mail: Y.P.Zhu@med.rug.nl
Safe Depth of **Needling** Acupoints on the Chest An **Investigation**

Abstract: 51 fresh adult cadavers of which 21 were male and 30 female, were randomly chosen, frozen and cut by anatomic sections after locating acupoints. Distances between the superficial dermal spots and dangerous deep spots at acupoints were measured after defrosting and the data obtained were statistically processed. Research pointed out an average dangerous depth of needling and proposed a safe depth of needling for 23 dangerous points on the chest.

A dangerous point is defined as an acupoint that can injure an organ by uncautious acupuncture of that point. There are about 23 dangerous points on the chest; (Ruzhong(S17)) of the Stomach Channel of Foot-Yangming is an acupoint to which acupuncture is forbidden and was not included in this research). Through the ages, different needling depths were recorded for these acupoints. Clinical doctors were worried about the vital organs such as the heart and the lung in the cavity of the chest. Our systematic research on these dangerous points aimed at providing the clinical doctors with a safe depth of needling to prevent accidents and improve acupuncture effects.

**Materials and Methods**

**Materials:** 51 fresh adult cadavers of which 21 were male and 30 female, were randomly chosen, frozen and cut by anatomic sections after locating acupoints. 23 dangerous points on the chest were researched on the depth of needling: Shufu(KI27), Yuzhong(KI26), Shencang(KI25), Lingxu(KI24), Shenfeng(KI23), Bulang(KI22), Quepen(ST12), Qihu(ST13), Kufang(KT14), Wuyi(ST1), Yingchuang(ST16), Rugen(ST18), Qimen(Liv14), Riyue(GB24), Tianchi(PC1), Yuanye(GB22), Dabaos(FP21), Zhejin(GB23), Zhourong(Sp20), Xiongxiang(Sp19), Tianxi(Sp18), Shidou(Sp17) and Tiantu(Ren22).

**Methods:** In accordance with the previous research method: first the acupoints were treated by drawing lines on the cadaver; then the cadavers were frozen by low temperature and cut by acupoint sections for the measurement of the depths of the acupoints; finally the data obtained through these measurements were analyzed by computer statistical software.

**Measurement Results**

Of the 23 dangerous points on the chest, 22 are paired (left-right) and 1 is un-paired. The results of the measurements of these 22 dangerous paired ones, regardless of sex are:

- FootShufu(K27), Yuzhong(K26), Shencang(K25), Lingxu(K24), Shenfeng(K23) and Bulang(K22): the average depth of Shufu (K27) is the largest and the dangerous depth reaches about 26mm (This acupoint is near the sternoclavicular joint where the thoracic wall is thicker), the average dangerous depths of the other points are between 11.87 and 17.64mm and do not vary much.

- Among the points Quepen(S12), Qihu(S13), Kufang(K14), Wuyi(S15), Yingchuang(S16) and Rugen(S18), the distance of Quepen(S12) to the lung is the largest and the average depth reaches about 38mm. The superior part of the apex of the lung is more inside and there is a larger gradient from the apex of the lung to the lower and outer side, which results in a larger depth of Quepen(S12) to the lung.

- The depths of points Qihu(S13), Kufang(S14), Wuyi(S15), Yingchuang(S16) and Rugen(S18) change gradually from large to small, from the upper side to the lower side. The depth of point Qihu(S13) is about 33.62mm and that of point Rugen(S18) is only about 12.21mm.

- Points Qimen(Liv14) and Riyue(GB24) belong respectively to the Liver Meridian of Foot-Jueyin and the Gallbladder Meridian of Foot-ShaoYang and are on the same straight line with the Stomach Meridian of Foot-Yangming in an upward or downward direction. The thicknesses of these two points are similar to those of the adjacent points of the Stomach Meridian on the anterior chest wall.

- Points Zhourong(Sp20), Xiongxiang (Sp19), Tianxi(Sp18) and Shidou (Sp17) belong to the Spleen Meridian of Foot-Taiyin and the depths of these 4 points change from large to small from the upper to the lower side.

- The thickness of point Zhourong(Sp20) is about 24.7mm and that of point Shidou(Sp17) is about 15.17mm. This change is possibly related to the existence of the greater pectoral muscle and the...
smaller pectoral muscle. The thicknesses of points Yuanye(G22) and Zhejin(G23) of the Gallbladder Meridian of Foot-ShaoYang on the lateral chest wall under the axilla and point Dabao (Sp21) of the Spleen Meridian of FootTaiyin are close to the standard deviations of the 22 dangerous points on the chest that belong to the paired ones.

That of point Quepen(S12) is largest(12.4mm), indicating that the dispersion degree of the dangerous point is larger in the samples and there is a larger difference among different individuals, and attention should be paid to the depth of needling.

The significance test of the differences of the 22 paired dangerous points on the chest belonging to the paired ones show that the P value was in all cases larger than 0.05, indicating that there was no difference in the dangerous depth between the right and left side.

The average dangerous depth of the unpaired dangerous point Tiantu(R22) on the chest is 22.91mm in the males and 21.59mm in the females, with standard deviation 7.97mm in the males and 7.17mm in the females. Significance test between the males and the females showed that the p value was larger than 0.05, indicating there was no difference between the males and the females.

Discussion

The means in the above table are the average depths from the skin to the dangerous spots. These average depths should never be reached in clinic, otherwise an acupuncture accident will take place. For the safety of acupuncture, we propose a range of depths of needling for dangerous points on the chest. The formula for calculating a safe depth is: an average dangerous depth x70%.

The mean in the table was chosen as the average dangerous depth. Each point had two means in the right and left sides and the smaller one was taken as a standard. A safe depth of needling in this research is for medium-statue adults. As for very thin or fat persons treated in clinic, it is suggested that the depth of needling should be adjusted for safety.
The art of using formulae in Traditional Chinese herbal medicine has undergone significant changes through the centuries. Starting out as fairly crude and simple portions, formulae have developed into sophisticated therapeutic tools. Through the ages there are many outstanding influential figures and books on literature of herbal formulae, but here we limit ourselves to the most important ones.

The earliest compilation of formulae in China, Wu Shi Er Bing Fang dates back to the end of the 3rd century, BC The text records 240 kinds of herbs and over 300 formulae, but they are quite crude and simple. The earliest existing Chinese Materia Medica text, Shen Nong Ben Cao Jing, states that the combination of different drugs has both therapeutic effects and limits side effects, and links dosages in different forms to specific indications.

By the time Huang Di Nei Jing was compiled, now estimated between 475 BC and the 1st or 2nd century AD, the theoretical foundations of TCM were in place. Thirteen formulae are described and the text clearly names the different dosage forms as there are decoction, pill, spirit, etc. showing that the practice of formulae started.

The true ancestor of all writers of formulae is Zhang Zhong-Jing, who inherited and summarized the experiences of previous ages. In his books Shang Han Lun and Jin Gui Yao Lue, compiled during the early 3rd century AD, 113 herbs and 265 formulae are described respectively. Each of the formulae is given a name, and the dosage and method of preparation of the herbs are specifically indicated. All the formulae are elegantly and strictly formulated and based on a more advanced therapeutic system. Zhang established the principle of treatment according to the Differentiation of Patterns” (Bian Zheng Lun Zhi). These books are a milestone and have had a tremendous influence on Chinese Medicine up to the present day. During the Eastern Jin dynasty (317~420 AD), Ge Hong wrote the most important compilation of formulae of that time; Bei Ji Zhou Hou Fang (Emergency Formulae to Keep Up One’s Sleeve). This book features the use of simple and effective formulae for emergencies. Sun Si-Miao (580~682 AD), the most outstanding medical figure in the Tang dynasty (618~907 AD), compiled Bei Ji Qian Jin Yao Fang, and Qian Jin Yi Fang. Systematically summarizing the medical achievements before the Tang dynasty, Sun first used the theory of five Zang- and six Fu-organs. More than 3,500 formulae are prescribed in his books, and many of them are still in use. Another influential figure in the 8th century was Wang Tao. As secretary of the imperial library, Wang

Cang Er Zi San

**Source:** The book Ji Sheng Fang (AD 1253)

**Ingredients:** Cang Er Zi (Fructus Xanthii), Xin Yi Hua (Flos Magnoliae Liliflorae), Bai Zhi (Radix Angelicae Dahuricae), Bo He (Herba Menthae Haplocalycis)

**Actions:** Expelling pathogenic Wind and Cold, opening the blocked nose.

**Indications:** Sinusitis marked by chills, fever, stuffy and runny nose, pain in the forehead, thin white or yellow tongue coating in the middle of the tongue, floating pulse.

**Applications:** Diseases with the above-mentioned symptoms such as sinusitis, initial stage of rhinitis accompanied by symptoms of Exterior syndrome.

**Case studies:**
I. 1259 cases of sinusitis, 742 male, 517 female; aged 13~64 years; with case histories ranging from 1 month to 25 years, were treated with modified Cang Er Zi San. The result: cure was seen in 627 cases (symptoms and swelling of the nasal mucous membrane vanished and nasal secretion decreased); improvement in 428 (symptoms disappeared, swelling of the affected membrane basically resolved and purulent discharge remarkably decreased), and failure in 204 cases. The general effective rate reached 84.0% (Shandong Journal of TCM, 1992, 11, (1): 32). Reported by Kong.

II. 183 cases of rhinitis at the initial stage with symptoms of Exterior syndrome. 112 male and 71 female; aged 11~47 years; with case histories ranging from 3 days to 3 months, were treated with modified Cang Er Zi San. After 2~3 days, 77.6% were cured, 16.4% remarkably improved, and 6% did not improve. The general effective rate was 94%. (Academic Journal of Anhui Coll. of TCM, 1993, 12 (2): 21). Wang reported.

Yu Ping Feng San

**Source:** The book Jian Yi Fang (AD 1260)

**Ingredients:** Feng Feng (Radix Ledebouriellae Divaricatae), Huang Qi (Radix Astragali Membranacei), Bai Zhu (Rhizoma Atractylodis Macrocephalae)

**Actions:** Replenishing Qi, consolidating the superficial resistance to arrest spontaneous sweating.

**Indications:** Syndrome of spontaneous sweating due to Deficiency of the superficial, marked by an aversion to Wind, puffy and pale complexion, pale tongue with whitish coating, susceptible to Cold.

**Applications:** Diseases with the above-mentioned symptoms as profuse sweating, infantile bronchitis, chronic rhinitis, hay fever, incubate nephritis, also to prevent repeated infection of the upper respiratory tract.

**Case studies:**
I. 210 cases of flu were treated with Yu Ping Feng San, which was given in the form of a tablet, 7 tablets per time, twice a day, 10 days as one course. The result: within 3~5 days, cure was seen in 120 cases, improvement in 87 cases. Within 6~10 days, cure took place in all cases. (Shanghai Journal of TCM and Pharmacy, 1987, (2): 18). Liu reported.

II. Yu Ping Feng San was used to treat 225 cases of allergic rhinitis. The result: cure was seen in 106 cases, the symptoms got under control in 72 cases and improvement was seen in 58 cases. The effective rate being 84.7% (Shanghai TCM and Pharmacy, 1987, (1): 22). Lin reported.

III. 148 cases of infantile profuse sweating were treated for 2~8 weeks with Yu Ping Feng San. One dose daily. The result: of 56 cases in the treatment group, 33 cases were cured, 20 cases remarkably improved and 3 cases stayed ineffective. The total effective rate was 94.6%. Of 51 cases in the control group. 4 cases were cured, 21 cases remarkably improved and 26 cases stayed ineffective. The total effective rate of this group was 49%. A significant difference was seen (P<0.01) (LiaoNing Journal of TCM, 1983, 95): 17).
was able to read all the collections and compiled Wai Tai Bi Yao (752 AD), which is based on previously published Chinese works as well as on some foreign texts. Moreover, he classified the formulae according to the type of disorder they were designed to treat. During the northern Song dynasty (960–1127 AD) a state dispensary was established and the first official formulae text, Tai Ping Hui Min He Ji Ju Fang (Imperial Grace Formulae of Tai Ping Era) was published under imperial auspices. Compiled between 976–997 AD, this book contains 16,834 entries. During the Jin (1115–1233 AD) and Yuan (1224–1369 AD) dynasties, several schools of thought emerged, represented by four great medical figures. They were Liu’s Cooling School (Han Liang Pai), Zhang’s Purging School (Gong Xia Pai), Li’s Earth-tonifying School (Bu Tu Pai), and Zhu’s Yin-nourishing School (Zi Yin Pai). Each of these schools created new research methods and made significant contributions to the study of formulae. Also countless books of formulae were published during this period.

During the Ming dynasty (1368–1644 AD), the notable books on formulae are Jing-Yue Quan Shu and Xing Fang Ba Zheng, which were written by Zhang Jing-Yue who lived in the early 17th century. Summarizing almost all the contents of books on formulae published before the 15th century AD, the book Pu Ji Fang, compiled in 1406 AD and containing 61,739 formulae, is the biggest text existent in China. The late 17th century scholar, Wang Ang, is another influential figure in Traditional Chinese medicine. His book Yi Fang Ji Jie became very popular to practitioners because of its practicality and easy-to-apply knowledge. During the Qing dynasty (1644–1911 AD), the most important achievement of Traditional Chinese Medicine was probably the appearance of the Warm-febrile Disease School. Since practitioners were dealing with many epidemics that swept through China, they developed new ideas and formulae corresponding to new diseases. They believed these new diseases were due to Warmth or Heat instead of Cold, which had always been emphasized since the time of Zhang Zhong-jing. The most two important representatives of this new school of practice were Ye Tian-Shi, the early 18th century physician, and Wu Ju-Tong, the late 18th century physician. The two of them made valuable contributions by developing the system of differentiation of Four Stages (Wei, Qi, Ying and Xue) and the Triple Burner (San Jiao) system of diagnosis respectively. Many formulae designed during this period are still in use today and the achievements were more than sufficient to match those of the Tang dynasty and onward. In modern time, traditional Chinese formula-writing has made new achievements in both theory and practice. Classical formulae do have more extensive applications. Thanks to modern techniques and research methods, quite some new effective formulae and new forms have come into practice.

**Note:** for the above text reference is made to the book "Formulas and Strategies”, by Dan Bensky & Randall Barolet, Eastland Press.

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**Zhen Zhu Fen Jiao Nang**

**Source:** China Pharmacopeia

**Ingredients:** Zhen Zhu Fen (Concha Margaritiferae)

**Actions:** Tranquilising the Mind; clearing Heat in the Heart and nourishing the face.

**Indications:** Syndrome due to miscommunication between the Heart and Kidney, and retention of Damp toxin, marked by dizziness, blurred vision, insomnia, forgetfulness, soreness and pain on the back, poor appetite, spermatorrhea.

**Applications:** Diseases with the above symptoms as stomatitis, chronic gastritis, duodenal ulcer, hepatitis, colitis, neurasthenia, menopause syndrome, cervicitis, and chloasma. It is also a healthcare product for anti-aging and face nourishing.

**Case studies:**

I. 30 cases of stomatitis were treated with Zhen Zhu Fen Jiao Nang externally. 2-3 times per day. After 5-7 days, cure was seen in 21 cases, improvement in 4 and failure in 2; 3 cases didn’t continue the treatment. The total effective rate was 80% (Sichuan TCM, 1989, 7 (3): 43).  

II. 64 cases of uterus cervical erosion, of which 22 suffered 1st degree erosion, 20 2nd degree, and 22 3rd degree, were treated with Zhen Zhu Fen Jiao Nang by spraying locally. One course covered 10 days, after 2 courses, the rate of remarkable improvement reached 80%, an improvement was seen in 17% of the cases and failure in 3%. The total effective rate being 97% (Edition of Actions of Concha Margaritiferae, 1997, 5).
The Relationship of Formulae to Strategies

As we know, the practice of Chinese herbal medicine contains theory, strategy, formulae and substances. Formulae are inseparably related to strategies. And strategy here refers to the treatment method, which is specific to the pattern of a disorder and its cause. The formulation of a formula and formula choice are based on the treatment principle and strategy. Thus “the Formula is derived from the Strategy, and the Strategy arises from the Pattern.”

On the other hand since the number of formulae is increasing continuously, the formulae are classified in several groups based on their actions and indications which reflect a certain strategy. This is called “the Strategy unites the Formulae.”

The art of using formulae and strategies in Chinese medicine has also undergone changes through the ages. Chen Zhong-Ling, a physician who lived in the Qing dynasty divided all treatment methods into eight strategies, i.e. promoting sweating, emesis, purging, mediation, warming, heat clearing, dissolving and tonification.

1. Strategy to promote sweating (Han Fa).
   To promote sweating is to release the Exterior disorders by perspiration and regulating the Ying (nutrient qi) and Wei (defensive qi) systems. Such formulae as Gui Zhi Tang, for relieving the Exterior disorder of Wind-Cold; Yin Qiao San, for Exterior disorder of Wind-Heat; Ji Wei Qiang Huo Tang, for relieving the Exterior and removing Dampness; and Da Qing Long Tang, for relieving the Exterior and clearing Interior Heat, represent this strategy.

2. Heat-clearing strategy (Qing Fa).
   To clear Heat means to treat disorders of Interior Heat by clearing Pathogenic Heat. Such formulae as Long Dan Xie Gan Tang, for clearing excessive Heat and Dampness in the liver and gallbladder; Bai Tou Weng Tang, for clearing Heat in the intestines and Dao Ci San, for Heat in the heart, represent this strategy.

3. Draining downward strategy (Xie Xia Fa).
   Draining downward (or Purging) is to treat Excess interior disorder by removing the Stagnation or Retention (of food, blood,

苦参丸

Ku Shen Wan

Source: The book Chuang Yang Jin Yan Chuan Shu (AD 1569)

Ingredients: Ku Shen (Radix Sophorae Flavescentis), Cang Zhu (Rhizoma Atractylodis Lanceae), Bai Hua She She Cao (Herba Oldenlandiae), She Chuang Zi (Fructus Cnidii Monnieri), Bai Xian Pi (Cortex Dictamni Radicis), Bing Pian (Borneolum Syntheticum), Di Huang (Radix Rehmanniae Glutinosae)

Actions: Nourishing Blood; expelling Wind and Dampness, and removing toxin.

Indications: Persistent itching and burning sensation on the local or general skin, and aggravated at night, or complicated with lower fever, or papule, or thirst, restlessness, a wiry and rapid pulse, a yellowish and greasy tongue coating.

Application: Skin disorders as itching due to various causes as high blood sugar, or rheumatism, and urticaria.

Case studies:
I. 30 cases of urticaria were treated with modified Ku Shen Wan. The result: cure was seen in 8 cases (26.7%); remarkable improvement in 13 cases (43.3%), i.e. red round wheals on the skin and itching disappeared; improvement in 5 cases (16.7%), round wheals disappeared and itching relieved; and failure in 4 (13.3%). The total effective rate reached 86.7% (Journal of Integrated TCM and Western Medicine, 1998, 7 (3): 373).
II. Modified Ku Shen Wan was used to treat 110 cases of persistent itching of the skin with the result of 58 cases being cured, 37 remarkably improved, 11 improved and 4 stayed ineffective. The total effective rate was 96.36% (Sichuan TCM, 1989, 7 (2): 38).
III. 54 cases of vulva itching were treated with modified Ku Shen Wan, one dose daily and 3 days as 1 course. After 1-3 courses, cure was seen in 36 cases (66.6%) and improvement in 18 cases (33.4%), i.e. the itching relieved (Academic Paper of Anhui Coll. of TCM, 1988, 7 (4): 14).
IV. 66 cases of hand and feet tinea were treated with modified Ku Shen Wan, which was conducted for 15-20 days successively. Cure was seen in an average of 11 days (Journal of Integrated TCM and Western Medicine, 1990, 10 (1): 53).

左金丸

Zuo Jin Wan

Source: The book Dan Xi Xin Fa (AD 1347)

Ingredients: Huang Lian (Rhizoma Coptidis), Wu Zhu Yu (Fructus Evodiae Rutaecarpae)

Actions: Clearing Fire in the Liver; descending the perversion of Qi to arrest vomiting.

Indications: Syndrome due to disharmonies between the Liver and Stomach, i.e. Stomach attacked by Liver Fire, marked by hypochondriac distension and pain, heart-burning, acid regurgitation, vomiting, bitter taste in the mouth, eructation, reddened tongue with yellowish coating, and wiry rapid pulse.

Application: Diseases with the above-mentioned symptoms as chronic gastritis, gastroduodenal ulcer and chronic hepatitis.

Case studies:
I. 24 cases of ulcer, 17 male and 7 female, aged 28-50 years, with a case history of 3 months to 2 years, were treated with modified Zuo Jin Wan. After 7-20 doses were taken, remarkable relieve of symptoms were seen in over 90% cases (Correspondence of New Medicine, 1997, (1): 36).
II. Modified Zuo Jin Wan was used to treat 47 cases of chronic liver disease, which was mainly marked by acid regurgitation and discomfort in the stomach. Patients were at the age of 25-61 years; 22 cases were male, 25 female. One treatment course covered 5 days, 1 dose daily. After 1-2 courses, symptoms vanished in most cases.
Obesity, hypertension and hyperlipemia. Syndrome of Kidney and Spleen deficiency, marked by dizziness, tinnitus, lassitude, insomnia, night sweating, spermatorrhea or premature ejaculation, or frequent and poor urinary flow. Overweight due to depression or retention of Dampness and heat. Zhejiang Kang En Bei Pharmaceutical Research Institute. You Chao Hua Fen (Brassica Campestris Lim. Pollen) Easing the Liver and regulating the Spleen; resolving Phlegm and heat; reducing weight.

III. 28 cases of hyperlipemia were treated with Xiao Pang Mei Pian. After one course (2 months, 6 tablets per time and 3 times daily), the total effective rate reached 90.8% (Collective Edition of Clinical Material, 4th Military Medical University, 1994).

IV. 62 cases of impotency secondary to diabetes II were treated with Qian Lie Kang Pian. The result: the cure rate reached 93.5%, compared to 76.6% in the control group (30 cases), the difference was of statistic significance (P<0.01) (New Medicine and Clinic, 1988, 1). Xie reported.

Applications: Diseases with the above symptoms as prostatitis and enlargement of the prostate. It is also used as a healthcare drug for anti-aging and anti-tiredness.

Case studies:
I. 109 cases of simple obesity, 34 male and 75 female, aged above 20 years with case histories of 6 months-3 years, were treated with Xiao Pang Mei Pian. After one course (2 months, 6 tablets per time and 3 times daily), the total effective rate reached 90.8% (Collective Edition of Clinical Material, 4th Military Medical University, 1994).

II. 24 cases of hyperlipemia were treated with Xiao Pang Mei Pian for one course, with the total effective rate being 91.4% (Collective Edition of Clinical Material, 4th Military Medical University, 1994).

III. 28 cases of hyperlipemia were treated with Xiao Pang Mei Pian. After one course, the total effective rate reached 100% (Collective Edition of Clinical Material, 4th Military Medical University, 1994).

Emesis means to eliminate Phlegm, stagnated food or toxic substances retained in the throat or stomach by inducing vomiting. Because of the possibility of irritation or impairment of vital-Qi, formulae underlining this strategy are not often used except in some urgent conditions.
[Abstract] Objective
To study the anti-tumor effect of Ginsenoside Rg3 alone or combined with cytotoxic agent on xenotransplanted human breast infiltrating duct carcinoma in nude mice and inhibition of angiogenesis.

Methods
A total of 16 female nude mice were randomly divided into 4 groups to receive cyclophosphamide (16 mg/kg, qd) and Rga3 (10 mg/kg; qd), Rgs3 (10 mg/kg, qd) alone, cyclophosphamide (16 mg/kg, qd) alone and 0.5% sodium carboxymethyl cellulose (0.5ml, qd) respectively to each group for 55 days. Breast cancer masses were weighted and collected for light microscopic observation. The intra-tumoral microvesSEL density (MVD) and the expression of vascular endothelial growth factors (VEGF) were examined by immunohistochemical staining.

Results
The tumor weights of treated group were significantly lower than that of control group. The tumor weight of the Rg3 combined with CTX group was lower than that of Rg3 group. The MVD value and VEGF expression of Rg3 group were significantly lower than those of CTX group and control group. The MVD was significantly reduced in the Rg3 combined with CTX group than others.

Conclusions
The application of Rg3 and combined with CTX could inhibit the growth of xenotransplanted human breast infiltrating duct carcinoma, and reduce the intra-tumorous MVD, and expression of VEGF as well.

[Key words] Ginsenoside Rg3, Nude mice Human breast infiltrating duct carcinoma, Xenotransplantation, Cytotoxic agent, Microvessel density

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[Abstract] Objective
To investigate the antiangiogenesis of ginsenoside Rg3 in severe combined immunodeficient (SCID) mice with human ovarian carcinoma by detecting vascular endothelial growth factor (VEGF), mRNA, VEGF protein level and microvascular density (MVD).

Methods
The SCID mice with human ovarian carcinoma SKOV3 cells were treated with Rg3 (300µg 400µl⁻¹), mice with phosphate buffered solution (PBS) and without Rg3 and PBS were used as control. Tumor volume, metastasis, ascites, VEGF mRNA, VEGF protein and MVD were detected. The level of VEGF mRNA in tumor tissue was determined by relative quantitative reverse transcription polymerase chain reaction. VEGF protein level in sera and ascitic fluids were determined by enzyme-linked immunosorbent assay. MVD was calculated by immunohistochemistry (antiCD34).

Results
1. No ascites was formed and the size of metastasis decreased in SKOV3/Rg3 group.
2. Expression of VEGF mRNA level in SKOV3/Rg3 group (119±16) was lower significantly than those of the control groups (254 ± 4, 273 ± 44, respectively, p<0.05).
3. Serum VEGF level in SKOV3/Rg3 group ([14.6±0.7]pg/ml was lower significantly than those of SKOV3 group and SKOV3/PBS group ([18.5±2.1]and (20.5 ±1.7) pg/ml, respectively, p<0.05).

MVD in tumor tissues of SKOV3/Rg3 group (43 ±7) was lower than that of each control group (65 ±12, 73 ±10, respectively, p<0.05).

Conclusion
Ginsenoside Rg3 can block angiogenesis and inhibit tumor growth and metastasis by down-regulating the expression of VEGF mRNA and protein and reducing microvascular density.

[Key words] Ovarian neoplasms; Mice SCID; Neovascularization, pathologic; Ginsenoside

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PAN Zimin, YE Dafeng, XIE Xiog, CHEN Haizeng, Lu Weiguo.

Antiangiogenesis of Ginsenoside Rg3 in Severe Combined Immunodeficient Mice with Human Ovarian Carcinoma
The outline for this body was set out during the meeting, organized by APA-DA (Portugal) and the Presidency of CEDAT (France) in cooperation with delegates from Portugal, Spain, Austria, Switzerland, Sweden, Italy, the Netherlands, Denmark, United Kingdom, France, Luxembourg, Germany, Norway, Romania and Finland.

A working group was formed to create the legal constitution of the institute. The members of the working group are: Alfons Montserrat (Spain), João Sampaio (Portugal), Inge Holm (Denmark), Denis Talandier (France), Carlo Giovannardi (Italy), Sybill Huessen (Germany) and Dong Zhilin (the Netherlands).

The main aim of the Federation is to set the highest standards for the education of TCM by determining a uniform curriculum, which will allow a mutual recognition and a European recognition of the courses of the schools participating in this Federation.

At the end of the meeting the Chinese Ambassador in Portugal, Dr. Ma Enham, underlined the importance of TCM as “an heritage for humanity.” He also said that the Embassy in Portugal as well as those in other European countries are willing to help the future Federation. The Chief of the Economic and Commercial Delegation of Macao, Raimundo Arrais do Rosário, was also present at the end of the meeting. Macao has a TCM school, and is a place where both conventional and traditional medicines are found hand in hand.

The meeting in Portugal was also attended by a representative of Middlesex University, United Kingdom, important when we come to think that this is the only University in Europe that has a recognized TCM course of study at university level.

The next meeting will be held in France – 22 & 23 June 2003 - with the purpose of signing the federation constitution.

For information contact:
Meng Hongyun
Email: cpc.meng@mail.telepac.pt
Fax: + 351 263506274
Tel: + 351 968338435

Mr. Ma Enhan, Chinese Ambassador to Portugal; Mr. R. Arrais do Rosario, Director Delegacao Economica E Commercial De Macau; and the founders of the Pan European Federation of Higher Education Institute for TCM.
Ginseng, the Imperial Herb

Ren shen, Radix Ginseng, whose root is similar in shape to the human body, with the essence of the earth crystallized within it, is the most famous medicinal herb used in Traditional Chinese Medicine.

It was recorded in the "Shen nung ben tsao jing" (25 A.D.), the first written documentation of traditional Chinese medicine, as an "imperial" herb because of its non-toxic and rejuvenating properties. From a herb used exclusively by the imperial families and super-rich for its rarity in nature and demonstrable efficacy in enhancing health and well-being, it has become today the Chinese herb most in vogue.

Species
"Ginseng" refers to a wide spectrum of distinct species with different appearances and medicinal qualities and they grow or are cultivated in different geographical locations.

- Asian ginseng (Panax ginseng): often called Chinese or Korean ginseng, Panax ginseng represents the original, true ginseng of the highest potency. Traditionally, Panax ginseng cultivated in Korea has been respected mostly for its superior quality and potency, and was imported by China, Japan, and many other countries in Asia.
- American ginseng (Panax quinquefolius): American ginseng is smaller than Asian ginseng, grows in North America and has been used by Native Americans to treat various ailments. Currently American ginseng is cultivated in Canada and the US, the majority of which is exported to Asian countries.
- Japanese ginseng (Panax japonicus): Often used by Japanese herbalists in place of Panax ginseng, Panax japonicus contains fewer active ingredients (ginsenosides) than Panax ginseng, and is called a low-grade ginseng.
- Sanchi ginseng (Panax notoginseng, or Panax pseudoginseng): Sanchi ginseng is quite different from Panax ginseng in potency, and has been used for different medicinal purposes such as hemostatic and pain relief, etc., by Chinese doctors.

Actions
The actions of ginseng, according to its traditional use are to "... replenish Qi (energy), supplement lung's yin (vital essence), benefit the five viscera (heart, liver, spleen, lungs, and kidneys), sooth the soul (mental state), increase wisdom (mental capacity), tonify the heart (against ischemia), enhance virility, and delay ageing (Hsu et al., 1986). Many of these purported aspects have been verified through modern laboratory and clinical investigations (Chong and Oberholzer, 1988; Liu and Xiao, 1992).

Use of Ginseng
Ginseng has been used as an anti-ageing panacea, a tonic, a prophylactic agent, and a restorative. It is essentially non-toxic if not abused. Ginseng is known to provide resistance to non-specific stress, by activating the pituitary-adrenal axis, its adaptogenic property. In 1958 I.I. Brekhman, a Russian holistic medical doctor, and his colleague I.V. Dardymov, established the following definition of an adaptogen: It "must be innocuous and cause minimal disorders in the physiological functions of an organism, it must have a nonspecific action, and it usually has a normalizing action irrespective of the direction of the pathological state."
Ginseng is also known to improve immunocompetence by enhancing phagocytosis as well as increasing T3 (total lymphocytes) and T4 (T helper) cells. (Scaglione et al., 1990), enhance cardiovascular functions by improving cardiac tolerance to hypoxia and ischemia and minimizes hypertension, stimulate sexual functions (Chang and But, 1986), modulate central nervous system functions, including temperament, reflex, and learning and memory (Rosenfel, 1989), regulate blood glucose by exerting hyper- or hypoglycemic effects, enhance metabolism to facilitate physical exertion (Kirchdorfer, ...
1985), plus other minor effects such as anti-diuretic, anti-allergic and radiation protective effects (Chang and But, 1986; Liu and Xiao, 1992). Research also shows that ginsenoside, Rg3 has an antimetastatic effect on the intestinal cancers (Hiroyasu Iishi, Department of Gastrointestinal Oncology, Osaka Medical Center for Cancer and Cardiovascular Diseases, Osaka University, Japan 1997).

Ginseng and Ginsenosides
Several classes of compounds have been isolated from ginseng root. They include triterpene saponins, essential oil-containing polyacetylenes and sesquiterpenes, polysaccharides, peptidoglycans, nitrogen-containing compounds, and various ubiquitous compounds such as fatty acids, carbohydrates, and phenolic compounds (Sticher, 1998). The chemical constituents of ginseng believed to contribute to its pharmacological effects are triterpene saponins. These compounds are named ginsenosides RX according to their mobility on thin-layer chromatography plates, with polarity decreasing from index “a” to “h”. This property is a function of the number of monosaccharide residues in the sugar chain. The aglycons are protopanaxadiol and protopanaxatriol; both have a dammarane skeleton. So far, 31 ginsenosides have been isolated from the roots of white and red ginseng. They can be categorized into three groups depending on their aglycons: protopanaxadiol-type ginsenosides, protopanaxatriol-type ginsenosides, and oleanolic acid-type saponins (Sticher, 1998).

Nearly all dammarane ginsenosides isolated from white ginseng root are derivatives of 20S protopanaxadiol and 20S protopanaxatriol. Almost all the ginsenosides isolated from white ginseng are also found in red ginseng; however, some ginsenosides (20R, Rg2; 20 R Rh1; Rh2, Rs1, Rs2, O-R1, and NG-R1) are characteristic saponins for red ginseng. The 20R compounds are degradation products formed by heating and hydrolysis during steaming (Sticher, 1998).

Use/Misuse of Ginseng
As there are many types of Ginseng of different qualities and medicinal properties, it should be taken on the advice of an TCM practitioner.

Chinese Medicine Legislation Forum
29th April 2003

Venue: The Royal College of Physicians (London)

Theme:
To discuss the urgent regulatory issues facing Chinese Medicine in the UK and in Europe, and to formulate a suitable legal position for Chinese Medicine to benefit the western healthcare system.

Organised by:
Association of Traditional Chinese Medicine (ATCM)
British Society of Chinese Medicine (BSCM)
Chinese Medical Institute and Register (CMIR)
General Council of Traditional Chinese Medicine (GCTCM)

Sponsors:
State Administration of Chinese Medicine (SATCM)
World Health Organisation (WHO)
Pan European Federation of TCM Societies (PEFOTS)

Information Contact:
Preparation Committee Chairman Prof. Man Fong Mei, CMIR, 101-105 Camden High Street, London NW1 7JN, UK.
Tel: +44(0) 207 388 6704 Fax: +44 (0) 207 383 3988

advertisement
## Some examples for protected animals

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<th>Latin Name</th>
<th>Chinese Name</th>
<th>Pin Yin Name</th>
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<th>Legal Status</th>
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<td>Hu Gu</td>
<td>Tiger</td>
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1. Only live specimens and complete, or essentially complete dead specimens.

### CITES

The indication EU annex A/B means that the population or species comes under annex A and other populations or species come under annex B. Medicines containing parts of plant or animal species listed on the EU annex A that are found in the wild, are NOT ALLOWED to be imported into the EU for commercial purposes. In the case of products containing rhino horn and tiger bones and products made from them, importation and possession is entirely forbidden (this applies for both to bred specimens and wild specimens).

Medicines containing parts of plants or animal species listed in the EU annex B or containing parts of evidently cultivated plants listed in EU annex B or of parts of cultivated plants listed in EU annex A can only be imported into the EU on presentation of the appropriate permits. Exceptions to this rule are the Panax plants, of which only the roots and the recognizable parts are protected in certain populations. If CITES I/II is mentioned it means that in this group given populations or species come under list I, and other populations or species come under list II.

若上述的表格中寫有“Cites I/II”，即意味著科中有一種或幾種品種屬於附錄A，一些屬於附錄B。含歐標附錄A所列的野生動物(成分)的藥物可以以商業性目的進口荷蘭。犀牛和虎骨以及其相關產品的進口和擁有是完全被禁止的(無論是人工飼養或野生的)。含歐標附錄B所列的動物(成分)或含附錄A所列的藥用是人工繁殖(成分)的藥用，只有經正確的許可證才可以進口荷蘭。

上述的藥用植物是此規則的例外：只有其根部和可辨認的部分受保護，並且只有一些種群的人參受保護。若上述表格中寫有“Cites I/II”，即意味著科中有一些種群或品種屬於清單I，一些屬於清單II。