



**Good Practice in Traditional Chinese Medicine Research in
the Post-genomic Era**

GP-TCM

223154

D9.4

**Production and submission of conference proceedings to
publication in a scientific journal**



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1 GP-TCM final conferences

The task for WP9 was to organise and host the final conferences. This task was split up in two parts, one the final conference for the project members to finalize the conclusions of the work packages, and a second part in which the results were presented in an open meeting to the international forum. The deliverable D9.2 reports on the full details of the organization and results of both conferences.

1.1 Date of the final conference

The final conference was organized in Rolduc, the Netherlands on 12th – 14th April 2012. The open conference was in Leiden, the Netherlands on 15th – 18th April 2012.

1.2 Venue

The final conference was organised in Rolduc Conference Center, Kerkrade, the Netherlands. This venue was chosen as it is located close to Belgium and Germany and can easily be reached from different directions by public transportation or car. <http://www.rolduc.com/index.php?lang=en>

We had 80 participants both beneficiaries and a number of non-beneficiaries that have been active in the work packages as well. All obtained a grant to cover their costs in de center. For travel costs we used the model of the COST action that set certain maxima to the costs. This worked well, and as a result we even could reimburse the non-beneficiaries the travel costs applying the same rules.

The open meeting (i.e., the GP-TCM Congress) to disseminate the results of the project was organized in Leiden, in the Gorlaeus laboratories with some 130 participants, about 50/50 EU and Chinese scientists.

1.3 Programme

The programme for the final meeting was reduced to two days, if compared with the 3 originally planned. This was because in the JEP special issue (more about the special issue in paragraph 1.4) most of the results of each work package had already been published by the time of the final conference. Thus, at the 2nd Annual Meeting in Braga, Portugal, all attendees unanimously supported that two days should be sufficient to discuss all work packages individually.

The Leiden conference was the forum to present the results of all work packages, with some extra lectures dealing with important aspects such as systems biology. Also a discussion session with the Dutch Society against Quackery was part of the meeting. A number of posters and short lectures (selected by the Scientific Committee) were presented that gave a good view on what is going on in the world in this field. The Leiden meeting had about 130 participants. More information about both meetings is available in the GP-TCM Research Association & the FP7 GP-TCM Consortium newsletter <http://www.gp-tcm.org/wp-content/uploads/2012/05/Final-GP-TCM-Joint-News-April-May-20121.pdf>.

1.4 Reporting proceedings (Deliverable D9.4)

As described in Annex I, one of the deliverables of WP9 was to disseminate widely the conclusions from the conference through printed proceedings that is:



'Organising peer review of conference proceedings and submitting for publication in open access scientific journals'.

Therefore, after intense and fruitful discussions, the consortium decided to reach out most efficiently by publishing the results of the project in a special issue of Journal of Ethnopharmacology (Figure 1, 2, and 3). This special issue is an important step towards defining rules for the "Good Practices" in our research, and setting standards for evidence-based traditional medicines. But these rules, these standards should all the time be subject of further discussion, to continue our efforts to improve our research to the benefit of all people's healthcare. It is amazing to see how few publications are recognized as valid in meta studies assessing efficacy of medicines. Our goal should be that any study done on traditional medicine counts for the assessment of safety and efficacy of traditional medicine; if not, it means that we have wasted our precious time and money. That also means that we must be honest in our conclusions, one should dare to write that there is no or only weak activity.

WP9 Coordinator, Prof. Robert Verpoorte thanks all the authors, reviewers and the guest editors for their great efforts to get the GP-TCM special issue published. The consortium acknowledges the great vision of EU commission that recognized the need for high quality studies in the field of traditional medicine, resulting in the grant for the GP-TCM project. This resulted, among others, in this special issue, which will be a very important landmark for the future research in the field of traditional medicine. A field asking for extensive global collaborations: east-west and north-south, all to the benefit of human health.

The full editorial introductory article by Prof. Robert Verpoorte can be directly found via the hyperlink mentioned in the next paragraph.



Figure 1 - Journal of Ethnopharmacology

Details of the special issue:

The guest editors of this special issue were: Qihe Xu and Rudolf Bauer
Volume 140, Issue 3, Pages 455-644 (available online from 10 April 2012)

<http://www.sciencedirect.com/science/journal/03788741/140/3>

For a summary of the GP-TCM special issue you can download the editorial of the Editor in Chief (Figure 2).

Examples from this issue:



Editorial

Good Practices: The basis for evidence-based medicines

In the past years the journal has emphasized the importance of setting standards for studies of medicinal plants (e.g. Cos et al., 2006; Gertsch, 2009). Standards are required for studies to be considered as valid evidence for safe and effective use of traditional medicines, and thus may contribute to an official registration with governmental agencies, like FDA or EMA, as evidence based drugs. At present there is a window of opportunity for such studies, among others because of the changing global economic scene.

With 30,000–70,000 plant species being used somewhere in this world as a medicine there is an enormous potential for the development of novel products. But that requires making choices. Because with superficial studies, e.g. studying one plant species after another in a simple pharmacological model at a single dose, we end up with an enormous amount of information, but little data for evidence-based use of any plant. What is needed is a clear strategy about what should be considered as active in terms of the required dose and to address from the very beginning adverse effects and

of combinations of drugs rather than single compounds thus makes sense. The same applies to drugs for which resistance is built up, e.g. antibiotics and antitumor medicines. The problem of such an approach in rational drug design is the modeling of the effect of a combination of drugs, as at any moment there will be a different ratio of active compounds in the system. That is where traditional medicine comes into the picture.

In traditional medicine often mixtures are applied, in which the individual ingredients are said to play a different role. That means that mixtures of active compounds are used, which may have some sort of synergism, such as acting on different targets, affecting bioavailability, suppressing adverse side effects, and altering drug metabolism and excretion. Such traditional formulations can be further explored, which may lead to novel insights in human diseases and pharmacology. The omics applied in a systems biology type of approach offer excellent novel tools for such studies (Verpoorte et al., 2005; Wang et al., 2005).

Figure 2 - Screen shot editorial Rob Verpoorte

<http://www.sciencedirect.com/science/article/pii/S0378874112001183>



Review

The formation of *daodi* medicinal materials

Zhongzhen Zhao^{a,*}, Ping Guo^{a,b}, Eric Brand^c

^a School of Chinese Medicine, Hong Kong Baptist University, Kowloon Tong, Hong Kong, China
^b School of Pharmacy, Chengde University of Traditional Chinese Medicine, Chengde, Sichuan, China
^c Paradigm Publications, Toot, NM, USA

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ABSTRACT

Daodi medicinal material is produced and assembled in specific geographic regions with designated natural conditions and ecological environment, with particular attention to cultivation technique, harvesting and processing. The quality and clinical effects surpass those of same botanical origin produced from other regions. It is thus widely recognized and has long enjoyed a good reputation. Based on literature, market and field investigation on *daodi* medicinal materials, the historical background and reasons behind the formation and the development of *daodi* medicinal material are analyzed. This review clarifies the concept and rationalizes the formation of *daodi* medicinal material.

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Figure 3 - Screenshot review Zhongzhen Zhao *et al.*

GP-TCM Special Issue of the Journal of Ethnopharmacology content:

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<http://www.sciencedirect.com/science/journal/03788741/140/3>

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With the journal a special price was negotiated to have this issue as open access (<http://www.sciencedirect.com/science/journal/03788741/140/3>). The whole issue was also copied on USB sticks (figure 4) that were given to the participants of both meetings and some extra are available for future use. Also 100 hardcopies were purchased for those who wanted to buy a hardcopy. This has allowed reaching out to many people all over the world. In addition, reports of both meetings were published in the GP-TCM Newsletter.



Figure 4 - USB containing the special issue