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# Jing-Luo

Network connecting internally and externally, conduits of communication

Featured  
in this  
Edition

## Regulation

The theme for this issue of *Jing-Luo* is regulation - something that is certainly on everyone's minds following the Pan Pharmaceuticals product recalls. Due to this major incident, which will undoubtedly affect some of our members, we have replaced a few of our planned stories with features related to issues raised by the Pan product recall. Articles on Mentoring and Skin Penetration Updates will be featured in the next newsletter. We have also responded to member's suggestions and added some new sections to better meet your needs. Enjoy!

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## AACMA Press Release **Traditional Chinese Herbal Medicines are not affected by the Pan Product Recalls**

*Tuesday April 29, 2003*

Today, the Australian Acupuncture and Chinese Medicine Association Ltd (AACMA) surveyed all identifiable suppliers of traditional Chinese herbal medicine products in relation to the Pan Pharmaceuticals product recall.

According to the survey, traditional Chinese herbal medicine products supplied in Australia ARE NOT sourced from or manufactured by Pan Pharmaceuticals.

AACMA President, James Flowers, said: "The Australian public can be reassured that traditional Chinese herbal medicines prescribed and supplied by qualified acupuncture and Chinese medicine practitioners are not affected by the Pan product recall.

"The public can continue to take traditional Chinese herbal medicines with confidence that they are not associated with the company in question."

Product safety and good manufacturing practice for health care products are major priorities for the AACMA which represents over 80% of qualified acupuncture and traditional Chinese medicine practitioners nationally.

Members of the public seeking further information on Chinese herbal medicine products or who wish to access the services of qualified acupuncture or Chinese herbal medicine practitioners can contact the AACMA National Practitioner Referral Service on 1300 725 334.

*Judy James*

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\*Board and Committee positions were correct at the time of publication. A new Board will be in place at the time of delivery (refer insert).

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## From the President

Jing Luo

**A**s this is my last report before our Annual General Meeting (AGM),

I would like to thank the two Victorian Board members James Xuejian Liu and Adrian Button, who will not be standing in the 2003 Board election, for their contributions as Directors.

The AGM runs concurrently with our Annual Symposium and Dinner and I thank those who made the effort to attend.

The 5th National Symposium carries the theme of Standards in Traditional Chinese Medicine. Hard questions need to be asked and hard thinking called for on this issue as it is of prime concern for our profession. This arises from the historical situation where for most of the last century Western biomedicine appears to have been globally all pervasive, and certainly is the dominant health paradigm to the vast majority in the west. It is not only remarkable that Traditional Chinese Medicine (TCM) has had such an impact in western countries like Australia, but that it has survived at all. Science and its medicine represented the status quo with biomedicine setting the standards for all to follow. Other health paradigms are relegated to the fringes.

When acupuncture/TCM first came to Australia it was seen by the mainstream as 'way out and quackery'. To those who embraced this form of medicine it represented an alternative to the mainstream. Its proponents felt empowered by embracing ideas relatively new in the west and suggested that scientific biomedicine did not have a monopoly on knowledge.

That TCM is now claiming a prominent position in society is even more remarkable when we remember that TCM came under serious assault by government and intelligentsia in China in the first half of the twentieth century.

There are a number of reasons for its survival. The demonstrable effectiveness of TCM is a crucial factor. Our members just find that it works, and works well – we all know it

works, our patients know it works and people are turning to it in ever-growing numbers. It has become popular and effective enough for universities to offer courses. Victoria now regulates the profession and other states are moving towards following suit.

TCM is every year becoming more professionalised. Does this mean we are in the mainstream? The low level of government funding available to our profession suggests TCM is not a high priority area in health care. Biomedicine and the business sector largely ignore us and most doctors think of us as being on the fringes of the health care world. Despite this, as we move into the twenty-first century, many doctors are incorporating acupuncture and even Chinese herbs into their practices.

The issue at stake is that the biomedical community largely sees TCM from the viewpoint of science. The mainstream belief is that we have to prove ourselves scientifically before we establish credibility. The issue to ask here is: Who are we proving it to? We do not demand of biomedicine that they prove their credibility using our frameworks of reference. Of course that would be ridiculous.

Research does have a positive role in informing practice but it is important to control the agenda in any TCM research. The very strength of TCM lies in the ability of its practitioners to incorporate all sorts of knowledge and to absorb ideas foreign to its traditions while retaining the essential integrity of the medicine we call TCM.



As I keep saying, this very flexibility in thinking is the key but we also have a responsibility to ensure that we are not appropriated by the mainstream. We need to be very clear about this. We need to be manifestly aware of the possibility of the mainstream appropriating our frameworks and by so doing, diluting them beyond recognition.

There could be a price to pay for success unless we retain a strong sense of why we came to TCM in the first place - a keen desire to help people. The idea of our members providing a very potent service to the public, our families and friends, is a powerful one that will hold us in good stead. In the ongoing dialogue with our patients, who provide us with feedback on our practice, we gain the confidence to guard our medicine and to ensure its safekeeping. ■

### FIRST AID POLICY UPDATE

Following a review of AACMA policies on First Aid requirements, the Board has decided to extend the First Aid exemptions policy to include nurses with a current Nurse's Registration Certificate. Previously the exemption was limited to registered medical doctors and registered nurses employed in acute care facilities.

To obtain and maintain a First Aid exemption, please forward a copy of your current Doctor's or Nurse's Registration Certificate to AACMA each year, on renewal.

Please note, this policy does not exempt Victorian practitioners from meeting any requirements set by the Chinese Medicine Registration Board of Victoria in relation to First Aid Certificates.

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## AACMA Special Feature

# The fall-out from Pan: What it means for traditional Chinese herbal medicine

*AACMA is pleased to report that traditional Chinese medicines are largely unaffected by the Pan Pharmaceuticals product recall (see press release, page 1). However, due to the large range of naturopathic and complementary medicine products withdrawn from sale, including 'practitioner only' products, members should check them against lists supplied through the media or from the TGA at [www.tga.gov.au](http://www.tga.gov.au) or the TGA hot-line on 1800 220 007.*

When news of the largest product recall ever undertaken in Australia hit the airwaves and papers late in April, the credibility and viability of the burgeoning complementary medicines' industry undoubtedly suffered quite a blow.

Under a Therapeutic Goods Administration (TGA) directive, the manufacturing licence of Pan Pharmaceuticals, one of the largest producers of herbal and 'natural' medicines, was suspended and hundreds of their products recalled due to manufacturing and quality control problems.

In the days following, many hundreds more products manufactured by Pan on behalf of other sponsors were also recalled, including some pharmaceutical drugs.

An AACMA survey of traditional Chinese herbal medicine suppliers undertaken as soon as news of the product recalls broke found that NO traditional Chinese herbal medicine products are affected by the recall, nor are they sourced or manufactured by Pan Pharmaceuticals (see table next page and comments below).

Chinese herbs in raw, dried, powdered, granulated or other forms that are imported or produced as food substances and which are not required to have an AUST L or an AUST R number are not regulated by the Therapeutic Goods Administration (TGA) and are thus not affected by the Pan product recall.

Once the survey was completed, AACMA issued the Press Release featured on page 1 and received media coverage on SBS and ABC radio.

The survey results are great news for Chinese herbal medicine practitioners and their patients, but the crisis has raised a number of issues for the TCM industry and our members.

Sue Cochrane, AACMA member and

TCM Herb Industry researcher cautions against complacency.

"There but for the grace of God..." she says. "Though we have not been affected this time, there is a flow-on effect which may also damage our credibility."

An issue she believes is highlighted by the controversy is whether TCM should be so strongly associated with complementary medicine or if it is time to become a fully independent voice.

"There are of course pluses and minuses for both paths, and one of the problems we face is whether the TCM industry is a strong enough entity on its own – this is certainly an issue worthy of debate in the TCM community," Sue says.

According to another AACMA member, an acupuncturist and naturopath who practises herbal medicine from both a western and Chinese perspective and who wishes to remain anonymous, one of the effects of the Pan recall is that, despite it being the result of manufacturing problems, the issue of efficacy has become a focus.

"Media stories questioning the efficacy of herbal and complementary medicines have changed the issue from what is essentially a quality control problem to something altogether different," he says.

"I find it interesting that in fact it was a pharmaceutical drug (Travacalm) that started the investigations into Pan, and that these drugs present much more of a safety issue than herbal preparations."

Practitioners should be aware that the AACMA survey did not cover naturopathic products that contain Chinese herbs, only products that are considered to be traditional Chinese herbal preparations.

"This issue has highlighted the concern expressed by many members

over recent years about the proliferation of Chinese herbs incorporated into naturopathic and Western herbal products (both over the counter and in practitioner-only ranges) without reference to the TCM rules for formula construction," says AACMA Executive Officer, Judy James. "The long-term clinical effects of these new and relatively untried non-TCM products using Chinese herbs are unknown."

There have been recalls of some naturopathic products made up of one or two individual Chinese herbs manufactured in pill, tablet or capsule form (e.g. ginkgo biloba, ginseng and "dong quai" tablets) that are marketed over the counter. These are not considered to be traditional Chinese herbal products.

One traditional Chinese herbal medicine product was incorrectly recalled by the TGA. The sponsor, Green Medicine, has advised that the product concerned has not yet been manufactured for sale in Australia and Pan has never been used as a manufacturer of Green Medicine products.

Following the publication of the survey, AACMA was advised that one product, Zen Therapeutics Harmony Women's Balancing Formula (AUST L 72885), supplied through various outlets including Acu-Needs, had been recalled.

"The *Aristolochia* contamination and substitution problems for some products provided an impetus for the TCM industry to look at safety concerns," says Sue Cochrane. "But there are still many areas that are of concern in terms of product safety."

"For instance, although we have a rigorous system implemented by the TGA for product listing there are still Chinese herbal products that are getting into the country without being

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## AACMA Special Feature

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### The fall-out from Pan: What it means for traditional Chinese herbal medicine

*Continued from page 5*

listed and being sold illegally.” (See box this page for explanation of product listing.)

The regulation of raw herbs is also an issue that Sue believes requires more industry discussion.

“The problems we face with raw herbs are that they are not monitored for quality, nor are they checked to ensure they are what they are claimed to be,” she says.

“My fear is that if we as an industry do not come up with adequate regulatory measures, the government will impose regulation that we find difficult to work with.”

Sue says that traditionally it has been difficult to get a dialogue going within the TCM herb industry because of the two areas of herbal medicines – raw and formula.

“Perhaps the Pan recall will have a positive effect on the TCM industry by bringing them together to address issues of safety and regulation that are becoming more and more vital for credibility with the wider community.”

However, the Pan aftermath has been a critical issue for the complementary medicine industry. The industry body of importers, manufacturers, distributors, suppliers and health food retailers, the Complementary Healthcare Council (CHC) estimates that up to 500 retail outlets and companies may go out of business.

“The CHC is pursuing all avenues to restore confidence in complementary health products,” says Val Johanson, CHC Executive Director.

The CHC has met with Jo Hockey, the Minister for Small Business and Tourism, and is seeking financial assistance to rescue the industry.

A three month inquiry into alternative medicines was announced by Trish Worth, Parliamentary Secretary to the Minister for Health on May 12. A committee of academic, clinical and industry figures will examine the quality of complementary medicines and their role in the health system.

Ms Worth is reported to have said that “alternative medicines have been brought into the spotlight with the current recall of Pan Pharmaceuticals and many associated products. There

#### Product Listing - What are AUST R and AUST L?

Products assessed as having a higher level of risk (prescription medicines, some non-prescription medicines and medical devices) are evaluated for quality, safety and efficacy. Once approved for marketing in Australia these products are included in the Australian Register of Therapeutic Goods (ARTG) as ‘registered’ products and are identified by an AUST R number.

Products assessed as being lower risk (many non-prescription medicines including most complementary medicines and low risk medical devices) are assessed for quality and safety. Once approved for marketing in Australia, these products are included in the ARTG as ‘listed’ products and are identified by an AUST L number.

In assessing the level of risk, factors such as the strength of a product, side effects, potential harm through prolonged use, toxicity and the seriousness of the medical condition for which the product is intended to be used, are all taken into account.

is a lack of confidence in the community at the moment after the big Pan recall. . . . I think the community quite rightly needs reassurance that what they’re taking is good for them, what’s being manufactured is safe, [and] what’s being promoted is being promoted in the right way.”

General practitioner and health expert, Dr Michael Bollen, has been reportedly appointed to chair the inquiry. Dr Bollen is an outgoing member of the National Health and

Medical Research Council and has experience with consumer issues in the medicine industry.

AACMA has contacted the Minister’s Office of Reference and to strongly impress our views that the Committee must have suitable expertise in Traditional Chinese Medicine and that such expertise should be from, and have the confidence of the TCM profession.

At the time of going to press, the terms of reference and make-up of the committee were not available. ■

**Table 1** Companies surveyed following announcement of Pan product recall

COMPANY SURVEYED:	SOURCE OF INFORMATION
<b>TRADITIONAL CHINESE HERBAL MEDICINE PRODUCTS NOT RECALLED</b>	
Acu-Needs Australia P/L *	Advice from company
An Phat Acupuncture Herbs	Advice from company
Cathay Herbal Laboratories P/L	Therapeutic Goods Administration
Champ Firm	Advice from company
China Beijing Tong Ren Tang Australia P/L	Therapeutic Goods Administration
China-Japan Feida Union (Australia) Pty Ltd	Therapeutic Goods Administration
Chinaherb Queensland	Advice from company
Chinawest Pty Ltd	Advice from company
Complete Nutritional Food Pty Ltd	Advice from company
Concord International Trading	Advice from company
Dragon & Phoenix Australia Pty Ltd	Therapeutic Goods Administration
Encore Health (Aust) Pty Ltd	Therapeutic Goods Administration
Everbest Pty Ltd	Therapeutic Goods Administration
Global Therapeutics Pty Ltd T/A Oriental Botanicals, T/A Fusion Health	Therapeutic Goods Administration
Green Medicine Company	Therapeutic Goods Administration
Health World Ltd (Sun-Ten range)	Therapeutic Goods Administration
Helio Supply Co Pty Ltd	Therapeutic Goods Administration
Herbal International	Therapeutic Goods Administration
Hong An Phat Acupuncture and Herbs	Advice from company
Hwa Tuo Chinese Herbal Co P/L	Therapeutic Goods Administration
JQ & JQ HealthCare Products	Advice from company
King Tim International Pty Ltd	Therapeutic Goods Administration
Koda International Pty Ltd	Advice from company
Lane Labs Biotech Pty Ltd	Therapeutic Goods Administration
Leader Trading Company	Advice from company
Nam Fung Development Company	Advice from company
Pure Natural Chinese Herbs & Health Products	Therapeutic Goods Administration
Qing Tian Wu T/A Hurstville Chinese herbs & Trading Co	Therapeutic Goods Administration
Shen Neng Herbal Medicine Pty Ltd	Therapeutic Goods Administration
Sunten Chinaherb (AUST) Pty Ltd	Therapeutic Goods Administration
Tong De Tang Australia Pty Ltd	Supplies raw herbs only
Tong Ji Herbal Australia Pty Ltd	Therapeutic Goods Administration
Vita Force (Green Medicine Company)	Therapeutic Goods Administration
Wang Wen Chinese Herbalism and Acupuncture Co	Therapeutic Goods Administration
Win Sing	Advice from company

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## Board Member Chats

### Yifan Yang on Practice Standards and Regulation in the TCM Profession

**B**oard member Yifan Yang believes that good practice standards arise from both a good educational background in TCM as well as a reasonable understanding of western medicine.

“The course structures of 4-5 years duration, similar to those in China, provide the educational standards that are necessary for good practice,” he says.

Yifan says that continuing education is also essential to maintaining standards of practice that consumers expect.

“I also believe that TCM practitioners need at least a basic knowledge of western medicine because we are practising in the modern world where it is the dominant form of health care used,” he says. “This is especially important as most patients come to us after being diagnosed and treated using western methods.”

According to Yifan, in an ideal world practitioners would have formal qualifications in both TCM and western medicine.

“The major difference between how we and GPs would be regarded is that we wouldn’t prescribe pharmaceutical drugs,” he says.

Some conditions are difficult to diagnose using TCM methods and for this reason Yifan feels that it is very important to gain a clear diagnosis using western methods.

Yifan points to the example of stomach pain, which can result from a number of causes ranging from ulcers to cancer.

“We can’t treat cancer with herbs, so it is very important to work together with western medicine in cases like this.”

Yifan says that there are of course many conditions such as colds and flu where western diagnosis is unnecessary, but knowing when to work in conjunction with western medicine is vital to good practice.

Other factors important to maintaining good practice standards are the process of mentoring and continuing to update your knowledge base. Yifan says that because TCM is a strongly clinically based profession, fresh graduates benefit greatly from the clinical experience of

those who have been in practice for a number of years.

“However, it is essential to our profession to keep up regular continuing education,” Yifan stresses. “In this way we can maintain high standards in our future practice.”

#### Regulation of Chinese Herbs

According to Yifan, it is important to have quality control of patent formulas, but that regulation of raw herbs is currently considered unnecessary by governments.

The importance for quality control has been made even more clear in the light of the recent situation with Pan Pharmaceuticals.

“Regulating patent formulas as provided by Therapeutic Goods Act (TGA) of 1989 is essential — for consumer safety we need to be able to guarantee the sources of herbal ingredients and the manufacturing processes undertaken to produce patent medicines,” he says.

A system of auditing factories where patent medicines are produced (mainly in China and Taiwan) has been put in place since the TGA was implemented. When the factory meets the standards required by legislation, a Factory Good Manufacture Product Certificate is issued.

If herbal suppliers wish to import a product, they need to apply to Canberra so that it can be assessed. When products are assessed as safe for the market they are given an AUST L or AUST R number by the TGA enabling legal sale in Australia (see Box on page 6 for more information).

The case for raw herbs is different as they are not considered medicines but as food for importation purposes. As they are not manufactured products they do not come under the TGA. Some raw herbs do undergo quarantine when they are imported.

“So far governments have not found it necessary for raw herbs to undergo the same regulation as patent medicines in terms of safety to the consumer,” says Yifan.

#### AACMA and regulation

Yifan believes the essential issue related to regulation is safety.

“AACMA has done a great job in TCM regulation,” he says. “TCM registration nation wide will provide a better, safer and more standardised service.”

“This should lead to a public perception of our profession as credible and more mainstream, which can only benefit all AACMA members.”



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*“Regulating patent formulas as provided by Therapeutic Goods Act (TGA) of 1989 is essential — for consumer safety we need to be able to guarantee the sources of herbal ingredients and the manufacturing processes undertaken to produce patent medicines.”*

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## Case Study

### Importance of keeping an open mind

Bernd Schulte provides a case study that he believes highlights the need to focus on the **cause** of the imbalances presented by the individual, not necessarily the presenting Signs and Symptoms of the patient.

#### History

A 45 year old construction worker presented with musculoskeletal pain in his right shoulder which had been chronic for 18 months. There was no history of trauma. He had previously tried biochemical treatments as well as physiotherapy, chiropractic, massage and naturopathy treatments without success. Further biochemical tests and X-rays showed no abnormality.

Initially, the patient seemed quite reluctant to undertake treatment, presumably due to his previous experiences (Bernd didn't enquire as to his reasons). After briefly discussing the possibilities with Bernd, he chose to book in for four treatments.

The client arrived at his first consultation with a mostly complete patient intake-form which highlighted his medical history and other important data. However, some answers were left out, particularly those relating to smoking and the consumption of alcoholic beverages. When queried he revealed that he smoked 15 cigarettes a day and consumed a bottle of scotch each night.

After viewing several of the patient's medical records, which mainly highlighted his excessive drinking, Bernd admits to thinking that the patient must have had liver damage and that he would have trouble treating him (thereby judging him intellectually).

#### Diagnosis

The musculo-skeletal pain in the right shoulder was affecting the small intestine (SI) and triple heater (TH) channels.

*Pulse Diagnosis*—kidney and liver both weak, spleen pulse also weak

*Abdomen* – extreme tightness in the right upper quadrant (RUQ) as well as at posterior aspect of the liver on the back and along the midline at REN 12, with hardness and sponginess at KI 16 and REN 8

No tongue diagnosis as using Japanese acupuncture methods.

#### Principle of Treatment

Primary: tonify the liver

Secondary: tonify the spleen.

#### Treatment

Inserted needles at KI 10 (right) and LV 8 (right) and SP 3 (left). Retained needles for 10 minutes then inserted TH 5 (right) and SI 7 (left) as they were most deficient and excess Yang Pulses. Retained needles for 2 minutes then turned patient over and treated relevant Back-Shu points with moxa needle. Used thread moxa times 5 on both points KI 3 and SI 11 as well as using a 3mm IND (Intradermal Needle) at Master Shoulder Point in (left) ear.

The patient then received some Sotai exercises (a protocol developed by Dr Keizo Hashimoto) specific to his shoulder and was asked to do them at home as a means to maintain him between treatments.

When the initial treatment concluded the patient had a 60% increase in the range of movement and 70-80% decrease in pain.

The patient was sent home with the IND in the ear, and he was asked to remove it after 24 hours.

The patient returned for six subsequent treatments.

#### Conclusion and Follow Up

After the course of treatment the patient was symptom free of shoulder pain. Follow up was conducted at five months and the patient had no return of shoulder pain.

Bernd feels that this case taught him an important personal lesson about treating patients.

“Initially I thought I wouldn't have much success at treating the patient due to my judgemental attitude towards his alcoholism (falling in line with the apparent attitudes expressed in some of the GP's reports).

“Despite my offers of assistance with this, the patient did not wish to address the issue. In hindsight I now see that I was being very judgemental about his Signs and Symptoms because of his alcoholism.

“However, the biggest surprise to me came when I realised that by just treating the imbalances of the Qi in the body the self-healing process was activated and that his physiology came back within normal limits.

“Since this particular experience in my life, it has reinforced for me that we are treating Qi imbalances within the body, rather than the Signs and Symptoms themselves.

“Unlocking the understanding of what the classical texts do mean to us in a clinical rather than intellectual setting opened one little door to me allowing me to do what we all set out to do as Health Professionals.”

## Member Questions

To make *Jing Luo* a truly interactive publication we have decided to provide the opportunity for members to ask for advice from their colleagues. For this issue we approached some of our more recent members and asked whether there was anything they wanted to ask more experienced practitioners. If you can help, please email [publications@acupuncture.org.au](mailto:publications@acupuncture.org.au) with your response and we will print your answers in our next issue.

**Lynda Kingston asks:** When needling Hai Quan (Ghost Seal) as part of a 13 Ghost Point treatment, should the needle be retained or should the point be stimulated and then the needle removed? As this point is under the tongue at the center of the lingual frenulum, it's a very difficult point to retain a needle in!

**Kathleen Herpich asks:** How have practitioners managed to explain a patient's Chinese Medicine diagnosis and treatment to them, without launching into a three hour lecture, or confusing them? I've had trouble giving answers that are balanced between being too brief and giving an overly simplified answer that leaves people confused, and giving answers that are too detailed.

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## Member Profile: Bernd Schulte

### Registration - does it make a difference?

With registration of the TCM profession on the agenda throughout Australia, AACMA member Bernd Schulte is well positioned to provide some insights about its impact in Victoria.

German born Bernd is the only registered acupuncturist practising in the north-west Victorian region of Mildura. As typical for rural practitioners, he frequently sees patients from as far as Broken Hill, Griffith, Loxton and Bendigo. Educated at the Australian College of Natural Medicine in Brisbane he initially practised in Brisbane and Mackay, before moving to Mildura four and half years ago.

“When I first arrived here I shared premises with three physiotherapists, as well as one Oral-Maxillary Surgeon and was happy with the one room I had,” Bernd says. “About a year ago I moved into my own practice with several rooms because I saw the need for expansion.”

The major impact of registration in Bernd’s view has been to weed out people who are not rigorously trained and educated in TCM.

“In the past anyone could practice TCM as there was no mechanism for ensuring that a person had attained a certain level of training and education in the area.”

After the grandparenting period of registration in Victoria is passed, those that do not meet the educational standards required by the Chinese Medicine Registration Board (CMRB) will not gain registration and cannot practice Oriental Medicine legally (although it does not always stop them!).

Anyone found practising without being registered with the CMRB can be prosecuted by civil law, if they are promoting themselves as a ‘registered practitioner’.

“While this is an important step forward for our profession, it would be a mistake to think that there will be an immediate change in levels of community and other allied Health Professionals’ acceptance of TCM as a

primary health care option,” cautions Bernd.

He says that in reality registration hasn’t made a significant difference in terms of patient flow.

“In addition to having a solid educational background, patient flow is maintained by good clinical management and by getting results that are consistently reliable,” Bernd says.

Continuing education and professional development are also essential for building a successful practice, as Bernd discovered through his post-graduate studies in Japanese acupuncture strategies, particularly the Manaka protocols.

“I found my studies in Japanese acupuncture have given me practical tools which I have found clinically helpful, particularly in terms of ‘Prognosis and Diagnosis’ and treatment.

“Currently these topics are not part of the overall teaching of any of the TCM courses available throughout Australia” he adds.

Bernd feels that the Japanese models of feedback have provided him with a clarity that was lacking from his earlier studies in TCM.

“To me, they have provided a model of clinical feedback which takes out the guessing of which point is ‘working’ for the patient,” he says. “I am now more confident that I am sending the patient home with a high likelihood of getting better during the week.”

As the CRMB is still a relatively new body, inevitably there are areas which need addressing in Bernd’s view.

“The current registration process is limiting in terms of enabling some practitioners, particularly those in more remote or rural locations, to gain registration for additional modalities,” he says.

Bernd’s desire to gain registration for



*Bernd Schulte (right) and his receptionist at his clinic in Mildura*

Chinese herbal medicine has been hampered due to the lack of courses available to him as a rural practitioner.

Currently, there are only a few recognised Chinese herbal medicine courses that are taught to degree level, and no educational institutions provide ones that can be accessed by the rural sector.

“It puts me behind the General Practitioner who has no foundation in TCM but is allowed to practise Chinese Herbal Medicine,” comments Bernd. “Clearly this is a situation the CMRB could not possibly have intended to create, but certainly one which has become a reality for a practitioner in rural Victoria.”

Overall, however, Bernd feels that registration has been a move which had to come for the profession, and he applauds AACMA’s efforts in the area, as well as for other initiatives, particularly the mentoring program.

“Setting up a mentoring program for new graduates is vital to the profession,” he says.

“From my own experience, I believe mentoring is essential for ensuring a profession which maintains high standards, educating quality practitioners who can be successful in their clinical careers and their personal development, as well as providing the skills for maintaining an ongoing business in the 21<sup>st</sup> century.”

Jing Luo

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## AACMA Staff Profile

Jing Luo

### Of service to members – Catrina Luu

Catrina Luu joined AACMA's National Office as Administration Officer (Accounts) at the end of 2002 following completion of her Bachelor of Business Management at The University of Queensland.

Although Catrina's main role with AACMA is to look after member payments and orders, she also provides assistance to the State Committees, processes Yellow Pages block listings and helps with the coordination of meetings, symposia and other AACMA events.

"I became quite excited about the job when I was told I would be organising meetings and events as one of the areas I majored in for my degree was event management," Catrina explains.

"My role in coordinating the 5<sup>th</sup> Annual AACMA Symposium has been interesting and varied," she says. "I looked after symposium registrations, venue bookings, speakers requirements and trade displays as well as assisting on site at the event."

Some members attending the symposium and AGM will have met Catrina, while many others will have talked to her over the phone when having their fee payments processed, or ordering brochures and other products available from the National Office. (See page 26 for details of current products available.)

Catrina has quietly and efficiently stepped into her role at AACMA and this is due to both gaining her degree and a Certificate in Business Accounting as well as her past work experience.

"When I worked for a local export company for eight months I gained experience in bookkeeping, purchasing and various office duties," she says.

Before being employed by AACMA, Catrina worked for two years with a manufacturing company specialising in corporate uniforms as well as doing volunteer work for the

Australian Karate Federation and Mission Australia.

Now that Catrina has settled into her position she feels able to offer helpful advice to members about their fees and to assist them with their orders.

"I would encourage more members to consider taking up payment plans," she says.

These plans involve making monthly payments over a six month period. If taken out at the right time members can still take advantage of the full discount – contact Catrina by July if this is of interest.

Yellow Pages advertising is used by many members with great success. AACMA provides block listings for members under the AACMA banner - Catrina will help you with these also. (See Box on page 23 for Closing Dates for several Yellow Page Directories.)

For Catrina, working in the National Office has brought a whole range of new experiences.

"Every day here is a challenge!" she says.



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## Top tips from AACMA Fellows

What a fabulous response! AACMA Fellows that are online were emailed and asked for any tips they might have for those newer to the profession - we received more tips that can be included in this edition - expect more in future issues! Many thanks to those who contributed, and please, if you want to share a gem from your experience, drop us a line!

*Rule no 1: Care for your patient, remember that they are your bread winners. Treat each person as if they are the only patient you have and that everything matters. Be honest with whatever you do. Everyone loves an honest caring person. You cannot go wrong. Rule no 2: Never forget Rule no 1.* ■

A few points that should be considered:

1. The client is in a state of great vulnerability and, believe it or not, most do actually listen to you and take you seriously. For this reason it is important to be honest – dishonesty is usually discovered and you will only give the profession a bad name by being dishonest.

2. Improve your memory - you can only become a good practitioner if you remember all the different diagnostic principles.

3. If you don't succeed at first with a treatment there are three possibilities: (i) incorrect diagnosis, (ii) incorrect treatment, or (iii) you are too impatient. Acute diseases respond

quickly while chronic diseases often respond more slowly. Learn to notice minute changes: Chinese medicine is subtle rather than obvious, at least until you are very good at it. You as the practitioner have to be able to find the positive changes in a patient's condition, you cannot rely only on the patient's response. You have to learn how a disease changes so observe and ask yourself always: Why did the patient get better, or why not, always ask why?, why?

4. Do not mix up traditional thinking about disease categorisation with modern western medical thought. You will find this situation occurs more and more with western herbalists using Chinese herbs. They only follow scientific research and this will lead to confusion.

5. If a practitioner of another modality refers a patient to you be sure to acknowledge it, especially if it is a Medical Practitioner (we still seem to have to prove to them that we are

professionals) and after all, it is common courtesy

6. Always stay calm and remember you are greater than the problem, focus on the patient and not your own difficulties. ■

*My number one tip would be to remember that there is no one way, but if it has a word it's PERSEVERANCE.*

*Location is very important as well as being at ground level (after all, those people with the gait problems are eventually going to give Acupuncture a go!). Though I have seen clinics in buildings with lifts!!!*

*Talking to local groups ... Lions Rotary etc, you may not get immediate responses but you are seen to not have weird ways or be a devil worshipper (not that there's anything wrong with that). You'll also need to keep your sense of humour well intact (did I mention perseverance?)*

*Having good self motivation is helpful so that when it is quiet (even after 15+ years it will still get quiet) you know what to do with yourself.* ■

Jing Luo

## AACMA GST Tax Ruling

AACMA reminds members about its Private Tax Ruling which states that **AACMA is a recognised professional association and that our members are recognised professionals in relation to the supply of GST-free acupuncture and/or Chinese herbal medicine services.**

The decisions of the Australian Tax Office in relation to our members were:

1. AACMA is a professional association that has uniform national registration requirements for practitioners of Acupuncture and Chinese herbal medicine. Consequently, **practitioners who are members, fellows, associate fellows, provisional or life members of AACMA will be considered to be recognised professionals for the provision of acupuncture and Chinese herbal medicine services** as required

by paragraph 38-101)(b) of the GST Act from 1 July 2003.

2. Acupuncture and Chinese herbal medicine services will continue to be GST-free where the services are provided by:

- A practitioner that satisfies the 'recognised professional' criteria; and
- The services provided are considered by the profession as necessary for the appropriate treatment of the recipient.

AACMA Graduate Membership is a

qualified non-practising membership category and therefore Graduate Members are not providing health services to the public. A Graduate Member becomes a *recognised professional* when they upgrade to a Full Member by notifying the AACMA National Office in writing and paying the relevant membership fee, etc.

AACMA Student Members becomes recognised professionals when they apply for and are accepted to full membership and meet all the requirements attached to practising membership of AACMA.

## AACMA 消费税条例

AACMA 荣幸地通知会员们：在私人税务条例中，AACMA 是被承认的中医专业团体，我们的会员是被承认的职业中医师。允许提供免消费税的针灸和中药服务。

1. 由于 AACMA 是一个具有全国统一的中医师注册标准的专业学术团体，符合消费税法第 38 条 10(1) 款，所以，从 2003 年 7 月 1 日起，所有 AACMA 执业会员（包括正式会员，资深会员，准资深会员，临时会员，终身会员）将享有消费税豁免权。

2. 提供免消费税的中医针灸服务需满足以下两点：

- 该中医针灸师在专业上被正式认可。
- 提供给患者的治疗，从专业角度看，是必要的和恰当的。

经络

## Research Updates

A new initiative for *Jing-Luo* is the provision of updates on research in the area of TCM. To get the ball rolling we are reviewing research undertaken at institutions that are AACMA Recognised Course Providers. In Part 1 we review research from UTS College of TCM, UWS Centre for Complementary Medicine Research and RMIT Chinese Medicine Research Group.

### Research projects - UTS

#### Acupuncture needling techniques and treatment strategies

A number of studies have been conducted to evaluate the effect of different needling techniques and treatment strategies on pain threshold. These studies have used pressure pain threshold (PPT) as an outcome measure. PPT was measured with an algometer (a hand-held machine with a plunger that is pressed down until the patient says the pressure changes to pain). PPT was measured before and after intervention at 10 sites (acupoints and nonacupoints) across the body to determine whether the intervention significantly increased the PPT. Studies have evaluated:

- whether depth, presence of needle manipulation and location of needling contribute to the increase of PPT;
- whether the addition of needling other acupoint increases PPT;
- whether stimulating an acupoint using either acupressure, manual needling or electro acupuncture has a differential effect in increasing the PPT;
- whether gender has a differential effect in increasing the PPT.

Initial results from the first study have indicated that deep needling with manipulation significantly increases PPT which supports the TCM style of needling.

#### Difference in beliefs of naïve and experienced acupuncture patients

Another important consideration for acupuncture clinical trials is the use of a control intervention. A number of clinical trials have used both invasive and non invasive sham needling interventions. One implication that arises from using sham interventions is that experienced and naïve acupuncture subjects may have different beliefs as to what constitutes an acupuncture experience and this may threaten the credibility of the control sham needling. A survey was conducted of 248 subjects, who included both experienced and naïve acupuncture patients. Significant differences were found between the two cohorts suggesting that when using sham acupuncture as a control only naïve subjects be recruited.

### University of Technology Sydney: College of TCM

The UTS College of Traditional Chinese Medicine is a teaching and research unit within the Faculty of Science. Currently there are a diverse range of projects being conducted by both staff and postgraduate research students. The focus is on basic research associated with TCM medical theory concepts. Most clinical research utilizes Western medical concepts rather than TCM concepts in the design of the research. The research projects being undertaken at UTS involve the validation of a number of these TCM concepts including acupuncture needling techniques, pulse diagnosis, tongue diagnosis and TCM pattern differentiation. Without validation of these basic concepts, the TCM model cannot reliably be used in the design of clinical research thereby threatening the external validity of the research. A number of projects are also tied to the Key University Research Strengths (KURS) initiative at UTS.

#### Reliability of Pulse Diagnosis

This research addresses the reliability of pulse definitions and pulse taking (and the implications for both teaching and clinical practice) by investigating TCM pulse assumptions and comparing these to objective measurements of radial arterial pulse variables taken using applanation tonometry. Several studies have been undertaken.

1) Emma King undertook a study investigating the applicability of TCM pulse assumptions to healthy Western urban subjects. The study required a set of operational definitions and a consistent pulse taking methodology to be developed. This involved identifying pulse taking procedures and pulse characteristics from a variety of TCM texts and developing reliable definitions for investigating pulse characteristics that assisted practitioners to interpret and effectively communicate what they were feeling beneath the fingers when palpating the pulse. By employing the operational definitions developed, it was demonstrated that high levels of inter-rater agreement could be achieved (King E, Cobbin D, Walsh S, Ryan D. The reliable measurement of radial pulse characteristics. *Acupuncture in Medicine* 2002;20(4):150-9).

2) The aim of another study was to examine the inter-rater reliability shown by a cohort of TCM students when reporting on a series of pulse characteristics. The study results indicated that students more frequently achieved statistically significant inter-rater agreement levels for the reported pulse characteristics using the unambiguous, concrete definitions (reported by King *et al*, 2002) as compared to a group of students who had used the traditional pulse descriptions. (Part of the results are published in: Walsh S, Cobbin D, Bateman K, Zaslowski C. Feeling the pulse: trial to assess agreement level among TCM students when identifying basic pulse characteristics. *European Journal of Oriental Medicine* 2001;3(5):25-31).

3) Two other studies focused on applanation tonometry, a method of deriving objective measurements of the arterial pulse using a sensitive pressure transducer and the relationship of these measurements to assessment of the pulse by practitioners using manual palpation. Results indicated that there were significant relationships established between several of the objective tonometry measurements and a number of pulse characteristics used in TCM pulse diagnosis. The objective measurement method of applanation tonometry was evaluated for TCM pulse taking purposes and was shown to be useful.

#### Reliability of Tongue Diagnosis

The use of tongue diagnosis is an important component of TCM pattern differentiation. A study was conducted of 30 experienced TCM practitioners to examine the level of intra and inter reliability for specific tongue features such as tongue body colour, tongue coat, shape and tongue bearing. For some tongue features a high level of reliability was found while for others features a low level of reliability was present.

Jing Luo

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## Research Updates

### The psychophysiology of acupuncture

Besides the clinical outcomes associated with acupuncture, psychophysiological effects have also been documented in the literature. Current research at UTS involves the measurement of ECG, EEG, respiratory rate and electrodermal responses of both healthy acupuncture subjects as well as the acupuncture practitioners delivering the treatment. An acupuncture physiology laboratory has been developed within UTS to measure these changes in real time. Early results indicate that acupuncture produces a wide range of physiological responses that that effect the autonomic nervous system.

### Correlation between TCM Patterns of Disharmony and the Stress Syndrome

Stress is a modern day condition that was not part of the TCM medical paradigm. For this reason, traditional TCM differentiation does not include stress as a disease. In order to correlate stress to the traditional TCM

disease patterns, a survey was conducted of 'stressed' individuals. This allowed evaluation of the patient's level of stress and their presenting signs and symptoms. Correlations to TCM disease patterns were identified which will support the use of TCM patterns as a basis for treatment of stress with either acupuncture or herbal medicine.

### Clinical Database Design

Using information from the UTS acupuncture and Chinese herbal clinics based on campus, an electronic database has been designed to assist with the collection of clinical data. This has allowed extensive analysis of patients and practitioners presenting at the clinics and how different treatment strategies impact on health outcomes. So far data from over 20,000 treatments has been evaluated.

### Chinese herbs in the treatment of Type II Diabetes

Extracts of Jiaogulan (*Gynostemma petaphyllum*), traditionally used as

energizing tea and developed as an anti-hyperlipidaemic agent in recent years, are used to feed to diabetic animals. The effect the extract has on insulin resistance and blood lipids are being assessed and the mechanisms of action examined. Preliminary results are quite encouraging with a reduction in insulin resistance found in animals that have been fed the extract. The mechanism appears to involve insulin signal transduction, with the herb having an enhancing effect.

Another extract, Hypocrellin from the Chinese herb *Hypocrella bambusa*, acts as a protein kinase C (PKC) inhibitor and is being compared to chemical PKC inhibitors. PKC is one of the molecules involved in endothelial dysfunction (an early stage of diabetic vascular complications). Hypocrellin is used to improve this in diabetes, and results show that the herbal extract compares well with the chemical PKC inhibitor. This project has attracted funding from the Eli Lilly Company for Diabetes Research. ■

Jing Luo

## University of Western Sydney: CompleMED

CompleMED, the Centre for Complementary Medicine Research, was formally established as a Centre of Research Excellence by the University of Western Sydney in 2001, in recognition of its successful achievements in TCM research since 1995. The Centre has received commitment and support from the University in terms of grants, staffing, administrative support, laboratory equipment and space.

The Centre promotes Traditional Chinese Medicine by facilitating TCM research within a wide range of clinical and health care applications. The Centre recognises the growing need to validate the use and provide evidence for the effectiveness, safety,

diagnostic importance and economic value of TCM practices.

The Centre's activities revolve around three research strands. These are:

1. Public and social health research and development
2. Clinical trials and outcome evaluation
3. Herbal analysis laboratory

The Centre's research is internationally renowned and has included funding from the NHMRC, State Health departments and industry. The Centre is probably best known for its research that led to the publication of *Towards a Safer Choice* and the registration of TCM practitioners in

Victoria. The Centre's clinical trial on Chinese herbs for irritable bowel syndrome has made a significant international mark, with at least 2,900 mentions on a simple Google web search. In the last few months alone the Centre has received more than \$750,000 in research funds.

The Centre provides solid support for post-graduate students who would like to be involved in research that relates specifically to acupuncture or Chinese herbal medicine.

## Current projects - UWS

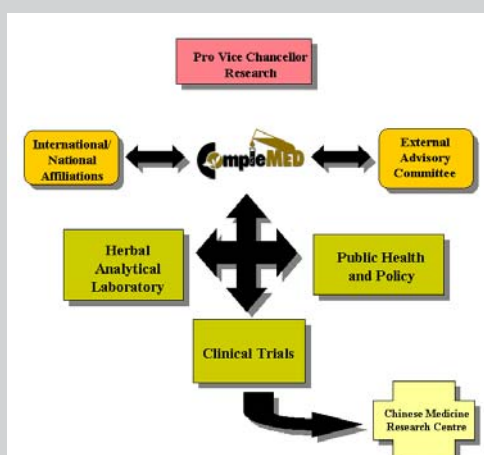
### Public Health Research Strand

(Major projects described in more detail)  
Chinese Herbal Medicine Toxicology Database

The first edition (pilot version) of the *Chinese Herbal Medicine Toxicology Database* (©UWS) was published in 2002. Work has progressed in validating the toxicological grading instrument. Further external funding has been received to assist in the collation of relevant analytical and toxicological data from China. Major outcome/impact: Improved safety in use of Chinese herbal medicines, facilitation of research through ease of assessment.

### National Survey of Naturopathic and Herbal Medicine Workforce

In 2002 CompleMED commenced an extensive workforce survey of all Australian naturopaths and western herbalists. The National Herbalists Association of Australia and the Federation of Natural and Traditional Therapists funded this study with the financial support of the Commonwealth Department of Health and Ageing and with the collaboration of Grand United Health Fund. Major outcome/impact: Improved workforce regulation, improved standards of practice.



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## Research Updates

*continued from page 13*

Consultancy on the development of CHM farming opportunities in Australia.

Contribution to World Health Organisation program on harmonisation of traditional and modern medicine.

Contribution to Complementary Medicines Evaluation Committee (Australian TGA).

### Clinical Research Strand

Chinese Medicine Clinical Research Centre

The *Chinese Medicine Clinical Research Centre* based at Liverpool Hospital is a collaboration between CompleMED (UWS) and the South Western Sydney Area Health Service. A formal agreement was signed and the Centre formally launched by the NSW Health Minister at our International Conference in December 2002. The focus of activity is the acquisition of high quality evidence-based clinical data on the use of Chinese medicine in the treatment of women's health disorders. Our Centre's post-graduate research students will run a range of clinical research proposals.

Acupuncture and Chinese herbal medicine in the management of vascular dementia in the elderly

(With Bankstown Hospital's Department of Aged Care and Rehabilitation.) Major outcome/impact: Improved health outcomes through the provision of new options for disease management, evidence-based integration of traditional practices into mainstream medicine where appropriate.

Investigation of Chinese herbal medicine and acupuncture in the management of dysmenorrhoea

One open label trial, one randomized, double blind, placebo-controlled trial, and validation of diagnostic subcategories.

Investigation of complementary medicine usage and TCM diagnostic groupings in menopausal patients, and an RCT of the benefits of Chinese herbal medicine for vasomotor symptoms of menopause.

A randomized, double blind, placebo controlled clinical trial of the effects of Chinese herbal intervention for endometriosis.

### Herbal Analysis Laboratory

Quality assurance

This CompleMED activity has been largely funded by a combination of internal UWS support and a large industry grant through the AusIndustry Biotechnology Fund (DEST) and Chinese Medicines Scientific Consultants. This research integrates the discipline of analytical chemistry and helps meet industry needs in the field. International collaboration is being developed between ourselves and arguably China's foremost herbal analysis and pharmacological laboratory in the China Academy of TCM. The Chinese collaboration has been recently supported by a DEST grant. Major outcome/impact: Improved quality of medicines, better evidence of effectiveness and safety.

### RMIT - Chinese Medicine Research Group

The Chinese Medicine Research Group at RMIT, headed by Dr Charlie Xue and Dr Chun Guang Li, conducts research in three broad areas:

1. Evidence-based research – by conducting clinical trials.
2. Basic research – by conducting quality assessment of herbal medicines, conducting safety evaluations and examining the pharmacological actions of herbal medicines.
3. Economic and educational research – by conducting surveys, analysing workforce data, engaging in the development of databases (eg of herbal medicines and acupuncture safety) and conducting research of developing capabilities driven teaching programs.

The research group consists of three academic staff (Dr. Charlie Xue, Dr. Chun Guang Li and Dr Zhen Zheng) and has links with several other academic staff from RMIT, Monash and other institutions. Visiting scholars from China and the United States work with the group and they have strong research links with China, Hong Kong and Taiwan, as well as other Australian institutions. Prof. David Story, an innovation professor at RMIT is the consultant to the research group.

There are currently six Masters and four PhD students studying with the group, most on scholarships.

The group has fully equipped *in vivo* and *in vitro* laboratories, a clinical research facility and collaborates with leading hospitals such as St Vincent's.

Funding is obtained from government agencies, competitive research grants, through industry support and from international organisations.

The guiding principle of the group is teaching programs should reflect research outcomes with a focus on developing evidence-based Chinese medicine education and practice.

### Research projects - RMIT

Effect of Acupuncture in the Treatment of Seasonal Allergic Rhinitis

In this randomised crossover single blind sham controlled trial, subjects receiving real acupuncture treatment had a significant improvement in symptoms compared to the sham treatment group [Xue CCL, English RA, Zhang JS, Da Costa C & Li CG. Acupuncture for Seasonal Allergic Rhinitis: A crossover single blind sham controlled trial. *American Journal of Chinese Medicine*, 30(1): 1-11, 2002.]. Acupuncture trial on perennial allergic rhinitis is being undertaken.

Effect of Chinese Herbal Medicine in the Treatment of Seasonal Allergic Rhinitis

Similarly to the acupuncture study of this Type 1 allergy, Chinese herbs were found to be effective for management of seasonal rhinitis [Xue CCL, Thien, FCK, Zhang JS, Da Costa C, Li CG. Treatment for seasonal allergic rhinitis (SAR) by Chinese herbal medicine: A randomised placebo controlled trial. *Alternative Therapies on Health and Medicine*, in press 2003]. However, combining acupuncture and herbal medicine showed no additional benefit to acupuncture treatment alone (manuscript submitted). Trial on Chinese herbal medicine

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## Research updates

*continued from page 14*

for perennial allergic rhinitis is currently being undertaken.

### Treatment of Asthma using a Herbal Medicine

This project aims to evaluate the efficacy and safety of a herbal medicine for child asthma by employing a randomised double blind placebo controlled trial.

### Pharmacological actions of herbal medicine in the treatment of allergy

This study aims to elucidate the pharmacological actions of the herbal formula which was found effective with an excellent safety profile. This study has resulted in identifying a number of key mechanisms of action.

### Clinical Trial of the use of CHM for Long Term Insomnia

A randomised controlled trial completed by the group indicated that a Chinese herbal formula is effective for long term insomnia. (Wang D, Xue CCL, Lim N, Jiang WJ, Jamison, J. Clinical observation on Chinese herbal medicine in treatment of Long-term Insomnia. CJIM 2000;6(2):242-6.)

### Effect of Acupuncture in the treatment of Chronic Neck Pain

Another study completed indicated that acupuncture is effective for the management of chronic neck pain by employing a RCT design (Zhu XM & Polus B. American

Journal of Chinese Medicine, 30(1): 12-30, 2002.)

### Effect of Acupuncture in the treatment of Chronic Lower Back Pain

Acupuncture for chronic lower back pain was evaluated and this has resulted in a publication: Strauss AJ, Xue CCL. Acupuncture for Chronic Non-specific Low Back Pain: A case series study. CJIM 2001; 7(3):190-194.

### Effect of Electroacupuncture in the Treatment of Chronic Pain

In conjunction with the Pain Research Clinic at St Vincent's Hospital, a trial is currently being planned to evaluate the benefits of reduction of pain killer consumption.

### Herbal Farming Project in conjunction with Local City Council

This project, which is being funded by a Commonwealth Department is in the initial planning stages. The aim of the project is to conduct a feasibility study on herbal farming in Victoria. It is anticipated that farming will commence next year.

### Heavy Metal Contamination of Herbal Medicines

A herbal testing laboratory has been established to assess herbal safety such as heavy metal contamination of Chinese herbal medicine. ■

Jing Luo



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## State Roundup

Jing Luo

### NSW Committee Chair Reflects on 2002-2003

Now that we have come to the end of the term of office for the year 2002-2003, it is time for us to review how our achievements as a committee measured up to our expectations.

It is also important to extend our appreciation to members and companies who supported and contributed to the efforts of the State Committee.

In particular, we would like to thank UTS College of TCM and the Sydney Institute of TCM who kindly allowed us to hold regular State Committee meetings on their premises.

The Committee staged a solid series of continuing professional education seminars for members that attracted consistently high attendance rates and positive feedback via participant survey forms.

The seminars included gynaecology-infertility, acupuncture needling techniques, tongue and pulse diagnosis, Qigong, spinal cord injury, nutrition, research, hepatitis, digestive disorders-irritable bowel syndrome, and Chinese medicine and Western medicine concepts.

Members have shown an interest in obtaining seminar information and have requested that future seminars be videotaped for sale to members. Video production



*Attending a NSW State Committee Dinner (top) are (from l to r) Margaret Fang Fang, Simone Chan, Hoc Ku Huynh, James Flowers, Meikin Li Rees, David Sub and Weibong Li and a NSW State Committee meeting (bottom) with (from l to r) Weibong Li, Margaret Fang Fang, Yifan Yang, Simone Chan, James Flowers, Meikin Li Rees, Ann Adams, Hoc Ku Huynh, David Sub and Yina Wang*

### AACMA NEW SOUTH WALES STATE COMMITTEE

Presents a Seminar on

#### Clinical Applications of Stems and Branches in Acupuncture

by

**Dr Carole Rogers**

**Date:** Friday, 4 July, 2003

**Time:** 7:00 – 9.00 pm

**Venue:** TCM College,  
University of Technology, Sydney  
4<sup>th</sup> Floor  
645 Harris St, Ultimo

**Cost:** AACMA Members \$30  
Non-member \$35  
Student Member \$25  
Student Non-members. \$30

**Bookings:** Yifan Yang Tel: 02 9212 2498 or  
0419 606 259; Fax 02 9281 3106  
Email: meikinr@tpg.com.au

is under investigation and will be followed up by the new State Committee.

The Committee has worked hard to keep seminar costs down in the interests of providing members with continuing education and access to education credit points at an affordable rate. In this regard, we would like to thank all past presenters who have contributed their valuable time and effort to share their knowledge and skill with fellow members. Special thanks to Mr Chris Zaslowski, Professor Liu De Shen, Mr Warren Wilson, Mr Daniel Deng, Mr David Tai, Mr Yi Fan Yang, Mrs Anna Guo and Mr Robert Zindler for their seminar presentations.

Plans to form a study group are at an early stage, but will be followed up by the new State Committee.

Thanks to members who have supported our seminars and activities throughout the year and to those members of the State Committee that contributed so freely of their time and effort. It is gratifying to end the year knowing that the NSW State Committee is one of the strongest and most active Australia-wide

It is my sincere wish that everyone on your new State Committee will act responsibly and be aware of their commitment to work for the advancement of our professional image in the coming year.

Meikin Rees, Chair

### Queensland

Our year began with a very small Committee of Wally Simpson and John Deare but through their determination and motivation we now have a happy group of ten including our

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## State Roundup

student liaison member, Tracey Berry.

During the year we also welcomed a visiting Canadian acupuncturist who attended a couple of meetings and functions when she was travelling through town.

Queensland members are welcome to join their Committee at any time, so if you'd like to give it a try just contact one of the Committee and come along for a trial run - we do have a lot of fun.

And remember, any interstate Members are always welcome to join us as well at our meetings, which are always held in restaurants, usually on the Gold Coast - its tough, but someone's gotta do it!

Our meetings and particularly our functions are well attended, and our recent seminar with Edward O'Baidey was very popular with over 60 attending.

Our next seminar will be presented by Brett Montgomery on "Stretching for recovery and prevention of injuries" in July followed by another in August on "Moxibustion Techniques" by Paul McLeod.

Come on Queenslanders! We look forward to seeing more of you, so to speak, at our upcoming meetings and seminars!

Linda Tedd, Minutes Secretary

### Australian Capital Territory

The ACT committee met informally after the Canberra fires and discussed the various ways we could assist our colleagues who were affected by the devastation of the recent calamity. We also took the opportunity to develop ideas for seminars that may interest members.

It is probably timely to share some of the experiences of residents in the ACT during the bush fires, in order that we gain a fuller understanding of the trauma Canberra experienced. For example, I was told of a woman evacuating from a suburb in her car, only to find that a fireball hit her car, blew out the front window and then went through her car and exited out the back window. She drove off without any windows after diving down on the passenger seat to escape the fireball.

Many were caught in traffic jams trying to

flee the burning suburbs, and were driving along with their car tyres on fire. One patient was dealing with the trauma of her sick husband who had been in intensive care for months, and also lost her house, car and all possessions... except her hair brush which she grabbed as she ran out of the house.

Many houses didn't just burn - they actually exploded as fireballs came out of the forests and demolished anything in their path. BBQ gas cylinders exploded, as did cars once the petrol tank caught alight. Flames in many areas were over 100 feet high and caused thousands of spot fires that burnt down hundreds of homes.

In all, 540 homes were completely destroyed and countless hundreds were fire damaged to a serious degree. Many Canberra residents lost both their homes and businesses in a matter of minutes.

Often people lost water pressure so they couldn't put out any fires, or the plastic hose connectors melted, along with the hoses thus making fire fighting futile. One individual was reading on his bed when his wife screamed there was a fire in the

Jing Luo

### AACMA QUEENSLAND STATE COMMITTEE

Presents a Seminar on  
**Stretching for Recovery and  
Prevention of Injuries**

by  
**Brett Montgomery**

**Date:** Sunday, 27 July, 2003

**Time:** 10:00am - 12:00noon

**Venue:** ACNM, Gold Coast Campus  
Nerang St, Southport

**Cost:** AACMA members \$30  
Non members \$35  
Students \$25

**Bookings:** Linda Tedd - 07 5532 0121  
Email: lindatedd@hotmail.com

### AACMA QUEENSLAND STATE COMMITTEE

Presents a Seminar on  
**Moxibustion Techniques**

by  
**Paul McLeod**

**Date:** Sunday, 17 August, 2003

**Time:** 10:00am - 1.00pm

**Venue:** ACNM, Gold Coast Campus  
Nerang St, Southport

**Cost:** AACMA members \$30  
Non members \$35  
Students \$25

**Bookings:** Linda Tedd - 07 5532 0121  
Email: lindatedd@hotmail.com

## State Roundup

Jing Luo

house. As he walked down the stairs to check the kitchen, his bedroom exploded in fire from a fireball.

In many cases, whole streets were on fire and people were caught in burning cars as they tried to find a way out of the street. The nearby town of Tharwa was saved only by the foresight of the local fire chief who back burned at 3.00 am the same morning.

It was quite surreal that the city was in total darkness by 2.00 pm that afternoon due to the ash and smoke from the fires that had converged from three major fronts. In many ways, the massive fires Canberra experienced last year saved the city from being a total disaster area.

Incredibly, only four people tragically lost their lives. It could have been hundreds. An entire suburb was virtually destroyed, while such was the devastation in the Weston Creek region that the nearby suburb of Kambah, which lost 39 homes, hardly received a mention in the news broadcasts that were a feature of the day.

Canberra is only just recovering from shock. Much of the focus of treatment has been to transform the shock of the terrifying experiences to minimise the

impact of Post Traumatic Stress Disorder. Fortunately our colleagues are recovering and reestablishing their homes and businesses. There has been an incredible camaraderie in Canberra since the fires with the collective spirit and sense of contribution raising the consciousness of the city.

Ironically, the hills and paddocks surrounding Canberra now look like English meadows due to the new growth of green grass. Despite a crippling lack of rain, Canberra is looking magnificent in its autumn glory with trees turning brilliant hues of red and yellow. It is interesting how Fire can create Wood as well as Earth.

Many people have expressed their generosity in all sorts ways to those individuals who have been affected by the fires. Thank you for your contribution and thoughts.

Andrew Smith, Chair

### Victoria/Tasmania

In reviewing the past year for the Victorian/Tasmanian State Committee, I am pleased to report that we doubled the number of

seminars and social activities run during the previous year. Unlike last year we have had no difficulty finding speakers for our seminars and we have had many people contact us with an interest in giving seminars to our members.

Our next seminar about a Japanese diagnostic technique for abdominal diagnosis will be given by Mattie Sempert on 6 July. In addition, Mattie will perform a Japanese direct moxa demonstration as we have received many requests from our members for a repeat her previous workshop on this topic.

As this is a hands-on workshop the number who can attend at one time is limited to 20 people. For this reason we ask members who book prior to the workshop to ensure they can attend. If for any reason you are unable to, please let us know as early as possible so we can open the space for other members to attend.

Edwin Miao will deliver the following seminar on 31 August. His presentation is about understanding the basics in the reading of X-ray films and its application in clinical TCM assessment.

### AACMA VICTORIAN/TASMANIAN STATE COMMITTEE

Presents a Seminar on

**Abdominal (Hara) Diagnosis –  
Expand your clinical potential with this hands-on  
pragmatic Japanese approach  
Plus direct moxa (Tonetskyu) demonstration**

by  
**Mattie Sempert**

**Date:** Sunday, 6 July, 2003

**Time:** 1.45 – 5.30 pm

**Venue:** Victorian Health Promotion  
Foundation, Ground Floor,  
5 – 31 Pelham St, Carlton

**Cost:** \$20 for AACMA Members  
\$30 for Non Members  
\$15 for AACMA Student Members.

**Enquiries and Bookings:**

*Danielle Slade – 03 9740 5728*

*As the seminar is limited to 20 people, prior booking  
is essential and full fees should be paid in advance.*

**BYO Bath towel**

### AACMA VICTORIAN/TASMANIAN STATE COMMITTEE

Presents a Seminar on

**Understanding the Basics in the Reading of  
X-Ray Films and its Application in  
Clinical TCM Assessment (1)**

by  
**Edwin Miao**

**Date:** Sunday, 31 August, 2003

**Time:** 1.45 – 5.30 pm

**Venue:** Victorian Health Promotion  
Foundation, Ground Floor,  
5 – 31 Pelham St, Carlton

**Cost:** \$20 for AACMA Members  
\$30 for Non Members  
\$15 for AACMA Student Members.

**Enquiries and Bookings:**

*Ke Li – 03 9374 1815*

*Prior booking will guarantee that you receive a  
Handout.*

## State Roundup

Edwin Miao is a TCM practitioner who graduated from Shanghai TCM University and worked in a TCM teaching hospital in the X-ray diagnosis department. He lectured on X-ray diagnosis for TCM practitioners in the hospital and held seminars at regional hospitals. In this seminar Edwin will provide the basic practical skills for TCM professionals.

Please check the latest mailout for any future seminars, or contact Ke Li on 03 9374 1815 for the latest information on any seminars.

Ke Li, Chair

### South Australia/Northern Territory

All has gone smoothly with the First Aid Course and it was completed by members in March – everyone passed and will receive their certificates.

Committee members Dr Douglas Dickmann and Drs Helen and Darryl Nitschke have been invited to attend an advanced workshop in acupuncture and Alternative Medicine with Professor Marwah in Bangkok, Thailand in May this year.

Professor Marwah will also be hosting the 41<sup>st</sup> World Congress of Alternative Medicine, which will be held in Bangkok Thailand in September 2003.

As Thailand has now registered acupuncture and Chinese medicine, Drs Dickmann and Nitschke will also be discussing the legislation and its affect on existing practioners and students of TCM with the Professor who teaches TCM.

Douglas Dickmann, Chair

### Western Australia

The WA committee has been working to position AACMA as the peak professional body for negotiations with the WA Government on registration. The WA health Minister has stated he wants to consider the options of regulation in WA. AACMA has made an initial presentation to the Minister outlining the issues and face to face meetings are expected soon.

Wade James, Chair

### David Tai Sydney Acupuncture Lecture and Demonstration Series

David Tai, well-known acupuncturist and author will be giving a series of five lecture-demonstrations on five consecutive Tuesday evenings, starting on June 3 from 7 -9 pm

Topics include headache, low back pain, asthma, incontinence and homone imbalance. Bookings are essential.

**Venue: David Tai Acupuncture Research Centre  
142 Clarence Street, Sydney  
Phone Bookings: 02 9398 8168 on Thurs & Sat**

Jing Luo



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[www.rmit.edu.au/compmed/herbal-medicine-pg](http://www.rmit.edu.au/compmed/herbal-medicine-pg)

\*Subject to final approval by RMIT Council

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# NEWS and VIEWS

## Jing Luo Survey Response

### What you said...

Thankyou for completing the survey about our last issue of *Jing Luo* – the information we gathered is of great assistance for planning future editions. There was a healthy response with about 50 members returning the survey and several others responding via email with positive comments.

The results of the survey were as follows:

- 60% of respondents found **most** of February's *Jing Luo* interesting or useful, while 25.5% found **all** of it, 10.5% found **some** of it and 4% found only a **little** interesting and useful.
- 51% thought **most** of the information was easy to read and understand, 42.5% **all** of it, and 6.5% only **some** of it.
- 53% thought **most** of the general style and layout was attractive, 36% **all** of it, 9% **some** of it and 2% only a **little** of it.
- 51% read **most** of it, 42.5% read **all** of it, and 6.5% read **some** of it.
- 78% of respondents thought the length was **just right**, 17.5% thought it was **too long** and 4.5% that it was **too short**.
- Responses to the types of articles that respondents would prefer to read were:
  - Feature articles – 89%
  - Government updates, policy etc – 87%
  - People profiles – 49%
  - Research updates – 85%
  - News stories – 64%
  - Case studies – 81%
  - 'Other' suggestions were generally along the lines of: business/practice management, surveys of issues such as 'Scheduled fees across the profession', 'Patient numbers', practical suggestions for starting a business, council requirements in various areas.
- Additional comments for improving *Jing-Luo* included moving to gloss paper, adding some colour, giving more impact to the front cover.

### What we are doing...

Firstly, it was great to receive such an overwhelmingly positive response. Where possible we will follow your suggestions and hope you will continue to help shape your newsletter.

As is apparent from the above list, many of you want more feature articles, you would like information about government policy etc to continue and you would like us to introduce sections containing research updates and case studies. There is not as much interest in news stories and people profiles, though there were enthusiastic responses from some members.

This issue's front cover has been made bolder to give it more impact, a 'Research Updates' section has been added (p12), we have reduced the number of people profiles and continued to provide information about government policy and issues that affect the profession.

In addition we have introduced two other sections, one that provides 'hints and tips' from some of our more experienced members (p11), and another where members can ask for advice (p8). We encourage members to send in both tips and questions that others in the profession will either benefit from or will assist them – lets really get the flow of communication moving both ways!

While we have some ideas for feature articles, we want to know what you the members want to know about. We also need help with sourcing case studies. Included with this issue is another response sheet on which you can put your thoughts about features you would like to see, and if you have a case study that is interesting, you are willing to be interviewed, and perhaps your client is willing to be interviewed – please let us know!

### Contact us at:

publications@acupuncture.org.au  
or 07 3846 5866

## Canberra Fire Appeal Thanks

As a result of the AACMA appeal we are delighted to thank those who generously donated money and goods to members affected by the recent fires in Canberra. A total of \$590 cash and over \$250 in goods was raised and sent to Xue Song Lui and Yang Xu who lost their home and clinic in the fires.

A vivid account of the fires and the extraordinary events the people of Canberra experienced is provided by Andrew Smith in his report for State Roundup in this issue of *Jing-Luo* (see p 17).

The following is a transcript of the thankyou card sent by Xue Song Lui and Yang Xu to the AACMA office:

*Dear James and AACMA Committee,*

*Thank you very much for organizing Donation. It is very helpful to re-establish our clinic and practice after the bushfires. We like to use this opportunity to say many thanks for staff of National Office and those Members who showed their warm concern and gave generous donations.*

*Best wishes,*

*Xue Song Lui*

*Yang Xu*

Thanks to: Dr Houshang Hatami, Peter Damestoy, Hoc Ku Huynh, Fiona Begg, Anne-Marie Lewer, Tanya Tian, Anh Phung, Wally Simpson, Suzanne and Anthony Brown, Mary Menotti, De Arne Campbell and Tony Chianese from Helio

## For Victorian Practitioners: Effect of Failure to Renew Registration

The following advice has been provided by the Chinese Medicine Registration Board of Victoria (CMRB) for Victorian practitioners who have been accepted for registration in Victoria but have failed to renew their registration in 2003.

### Renewing Registration

Every year, you must renew your registration. If you do not renew by the specified renewal date (currently 31 December), Section 12 of the Chinese Medicine Registration Act 2000, states that you must be removed from the register after 3 months (currently 31 March).

Anyone who did not apply for renewal by 31 March 2003 and pay the late fee if applying after 31 December 2002, was removed from the register on 1 April 2003.

### Getting Registered Again

In order to become registered again you have the option to seek "restoration" as per section 14 of the Act. This must, however, be done within 2 years of the date of removal from the register (currently, for those who were removed on 1 April 2003, that means they must apply for restoration before 1 April 2005).

If you do not seek restoration within the prescribed time, you would then have to reapply for registration as if you were a new applicant.

### Grandparenting Ends on 31 December 2004

If you are applying or reapplying for registration in the future, you must be aware that the transitional provisions of the Act, which allow for "grandparenting", end on 31 December 2004. After that, grandparenting will no longer be an option and practitioners can only be considered for registration pursuant to section 5 of the Act.

*continued next page*

Jing Luo

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## NEWS and VIEWS

Jing Luo

Section 5 of the Act allows the Board to register practitioners who:

- Have completed an approved course, see [www.cmr.vic.gov.au](http://www.cmr.vic.gov.au)
- In the opinion of the Board have a qualification which is substantially equivalent to a course of study approved by the Board
- Pass an examination set by the Board
- Have a qualification which is recognised in another State or Territory (which has statutory registration)

### Recency of Practice

The attention of practitioners is also drawn to the provisions of section 12(4) which allow the Board to refuse to renew (or restore) registration if the practitioner has not had sufficient experience within the preceding 5 years. ■

### When to claim a business loss

In response to a request from a member on the *Jing Lou* survey form, the following is an article about the changes to the Income Tax Assessment Act 1997 (ITAA) which affect the manner in which small business losses are being dealt with from 1 July 2000.

This information is intended to provide general information and guidance only and has been compiled to assist members in gaining an understanding of the changes to the ITAA that may affect their income tax liability.

Where an individual situation requires specific advice you should consult an accountant, business adviser, or the Australian Taxation Office. This article is not intended to provide specific taxation advice for members and as such should not be used as the sole basis for

conducting your tax affairs.

### Overview

Generally speaking, if a taxpayer is operating a business that incurs a loss in any given financial year, the loss may be offset against other income or, in the absence of other income, carried forward to the next financial year.

Changes to the ITAA mean that business losses that might normally be deducted from other sources of income may only be deducted against that other income if it is proved to be a commercial loss by satisfying one of four tests (see below).

Some commentators suggest that this change to the rules is an attempt by the Commissioner of Taxation to prevent taxpayers establishing "hobby businesses" solely as a means of reducing their assessable income. Such "hobby businesses" usually have no expectation of making a

sustainable profit and are frequently established to "legitimise" the deduction of otherwise non-deductible taxpayer expenses.

### What constitutes a business?

Six factors are considered relevant when determining whether a taxpayer is carrying on a business, and therefore entitled to deduct a loss:

1. Repetition and regularity of the activity.
2. Manner of carrying on the activity.
3. Profitability of the activity.
4. Record keeping.
5. Commercial character of the activity.
6. Size and scale of the activity.

It would be expected that a TCM practice would have little difficulty in being seen to meet the first four criteria even if it was operated on a part-time basis.



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Editor: Yifan Yang

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only relatives and/or friends, or only a small number of patients were seen each week it might be difficult to argue that the practice meets criteria five and six and therefore constitutes a business for income tax purposes.

#### Non-Commercial Losses

If the practitioner fails to satisfy one of the following four tests then the loss is deemed to be a non-commercial loss and will be carried forward until the business makes a profit. The loss may then be offset against that profit to reduce the tax payable at that time.

#### Four Tests

**1. The Income Test** requires the business to be generating at least \$20,000 per annum in assessable income. If the business is in its first year of operation then the test is modified slightly to include a reasonable estimate that the business would be expected to have generated at

least \$20,000 per annum in assessable income if it had operated for the full twelve months. If the practice had, or could reasonably be expected to have had, gross income of \$20,000 or more the new rules will not apply.

**2. The Profits Test** requires the business to have actually made a profit, no matter how small, in three out of the past five years. In determining if the practice made a profit, one must exclude any losses carried forward from prior years or from other commercial activities. If the practice made a profit in three out of the last five years the new rules will not apply.

**3. The Real Property Test** requires the business to use real property (real estate) or an interest in real estate worth at least \$500,000 on a continuing basis. This would include the premises in which the practice is located or the value of the lease

that the practice has on the premises. If the practice is located within the practitioners residence only the business portion of the premises should be taken into account in property.

**4. The Other Assets Test** requires the value of the assets used in the business on a continuing basis to be at least \$100,000. These assets are comprised of depreciable assets, trading stock, leased assets, and intellectual property. Depreciable assets includes equipment and fixtures owned and installed by the practitioner as a tenant.

#### The Commissioner's Discretion

If the business fails to meet one of the above four tests the Commissioner of Taxation has the discretion to grant an exemption from the rules if the business could have reasonably

been expected to pass one of the tests if it were not for exceptional circumstances.

*Ray Martin*

#### Yellow Pages Closing Dates

Directory	Code	Deadline
Adelaide	S00Y	7 June
Brisbane	Q00Y	14 June
Perth	W00Y	21 June
Hobart	T00Y	28 June
Sydney	N00Y	12 July
Melbourne	V00Y	TBA

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### Resources and products free to AACMA members

#### CD-Roms

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#### Publications

Record keeping for new small business (ATO)

Wildlife conservation and traditional medicines (Environment Australia) - in English and Chinese

The BAS and IAS - A guide for AACMA members (AACMA)

#### Products

1300 cards

*Please call AACMA National Office to request the above items. The items below can be obtained by calling the numbers provided.*

#### Publications

Guide to GST (ATO) 13 24 78

Business Activity Statement Instructions (ATO) 13 24 78

Pay As You Go - What you need to know (ATO) 13 24 78

Smartlicence (Starting a Business) 1800 061 631 Qld  
07 3221 1620 Other States

Note: Publications for sale marked with \* are supplied to members on publication or when full membership of AACMA is obtained.

### Resources and products available for purchase from AACMA National Office

#### Products

Brochures - Acupuncture - General Information (pack of 25) \$ 5.50

Brochures - Acupuncture - Gynaecological Problems (pack of 25) \$ 3.75

Brochures - Acupuncture - Headaches (pack of 25) \$ 3.75

Brochures - Acupuncture - Lower Back Pain (pack of 25) \$ 3.75

Brochures - Acupuncture - Sports Injuries (pack of 25) \$ 3.75

Brochures - Acupuncture - Stress (pack of 25) \$ 3.75

Receipt Book - 200 receipts (if not registered for the GST) \$ 13.30

Tax Invoice/Receipt Book - 200 receipts (if registered for the GST) \$ 13.30

Sickness Certificate Pad (pad of 50 certificates) \$ 3.55

Window Decal (single) \$ 5.00

Window Decal (pack of 2) \$ 9.00

#### Publications

*Medical Observer subscription (48 issues)* \$280.24

*Australian Guidelines for Traditional Chinese Medicine Education\**  
(Discounts available for bulk purchases) \$ 25.00

*Complementary Medicine: Ethics and Law (A/Prof MWeir 2000)* \$ 27.50

*The Fertility Plan (Simon & Schuster 2000)* \$ 27.50

*Infection Control Guidelines for Acupuncture (AACMA 1997)\** \$ 21.75

*National Competency Standard for Acupuncture (AACMA 1995)* \$ 21.75

*Traditional Chinese Medicine (TCM) & the Goods and Services Tax (GST) -*

*A Guide for TCM Practitioners (AACMA June 2000)* \$ 15.40

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Seven practitioners generating income - include two naturopaths, two acupuncturists and herbalists from China, two massage therapists and a Reiki master. All practitioners are on contract terms generating substantial income for the clinic.

The owner is retiring and is seeking a professional practitioner to carry on the spirit of this reputable clinic.

The clinic is for sale for only \$100,000 including the priceless goodwill, the establishment, all client data, the successful operating system, computer network, Hemaview equipment, Cellular Analysis Apparatus and software and all other clinic and office equipment.

The clinic has been well looked after by our very experienced receptionists and clinic manager. This clinic is for urgent sale, the owner needs to leave in five weeks.

Please call 0410 348 292 and talk to Hong.

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### Locums available

**Locum acupuncturist** available in Sydney and surrounds from May for short or longer term placements. Seven years clinical experience, member AACMA, TCM trained, PI insured, private health provider number registrations. Also qualifications in bodywork and massage, diet therapy, art therapy, counselling, psychotherapy and trauma

counselling. No herbs, although clinical experience with prescribing nutritional supplements. Contact Liabeth on 0409 304 171 or [lizzybartram@hotmail.com](mailto:lizzybartram@hotmail.com)

### Positions Vacant

**Experienced acupuncturist** required to take over an established practice in a busy Natural Health Centre located in Bondi Junction. Additional training in remedial massage an advantage. Contact Carol or Mark on 02 9387 7355, Mon- Fri. **NSW**

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**Looking for an opportunity to work in the Byron Shire?** One of the areas longest established acupuncture clinics is looking for business partner. Amare Pearl, who has worked in Mullumbimby for over 15 years, is ready to take some time out and

plans to spend time o/s. I am looking for someone who wants to buy my practice or a half share in it. May suit a recent graduate or someone wanting to live here and looking for an established work situation. The person will need to fit into the spirit and energy of this particular clinic. If you're interested, call Amare on 02 66845118.

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### Waiver

The views expressed in interviews, profiles, case studies or in book, seminar or other reviews do not necessarily reflect the views of AACMA. All advertisements and reports are published in good faith. The publisher, AACMA, makes no warranty or representation that the products or services advertised in or with this newsletter are accurate, true or fit for their purpose, and persons must make their own inquiries.

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# Diary Dates

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## Australian Conferences and Seminars

### Continuing

April - December Maleny Qld **Well Women's Lives:** Bi-monthly 2-day course, 1<sup>st</sup> Sunday/Monday of the month. Covering specifically the blossoming of our own time lines, the impact of early life, and how we can look ahead whilst assisting the next generation to emerge. Contact Heather on phone 07 5494 4117 or fax 07 3899 2322 to be sent details

April - December Maleny Qld **Practical application of meridian therapy:** Bi-monthly, 1<sup>st</sup> Sunday of alternate months (see above). Set of day long seminars incorporating 25 years of study, life experience and professional practice in such bread and butter issues as persistent neck pain, chronic musculo-skeletal, immunological, neurological conditions and general "hard" cases. Contact Heather on phone 07 5494 4117 or fax 07 3899 2322 to be sent details

### June

1 Perth Chinawest **Will Maclean** seminar. Contact 1800 888 198

3 Sydney **David Tai Seminar Series** commences for 5 consecutive Tuesday evenings. Contact (02) 9398 8168

7-9 Melbourne **2003 International Congress on Natural Medicine.** Contact 1800 777 648

17 Melbourne Chinawest **Will Maclean** seminar. Contact 1800 888 198

18 Brisbane **Occupational Stress Conference.** Contact Sally Lane on 02 9476 0338 or email ppledication@hotmail.com

26-27 Brisbane **Symposium: Basic Care of Sick Children.** Contact Ausmed on fax 03 9357 7299 or email ausmed@ausmed.com.au

29 Byron Bay **Dr Yang's Third Seminar - Herbal Formulation in the Clinical Practice** Contact Shen Dao Clinic on 02 6651 1549

30 - 3 July Brisbane **The Winter School - Trends & Options** A Program of the Alcohol and Drug Foundation Queensland. Contact Dinie on fax 07 3832 5625 or email winterschool@adf.org or view www.adf.org

### July

4 Sydney **Clinical Applications of Stems and Branches in Acupuncture** presented by Dr Carole Rogers. Contact Yifan Yang on 02 9212 2498, fax 02 9281 3106 or email meikinr@tpg.com.au

6 Melbourne **Abdominal (Hara) Diagnosis Seminar and Direct Moxa (Tonetskyu) Demonstration** presented by Mattie Sempert. Contact Slade Danielle on 03 9740 5728

19-20 Melbourne **Chinese Medicine Pearls Seminar** presented by Professor Hao Wan Shan from Beijing. Please note, the Professor will be subject to quarantine for 10 days prior to the seminar. Contact Dr Greta Young 03 9842 0253

27 Gold Coast **Stretching for Recovery and Prevention of Injuries** Seminar by Brett Montgomery. Contact Linda Tedd on 07 5532 0121 or email lindatedd@hotmail.com

### August

6 Sydney **Conference: Approaches to Pain Management, "Occupational Injury and the Treatment of Pain".** Contact Sally Lane on 02 9476 0338, fax 02 94766 0328 or email ppledication@hotmail.com

9 Byron Bay **Moxa - Effective and Unusual Techniques: Moxa eyeglasses, Ear-reed Tube Moxa + Tai Yi Methods. Using Plum Blossom/Dermal Hammer** presented by Arnen Parker. Contact The Way College of Oriental Therapies & Bodywork on 02 6685 6500 or fax 02 6685 6699 or email admin@theway.com.au

17 Gold Coast **Moxibustion Techniques** presented by Paul Mcleod. Contact Linda Tedd on 07 5532 0121 or email lindatedd@hotmail.com

31 Melbourne **Understanding the Basics in the Reading of X-Ray Films and its Application in Clinical TCM Assessment (1)** presented by Edwin Miao. Contact Ke Li on 03 9374 1815

### October

13 Adelaide **Seminar: General Introduction to TCM** with Dr Yifan Yang. Contact Fang Liang or Debra Morley on ph 08 8351 51880, fax 08 8297 9731 or email fliang@bigpond.net.au

### November

21-24 Melbourne **First World Congress on Chinese Medicine.** Contact C Xue on ph 03 9925 7653, fax 03 9925 7616 or view www.wccm2003.com

### 2004

Oct 29-31 Gold Coast **WFAS World Conference on Acupuncture.** Contact AACMA

## International Conferences and Seminars

### June

7-8 Seattle WA **Workshop on Facial Rejuvenation through Acupuncture and Chinese Herbs.** Contact Bastyr University on 425 602 3075, email confer@bastyr.edu.au or view www.conferences.bastyr.edu

14-15 Seattle WA **Workshop on Aromatherapy for Facial Rejuvenation According to the Principles of Oriental Medicine.** Contact Bastyr University on 425 602 3075, email confer@bastyr.edu.au or view www.conferences.bastyr.edu

### August

14-18 Wanchai, Hong Kong **International Conference & Exhibition of the Modernisation of Chinese and Health Products.** Contact Exhibitions Department Hong Kong Trade Development Council on 852 2584 4333, fax 852 2824 0026, email exhibitions@tdc.org.hk or view hkenterprise.com

### September

9-10 Zaandam/Amsterdam, The Netherlands **International Symposium on Pain Release and Diagnostic Methods.** Contact the Secretariat on ++32 (0) 75 670 42 30

11-14 Oslo, Norway **WFAS International Acupuncture Symposium: The Evidence, Safety and Practice of Acupuncture - call for papers.** Contact Norwegian Acupuncture Association on ph 47 22 98 81 40, fax 47 22 36 18 53, email nfka@akupunktur.no or view www.wfas2003.no

18-19 Vancouver, Canada **Workshop on Facial Rejuvenation through Acupuncture and Chinese Medicine.** Contact Carla Wiseman 604 761 9300 or email cmrwise@healthtoday.ca

20-21 Vancouver, Canada **Workshop on Aromatherapy for Facial Rejuvenation According to the Principles of Oriental Medicine.** Contact Carla Wiseman 604 761 9300 or email cmrwise@healthtoday.ca

27-28 Jakarta Indonesia **Seventh Asean Congress of Traditional Chinese Medicine.** Contact Indonesian Naturopath Association on (62-21) 630-9574, 629-6793, 629-5477, 690-0162, fax (62-21) 600-8835, 6386-5680, 690-8723, 630-9574 or email: dpikni@indo.net.id

### November

6-9 Taipei, Taiwan **The 12th International Congress of Oriental Medicine - First Announcement and Call for Papers.** Contact Conference Secretariat 12th ICOM on 886 2 2822 5592, fax 886 2 2823 0488, email cfchen@cma23.nricm.edu.tw or view www.nricm.edu.tw

12-14 Hong Kong **The Natural Health Fair.** Contact AACMA National Office for further information or view www.naturalhealthfair.com

14-16 Lisbon, Portugal **Third International Congress on Traditional Chinese Medicine.** Contact ph 00 351 21 35 90 474, fax 00 351 21 31 52 269 or email apa-da@mail.telepac.pt

### 2004

6-8 April 2004 New Delhi, India **Medicare India 2004** Conference and Exhibition. Contact Rob Grant on +44 (0) 20 7723 8020 or email rob.grant@kinexlog.com

## TCM ACCOUNTING SERVICES

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## AACMA Pin Points

### Staff Changes

Long term AACMA employee, Ray Martin, recently left the position of Operations Manager to take up a part time position with AACMA as Finance Officer. He completed his Bachelor of Commerce a couple of years ago and this career step is part of a broader move to focus on accountancy and finance rather than general management.

AACMA is delighted to advise of the appointment of Ms Julie Tierney as our new Operations Manager. Julie commenced on Monday May 19, and attended the second day of the Annual Symposium so that she could meet members and develop her knowledge of the profession.

Julie was previously Operations Manager for Netball Queensland and brings with her a wealth of knowledge in administration and management which will be of great benefit to AACMA.

### Email contacts at AACMA

aacma@acupuncture.org.au	General inquiries, referrals, requests for forms, orders, course inquiries, etc
membership@acupuncture.org.au	Membership matters such as change of membership status, applications in progress, first aid certificates, CPE cards, professional indemnity inquiries, change of address, member health fund queries
publications@acupuncture.org.au	AACMA newsletter inquiries and advertising
complaints@acupuncture.org.au	To lodge formal complaints against AACMA members
president@acupuncture.org.au	To directly contact the AACMA President (this is downloaded in the AACMA office and forwarded to the President)
judy.james@acupuncture.org.au	To directly contact the AACMA Executive Officer, Judy James

## New Members

AACMA welcomes the following new accredited members who have been accepted to AACMA since the last newsletter in February 2003.

Siegrid Murray-Quist NSW	Kylie Freemantle VIC
Rebecca Tung NSW	Caroline Mills NSW
Mrinalini Pillai VIC	Emese Kantor QLD
Batia Patt VIC	Bradley Cornwell QLD
Machiko Hirata NSW	Mark Hoppe NSW
John Cook QLD	Kim Crystal QLD
Kathleen Herpich TAS	Isabel Gordon QLD
Rebecca Armstrong NSW	Dean Manton QLD
Oshra Ezra NSW	David Ruzicka QLD
Francesca D'Cruz VIC	Narelle Borg VIC
David White NSW	Hiroshi Takahashi QLD
Rodrigo Sanchez NSW	Carla Neilsen QLD
Edmund Loh QLD	Li Feng SA
Peter Rotton NSW	Jian Wen Xu QLD
Julie Waugh QLD	Louis Cali VIC
Lorraine Papworth NSW	Maria Deligiannis NSW
Byong Heum Lee NSW	Pamela Lopez-Vargas NSW
Xiao He NSW	Sally Walker NSW
Li Fang Wang QLD	Claire Jennings VIC
Silvia Russo VIC	Kathleen Walker QLD

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