

GP-TCM Monthly Newsletter August 2009

Consortium News

1. Dr Halil Uzuner is appointed Project Manager of GP-TCM with effect from 1 August 2009.

Halil earned his BSc in engineering and MSc in medical imaging in 2000 and 2001, respectively. He joined the Centre for Communication Systems Research (CCSR), at the University of Surrey (UK) as a research student and received his PhD degree in 2006 in the field of speech signal processing. He became a Research Fellow in 2006 at CCSR and in the last 3 years he was an Assistant Manager/Coordinator in a European Commission FP6 project VISNET II Network of Excellence (NoE), which involved project coordination, management, administration, finance, and delivery of the technical research work for the whole consortium. Halil performed and coordinated tasks such as technical and non-technical deliverable preparation, quality assessment, financial management, preparation of technical annex and joint programme of activities, task allocation, work performance monitoring, EC review preparations, etc. Additionally, he co-organised and contributed to a number of project general meetings and a summer school in order to promote dissemination of the research outcomes of the VISNET II project. Halil's research interests include traditional Chinese medicine, medical image processing, speaker recognition, noise cancellation, and video content adaptation.

As the only full-time member of staff funded by the GP-TCM budget, Halil will be the first point of contact at the central management team for both internal and external inquiries and will serve as a member of the coordination office (CO), the editorial board of the GP-TCM Newsletter and website. Specifically, he will manage the day-to-day running of the CO, based at headquarter of the consortium King's College London (KCL), liaise with colleagues at KCL, the CO and the whole consortium, as well as some stakeholders. It is also expected that Halil will be involved in some laboratory research leading to preliminary data and grant applications. Halil's contact details will be announced through our newsletters and website as soon as he settles down at KCL.

2. The 4th Teleconference of the CO was held 12pm-13:30pm, 23 July 2009. Five CO members and SOP Co-Chair Prof Kelvin Chan attended the meeting. The CO congratulated the progress made by the SOP panel and advised how the work could be further improved by increasing interaction among and involvement by more panel members. Access to Chinese literature, Chinese-English translation, publication of GP-TCM reviews, as well as GP-TCM database issues were discussed. The meeting also decided that SOP Co-Chairs will be invited

to join all future CO teleconferences so that SOP issues can be reviewed and discussed regularly. In addition, interaction between the CO and work package leads, GP-TCM newsletter and website issues have also been updated and will be reported in detail later.

3. The name of our new Society and GP-TCM website: The European Society of Chinese Medicine Research (ESCMR) and www.escmr.org have been approved during the 4th CO teleconference. The CO also approved Micrograde.com Ltd as our website designer. Martin Christy will be working with Dr Tai-Ping Fan and his editorial board members to produce the first phase of our website in September. By November, we shall have a fully functional website with intranet facilities.

Other Important Appointments

1. Warm congratulations to Prof Sue Watson (Nottingham University, UK), an existing WP5 member, for her appointment as the Deputy Coordinator of WP5 (animal studies of Chinese medicines). Sue is a leading figure of the UK-China collaborative Chinese Medicine research programme in Nottingham and is a core local organiser of the CGCM meeting to be held in Nottingham in August. Her group has full access to the advanced animal study facilities of her university and is particularly focused on animal studies of cancer and Chinese medicine.

2. Welcome Zhouhua Cao, BSc, MA, Director of Wanfang Data Research, Beijing, China to join WP10 as a Consortium Expert and Non-beneficiary Member. Zhouhua graduated from Dalian University of Technology and joined the Institute of Scientific and Technical Information of China (ISTIC) in Beijing in 1983. In 1992, he earned his MA from Faculty of Library and Information Studies, Thames Valley University (UK), and became Director of The Indexing and Abstracting Division, ISTIC. In 1998, Zhouhua was appointed Deputy Managing Director, Wanfang Data Co. Ltd. He joined the Chinese Embassy in London from 2003 to 2008 as the First Secretary for Science and Technology, responsible for bilateral cooperation of medicine, agriculture, and Chinese scholars in the UK, before taking up his current position in late 2008. As the leading science and technology contents provider in China, Wanfang Data focuses on digital resources, such as journals, dissertations, conference proceedings, patents, standards, Chinese companies, etc. Large domestic organisational customers include scientific research institutions, libraries, public institutions and medical institutions, including many overseas users, such as British Library, German National Library of Science & Technology, Cornell University, University

of Toronto, as well as small- and medium-sized enterprises and individual users. <http://www.wanfangdata.com/index.asp>

Specifically, Zhouhua will help GP-TCM members to get access to literature published in China. If you need original papers published in China but have difficulties in getting hold of the full papers, please contact the CO so that we can order it for you through Zhouhua.

3. Welcome Volker Scheid PhD, MBAC, MRCHM, University of Westminster (UK), to join GP-TCM as a Consortium Expert and Non-beneficiary Member dedicated to WP6, of which Prof Ken Muir is the Acting Coordinator. Volker is President of the International Association for the Study of Asian Medicines, Reader in East Asian Medicines and Director of the EASTmedicine Research Centre at University of Westminster, Visiting Professor at the Zhejiang University of Chinese Medicine (China), and also teaches at Kyung Hee University (Korea). His academic background is in medical anthropology, medical history and science studies where he has published two widely acclaimed monographs on the transformation and modernisation of Chinese medicine in late imperial and modern China that are currently being translated into Chinese and Korean. He is also a practising Chinese medicine physician and the chief editor of Chinese Herbal Medicine: Formulas & Strategies, the key Western language textbook on the subject. EASTmedicine (East Asian Sciences and Traditions in Medicine) is a unique interdisciplinary research centre dedicated to the understanding of East Asian medicines as "living traditions" and their integration into contemporary healthcare systems. Volker has attracted over £750k in funding for research into East Asian medicines, including a recent AHRC grant to establish the Traditional East Asian Medicine Research Network, which creates a forum of exchange and debate for scholars across humanities, social and natural sciences. <http://www.volkerscheid.co.uk/>
http://asianmedcom.site.securepod.com/people/volker_scheid/
<http://www.iastam.org/history.htm>
<http://www.jcm.co.uk/product.php?productID=8803&opener=0>

4. Welcome Dr Aiping Lu, China Academy of Chinese Medical Sciences (CACMS, China), an existing WP10 Expert and Non-beneficiary Member, to join WP6, of which Prof Ken Muir is the Acting Coordinator. Aiping is Professor and Deputy Director of Institute of Basic Research in Clinical Medicine, CACMS, and Vice President of Chinese Association of Integrative Medicine. He is mainly interested in clinical and pharmacological evaluation of Chinese herbal medicines in patients with rheumatoid arthritis (RA), specially focusing on the evaluation based on TCM pattern differentiation. His major scientific findings include the relationship between non-diagnosis-related symptoms and efficacy, the genomic and metabonomic profiles of TCM syndrome patterns in RA, changes of TCM syndrome patterns during RA progression, efficacy-related TCM pattern changes during RA

treatment, etc. Before his current appointment, Aiping was Director of National Pharmaceutical Engineering Research Center (2002-2006) and Director of Institute of Basic Research Theory, CACMS (1999-2002). He was also trained in cellular biology and molecular immunology in Ohio State University (USA) and Lund University (Sweden), respectively. He has published more than 200 peer-reviewed papers. His ongoing projects focus on clinical evaluation of herbal medicines based on TCM pattern differentiation and systems biology study of the biological basis of TCM syndrome patterns, as well as similar TCM syndrome patterns in different diseases, etc.

5. Welcome Huijun Shen, MB, MM (China), FATCM (UK), to join us a Consortium Expert and Non-beneficiary Member dedicated to WP6, of which Prof Ken Muir is the Acting Coordinator. Huijun is a Senior Lecturer and Clinic Director of the acupuncture programme at University of Lincoln (UK). He is General Secretary of Pan-European Federation of TCM Societies since 2002 and President of the Association of Traditional Chinese Medicine since November 2006. In addition, he is Member of Department of Health Herbal Medicine Regulatory Working Group, 2002-2003; Council member of European Herbal Medicine Practitioner Association, 2003-2006; Council member of World Federation of Chinese Medicine Societies since Nov 2006. Huijun earned his Bachelor's degree in TCM at Shanghai University of TCM in 1982 and his Master's degree in TCM (equivalent to PhD) at Beijing University of TCM in 1988. With over 10 years of TCM practising and teaching experience in China and 14 years of experience in the UK practice since 1995, he also teaches TCM in Netherlands, Ireland and Portugal since 2004.

6. Warm congratulations to Dr Ning Wang (Public Research Centre of Health, Luxembourg), an existing WP10 member, on her appointment to WP3 as a member.

7. Warm congratulations to Dr Jandirk Sendker and Dr Mirko Bayer: Jandirk, Assistant Coordinator of WP2, has taken a permanent position at University of Münster since 1st August 2009. Mirko will serve as a local assistant of Prof Peter Proksch, the WP2 Lead, with immediate effect.

8. Welcome Dr Wenhua Wei, a senior investigator at MRC Human Genetics Unit (UK), to join us as a GP-TCM Newsletter recipient: Prior to February 2009 Wenhua was a computational animal geneticist at The Roslin Institute, University of Edinburgh. His expertise lies in the area of statistical genetics and genomics including gene mapping, genome-wide association studies, epistasis detection and high-throughput genetic data analysis. In addition, he also has strong interests in studying the beneficial impact of green tea and traditional Chinese medicines on human and animal health.

Events and Meetings



<http://www.800.cam.ac.uk/>



Post-CGCM Meeting tour to the University of Cambridge, Brunel University and Royal Botanic Gardens, Kew (28 -29 August 2009)

To celebrate the 800th anniversary of the University of Cambridge, as well as marking the bicentenary of Darwin's birth and the 150th anniversary of the publication of *On the Origin of Species*, there will be a half-day forum '*Traditional Chinese Medicine in Tomorrow's World*' in Cambridge on 28 August. This Forum follows the 8th Consortium for Globalization of Chinese Medicine (26-28 Aug 2009, Nottingham, UK) <http://www.nottingham.ac.uk/cgcm2009/index.html> and offers selected presentations on key topics on Chinese herbal medicine by a panel of eminent scientists and entrepreneurs, aiming to converge on lively discussions about how to translate the Chinese art of healing to novel therapeutics in tomorrow's world. The forum will be followed by a brief tour of this historic university city, a drinks reception and official dinner on the magnificent grounds of King's College. A significant number of GP-TCM members will attend this Forum.

Brunel Institute for Bioengineering

On 29 August, there will be a visit to Brunel Institute for Bioengineering to see its array of scalable technology for the extraction of pharmaceuticals in action. After lunch, there will be a visit to Royal Botanic Gardens at Kew in celebration of their 250th anniversary, consisting a tour of the gardens as well as a behind-the-scenes look at their research facilities and

their unique Economic Botany Collections including the collections of traditional Chinese medicines.



<http://250.kew.org/CelebrateAtKewGardens/ExhibitionsAndAttractions/PalmHouse/index.htm>

En-suite accommodation for two nights (28-29 August, 2009; £40 per night with breakfast) has been arranged on the Brunel campus, which is close to London Heathrow Airport. These optional activities will be offered to a maximum of 100 delegates, on a first-come-first-serve basis. The all-inclusive cost is £150 per delegate. For registration, please contact Tai-Ping Fan via tpf1000@cam.ac.uk, quoting Post-CGCM Tour.

The 10th Annual Science and Clinical Application of Integrative Holistic Medicine, October 4-8, 2009. Westfields Marriott, Washington-Dulles Chantilly, Virginia, USA. www.scripps.org/events/the-science-and-clinical-application-of-integrative-holistic-medicine

7th Annual Natural Supplements: An Evidence-Based Update January 21-24, 2010. Paradise Point Resort, San Diego, California, USA. www.scripps.org/events/natural-supplements-an-evidence-based-update

Funding News

The Innovative Medicines Initiative (IMI) and Dr Edward D Blair's interview on IMI. IMI is a unique Public-Private Partnership (PPP) between the pharmaceutical industry represented by the European Federation of Pharmaceutical Industries and Associations (EFPIA) and the European Communities represented by the European Commission. IMI's overall goal is to reinvigorate the biopharmaceutical sector in Europe. To reach this objective, a unique collaboration within the pharmaceutical sector will be implemented through the IMI: For the first time, competitor pharmaceutical companies will collaborate to find solutions in order to overcome the research bottlenecks in the drug development process. The main challenges are: (i) Industrial: Insufficient R&D investment; (ii) Scientific: Technological complexity; (iii) At European level: Research in Europe is fragmented and tends to be located elsewhere. To address these challenges, IMI will harness the know-how and expertise available across Europe's biopharmaceutical sector, by pooling competencies and resources from the public and the private domain. The research activities, to be supported under the IMI, will be open to all research actors,

provided that they are performed within Europe. http://imi.europa.eu/index_en.html Here is a recent interview by our newsletter recipient Dr Eddie Blair on IMI. <http://www.icr-global.org/crfocus/2009/20-07/innovative-medicines-initiative-interview/>

FP7 Health Programme Call 2010

Call	expected publication date	expected deadlines
FP7-HEALTH-2010 1-stage	30-07-2009	19-11-2009
FP7-HEALTH-2010 2-stage	30-07-2009	29-10-2009
Colipa	30-07-2009	03-02-2010
ERA-NET	30-07-2009	9-01-2010
FP7-INFLUENZA-2010 (joint call)	30-07-2009	29-10-2009
FP7-AFRICA-2010 (joint call)	30-07-2009	14-01-2010

The 2010 call is expected to be published in July and changes in deadline dates and/or topics are still possible. This concerns mainly the "Brain and brain related diseases" paragraph. Please always refer to the Cordis website for the latest official documents and texts.

Some provisional topics called for in the fields of BIOTECHNOLOGY, GENERIC TOOLS & MEDICAL TECHNOLOGIES FOR HUMAN HEALTH. No specific calls for TCM or traditional medicine

FP7 Food, Agriculture and Fisheries, and Biotechnology Call 2010-4

Open: 30 July 2009

Deadline: 14 January 2010

Some indirect opportunities for breeding on TCM plant species or for introducing TCM for nutritional purposes realising improved health.

Activity 2.1: Sustainable production and management of biological resources from land, forest and aquatic environments

1.4-05: EU-China Partnership initiative in plant breeding– Mandatory China

Activity 2.2: Fork to farm: Food (including seafood), health and well-being

2.2-02: Diet and prevention of functional decline of the elderly

2.3-02: Strategies for personalized nutrition

FP7-Environment programme Call 2010

Open: 30 July 2009

Deadline: 5 January 2010

An opportunity for botanical research in the context of TCM plant species originating from forest?

ACTIVITY 6.2. SUSTAINABLE MANAGEMENT OF RESOURCES

2.1.4.1 Functional significance of forest biodiversity

DG Environment: LIFE+ CALL FOR PROPOSALS

Deadline: 22 October 2009

Budget: €250m. 50% to be allocated to the conservation of nature and biodiversity. Budget for the Netherlands €8m

The following theme that may be of interest is covered by this announcement

1. LIFE+ Nature and Biodiversity

Principal objective: To protect, conserve, restore, monitor and facilitate the functioning of natural systems, natural habitats, wild flora and fauna, with the aim of halting the loss of biodiversity, including diversity of genetic resources, within the EU by 2010.

Apart from the FP7 People and Cooperation programmes also the Joint Technology Initiatives may have opportunities for research funding. Please note the JTI IMI that is focused on medicinal research.

JTI IMI: Second call planned for autumn 2009

The second call for proposal is planned for autumn 2009 in the areas oncology, diagnosis of infectious diseases, chronic inflammatory diseases and knowledge management. For these areas the IMI website can be consulted: For more information go to: http://www.imieurope.org/news_media/pages/newsdetail.aspx?Item=25&ListId=D8BCC9B1-B29A-4D26-B03B

News in focus

China's foreign exchange reserves have soared to exceed \$2 trillion for the first time.

http://www.bbc.co.uk/blogs/thereporters/robertpeston/2009/07/how_long_will_china_finance_am.html

<http://www.the-scientist.com/blog/display/55835/>

Consultation on alternative medicine regulation announced in the UK.

http://www.dh.gov.uk/en/News/Recentstories/DH_103585

A consultation on whether, and if so, how, practitioners of acupuncture, herbal medicine and traditional Chinese medicine should be regulated was launched today by the Department of Health. Dr Michael Dixon, GP and medical director for the Prince's Foundation for Integrated Health, said: 'As long standing campaigners for the regulation of complementary therapies, we are delighted that the public will be given the chance to have their voice heard. In line with previous consultations and surveys, we are confident there will be overwhelming support for the recommendations of the Working Group. 'There is good evidence for herbal medicine, acupuncture and Chinese medicine in the treatment of some conditions but, as in all healthcare, these therapies require properly trained practitioners.

The Traditional Chinese Medicine approach to dealing with A/H1N1 flu

http://www.bjreview.com.cn/quotes/txt/2009-06/15/content_202469.htm



Since May 15, doctors at Ditan Hospital in Beijing have been using a combination of traditional medicine and Tamiflu to treat patients with A/H1N1 flu. According to Wang Yuguang of Ditan Hospital, out of 297 patients with flu, 88 had been treated with herbal drugs (including indigowoad root), in a treatment that “does not provoke collateral effect and are safe”. Moreover, the period of recovery using TCM is less, as well as the cost (1.30 euro with TCM in comparison with the price of the Tamiflu, 5.80 euros). However, Shah Dahai, of the Hospital of Chinese Traditional Medicine from the district of Chaoyang in Beijing, stated that the use of TCM is more effective in the initial periods of the illness due to its preventive properties.

The China Association of Chinese Medicine, the largest TCM association in the country, recently posted a TCM treatment prescription including indigowoad root for the flu on its official website. Indigowoad Root is used to remove toxic heat, soothe sore throat and to treat influenza, measles, mumps, syphilis, or scarlet fever. It is also used for pharyngitis, laryngitis, erysipelas, and carbuncle, and to prevent hepatitis A, epidemic meningitis, cancer and inflammation. Possible side effects include allergic reactions causing dizziness; large dosages or long term usage can be toxic to the kidneys.

TCM Drug Development

Green tea leaf extract (Veregen®) authorized as a prescription drug for genital warts

Marketing authorisation application for the tea leaf extract ointment Veregen® (formerly Polyphenon E® Ointment) for the treatment of genital warts has been assessed positively by the national regulatory authorities of Germany, Austria, and Spain. This binding decision guarantees that national marketing authorisations in these countries will be formally granted within the next few months. The marketing authorisation of Veregen® in Germany, the reference member state in the decentralized procedure, shall provide the basis for additional marketing authorisations in other European countries via the Mutual Recognition Procedure. Veregen® already received marketing authorization in the US. It is the first botanical drug approved by the FDA for prescription use in the United States. The standardized tea leaf extract (Polyphenon E®) is produced by the Japanese company Mitsui Norin from green tea leaves grown in the central Chinese province of Hunan.

Phase II Crohn’s disease trial for HMPL-004 delivers encouraging results

HMPL-004 is a standardized extract from one Chinese herb and a drug candidate for Crohn’s Disease (CD) of Hutchison MediPharm Ltd. The phase II trial was a multi-centre, randomized, double-blind and placebo-controlled study conducted in 73 CD patients in the US and 28 CD patients in Ukraine. The clinical trial included 8 weeks HMPL-004 or placebo treatment. The primary endpoint of the trial was to assess the percentage of subjects with reduction of Crohn’s Disease Activity Index (CDAI) by at least 100 points (clinical response -100) from the baseline. Secondary endpoints included CDAI reduction of at least 70 points (clinical response -70). The percentage of subject attaining remission (CDAI score of 150 or less) was also assessed.

The clinical response -100 at week 8 was 37% for HMPL-004 versus 22% for the placebo (p=0.087), The clinical response -70 at week 8 was 49% for HMPL-004 versus 32% for the placebo (p=0.061). The remission rate at week 8 was 29% for HMPL-004 versus 14% for the placebo (p=0.069). HMPL-004 demonstrated a good safety profile. There were no treatment-related serious adverse events in the HMPL-004 arm.

TCM Research

Danshen & Gegen improves vascular function and structure in coronary patients

Danshen and Gegen (D&G) have long been used in treatment of angina and other cardiac symptoms in Chinese materia medica. Recent pharmacological studies suggest their therapeutic values. We aimed to evaluate the efficacy and safety of Salvia miltiorrhiza (Danshen) and Pueraria lobata (Gegen) in secondary prevention.

One hundred (100) consecutive coronary patients were randomized to adjunctive treatment with D&G combination (3 g) or placebo (6 capsules) for 24 weeks in double-blind parallel fashion, followed by optional open-label D&G (1.5 g=day) for 6 more months. Brachial flow-mediated dilation (FMD) and carotid intima-media thickness (IMT) were measured using ultrasound.

Results: Baseline characteristics were similar between the 2 groups. After 24 weeks and compared with baseline, there were no significant changes in blood pressures, blood hematological and biochemical profiles, or folate and homocysteine levels in both groups, but there was a mild decrease in low density lipoprotein (LDL) cholesterol in both groups (p<0.05). Brachial FMD improved during D&G (p<0.001) and less so during placebo treatment (p<0.05), while improvement in carotid IMT was observed only in the D&G group (p<0.05). After open-label D&G treatment for 6 more months (n¼45), further improvement in both brachial FMD (p<0.0001) and carotid IMT (p<0.0001)

was observed. Eight (8) adverse events were reported— 6 during placebo and 2 during D&G treatment— requiring treatment termination in 2 patients on placebo. Conclusions: D&G adjunctive treatment in coronary patients was well tolerated and effective in improving vascular function and structure. These two herbs may become a novel agent for secondary prevention.

Comments on serious anaphylaxis caused by nine Chinese herbal injections used to treat common colds and upper respiratory tract infections.

This an excellent comment published in *Regulatory Toxicology and Pharmacology*. The authors collected reports describing severe allergic shock and fatality following treatment of a common cold or upper respiratory tract infection (URTI) with a Chinese herbal injection. Their analysis of the risks associated with this treatment suggested that the potential risk of serious, or even lethal, anaphylaxis should preclude its use in treating common colds and URIs.

In light of their findings they proposed the following five suggestions for improving the clinical safety of delivering Chinese herbal injections as medical treatments. First, Chinese herbal injections should not be delivered in the clinic to treat patients in accordance with *Bian zheng lun zhi* (broad-spectrum application based on holistic Traditional Chinese Medicine (TCM) theory and methodology), but rather they should be administered to target specific indicated disease processes. Second, Chinese herbal injection indications should be based on the results of double-blind randomized controlled clinical trials. Third, Chinese herbal injections should be used only in cases involving severe disease or to rescue patients in critical condition; they should not be used to treat mild, relatively innocuous diseases, such as common colds and upper respiratory tract infections, given the risk of doing harm. Fourth, Chinese herbal injection formulas should include materials from only a single or a small number of plant sources in known quantities. Fifth, more studies examining the toxicology and allergenic potential of Chinese herbal injections are needed.

Commentary and hypothesis

Study confirms berberine benefits for diabetics

NEW YORK (Reuters Health) - Berberine, an herbal medicine commonly used to treat diarrhea, can also significantly reduce blood sugar and cholesterol levels in people with type 2 diabetes, Chinese researchers report based on a study they conducted. *Journal of Clinical Endocrinology and Metabolism*, July 2008.

"Berberine cannot provide adequate single drug therapy for all diabetic patients because the patients in the present study had relatively mild diabetes," they say, but it may be at least useful as an add-on to standard therapy. Dr. Guang Ning, of Shanghai Jiao Tong

University School of Medicine in Shanghai and colleagues randomized 116 diabetes patients to receive one gram of berberine daily or placebo for 3 months. Fasting blood sugar fell from markedly in patients on the herb, they report. Among the patients on berberine, average hemoglobin A1C -- a measure of long-term blood sugar control -- dropped from 7.5 percent to 6.6 percent. Patients on the herb also showed significant reductions in total and "bad" LDL cholesterol. Blood pressure also fell in patients taking berberine. Patients on the herb lost 2.3 kg (5.1 lb), on average, compared to 1.3 kg (2.9 lb) for the placebo group. All of the differences seen among patients on berberine were significantly greater than those for patients on placebo.

No serious side effects were seen among patients in the study, although patients taking berberine were more likely to report constipation, and two patients in the berberine group had their dosage reduced for this reason. Given the benefits of berberine in lowering blood sugar, cholesterol, body weight, and blood pressure, "we speculate that berberine may be used for patients with type 2 diabetes and metabolic syndrome," the researchers conclude.

Comments from Liping Zhao:

The reason that berberine can improve type 2 diabetes still remains unresolved. One possibility is to modify gut microbiota to reduce those members that may be responsible for inducing inflammation and thus inactivate insulin receptor.

GP-TCM Italian Group

Enrica Bosisio, from the University of Milano, Alessandro Buriani and Maria Carrara from the University of Padova, join forces to establish an Italian GP-TCM group, to optimise their collaboration in the project activities and to enhance the potential of their outcomes, in the academic and scientific community at large.

On July 27, the GP-TCM Italian members met in Padova to discuss joint activities, as part of the start up phase of the project. As a first step it was decided to prearrange a specific agreement between the two Universities, to officially establish a GP-TCM Italian Group. The group should be aimed at facilitating exchanges of resources, and creating an Italian body for promotion and dissemination of the project activities and results. The Italian group will also be a reference for others in Italy who might be willing to participate and give their collaboration. In particular the agreement, which will be officially subscribed next fall, will have four main objectives:

1. strengthen the collaboration on GP-TCM activities
2. promote TCM research and education
3. spread the knowledge of the project objectives, activities and outcomes, and circulate them within the appropriate context

4. identify areas in TCM of particular interest for joint research projects, educational activities and other activities aimed at their dissemination

several academics and students have already showed interest in the initiative, and the group is planning to introduce seminars dedicated to TCM research faculty educational programs. Anyone interested can contact Alessandro Buriani (alessandro.buriani@gmail.com), who has been indicated as the coordinator of the group activities.

Two members of the Editorial Board



Maria Laura Garcia Bermejo

Souming Zhang



Founded in 1222, the University of Padova is one of the oldest in the western world. Thanks to the relative freedom of thought granted to the University of Padova, Galilei, Copernicus, Falloppio, Morgagni, and other leading scientific historical figures have written here many pages of modern science. The first University Botanical Garden and the first permanent Anatomical Theatre were established here and it was the University of Padova to graduate the first woman in the world. With its 2400 teachers and researchers, 60000 students, the modern-day Padua University is one of Italy's leading academic centres, playing an important role in international level scientific research, thanks also to its tradition of close links with most of the world's major research universities, including Chinese ones.

Thanks to Alessandro Buriani, Alberto Dias, Hani El-Nezami, Annelies Schulte, Liping Zhao, Qihe Xu and Youping Zhu for their contributions.



**UNIVERSITÀ
DEGLI STUDI
DI MILANO**

The University of Milan is a public, multidisciplinary teaching and research institution that offers 9 Faculties, 134 study courses (divided between 1st and 2nd level degree programmes), 19 Doctoral Schools and 92 Specialisation Schools. Its 2,500 professors represent the highest concentration of scientific expertise in the region and our research is ranked among the best in Italy and Europe. The University of Milan is the only Italian University to be a member of the League of European Research Universities. The University's departments are housed in important historic edifices in the centre of Milan and in modern buildings in the area known as Città Studi (the City of Studies). Founded on 12 April, 1456 by the Duke of Milan Francesco Sforza and his wife Bianca Maria, the gigantic complex was built to provide medical care for the city's poorest people, reorganising and concentrating patients from the city's various institutions in a single building.