

Chinese proprietary medicine: classifications and information provided

H. L. KOH AND S. Y. LIU

Department of Pharmacy, National University of Singapore, 10 Kent Ridge Crescent, Singapore 119260

Growing interest in the use of Traditional Chinese Medicine (Hesketh and Zhu 1997) as a complementary and alternative medicine (Drew and Myers 1997) results in ready availability of Chinese medicine from mail order, pharmacies, supermarkets and medical halls. Traditional Chinese Medicine includes both raw Chinese Medicinal Materials (e.g. herbs) and Chinese Proprietary Medicine (final dosage forms). To date, no study on the classifications as well as on the information provided on the product inserts and packages of Chinese Proprietary Medicine has been reported.

In this study, information on the classifications and dosage forms of 1454 Chinese Proprietary Medicine in Singapore was collected. Some of these samples were sealed and it was not known whether more information was available, e.g. on product inserts. Out of 1454 samples, 585 had packages which were not sealed and hence full access to any information provided was possible. These 585 Chinese Proprietary Medicine were thus further analysed with regards to the product names, country of origin, ingredients and indications.

The Chinese Proprietary Medicine surveyed were classified into 23 categories, of which the 3 largest categories were 1. tonics (516 out of 1454), 2. rheumatism/bone/muscle (191 out of 1454) and 3. phlegm/cough/asthma (96 out of 1454). 11 internal and 10 external dosage forms had been identified. The 3 most common dosage forms were capsules (29.2%), pills (21.9%) and tablets (17.9%). Out of 585 Chinese Proprietary Medicine, 76 were found to share 25 names. For example, there were 6 Yin Qiao Jie Du. Eight samples did not have an English name. The samples originated from 7 countries, namely, China (including Hong Kong), Singapore, Malaysia, United States of America, Korea, Australia and Indonesia. China accounted for more

than 93% of the samples.

The majority (86%) of the samples provided some information on the ingredients in both English and Chinese, while 18 out of 585 (3%) did not give any information on the ingredients at all. The rest provided some information on the ingredients in either English or Chinese. Of the 567 samples that provided some information on ingredients, 60 did not state the strengths of the ingredients. The majority gave the strengths in percentages while the rest quoted the masses (mg or g). Errors had been detected in the information on ingredients, for example, in the number of herbs and the strengths of the herbs. There was no standardised method of naming the ingredients. Scientific Latin names, latinised pharmaceutical names, common names as well as transliterated names had been used. Most of the samples had multiple indications. 89% were indicated for more than 2 diseases. Less than 3% indicated for 1 disease while 9 samples (1.5%) did not mention the indication at all.

In conclusion, most of the samples studied were found to provide adequate information with regards to the product names, country of origin, ingredients and indications in both English and Chinese. Information on indications was, however, not clear and concise. The public and health professionals should be better informed through proper labelling, and information provided should be adequate, clear and concise. Greater control over labelling, standardisation, substitution, contamination and adulteration is necessary.

Hesketh, T., Zhu, W.X. (1997) Health in China. Traditional Chinese Medicine: one country, 2 systems. *BMJ* 315(7100):115-117.

Drew, A.K., Myers, S.P. (1997) Safety issues in herbal medicine: implications for the health professions. *MJA* 166:538-541.