

#### DEVELOPMENT OF TRADITIONAL MEDICINES IN MALAYSIA

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# Malaysia's Healthcare System

- Based on western medical sciences
- Multi-ethnic, multi-cultural and multi-religious background
- Traditional medicine significant role in primary healthcare
- Vision and Mission for Health
- National Policy on T/CM emphasis on practice, education and training, raw materials and products, and research
- Healthcare integration- T/CM into allopathic healthcare system
- Strategies -T/CM Standing Committee, National Committee for R&D on Herbal Medicines, Drug Control Authority

# **Traditional Medicines**

Different T/CM due to different cultural and ethnic origins:
✓ Chinese
✓ Indian (Ayurveda, Unani,Siddha)
✓ Malay /Indonesian
✓ Aborigines
✓ Homeopathy

## T/CM IN MALAYSIA

✓ According to WHO, up to 80% of the world's population still depend heavily on TCM for treatment. In Malaysia, WHO estimated that USD500 million is spent annually on this type of health care, compared to about USD300 million on allopathic medicine.

- ✓ The local interest in TCM is reflected in the large number of these products submitted for registration with NPCB.
- ✓ Traditional medicine in Malaysia is projected to expand with a growth of 15 – 20% annually driven by:
  - Accessibility and affordability.
  - Govt's support and plans to provide a global information hub on traditional medicine.
  - Integrated hospitals

#### **TRADITIONAL MEDICINES**

- Some products are used as health supplements as well as for treatment of benign, self limiting conditions
- ✓ Others are used to self treat serious illnesses
- Products are widely advertised over the Internet and through the mass media





### *"IT IS NATURAL, THEREFORE IT IS SAFE"*

#### **v** Common misnomer

- ✓ Impossible to ensure that all medical interventions including traditional medicines are entirely risk-free
- ✓ Numerous reports of adverse effects associated with the use of TM









## The Control of Drugs and Cosmetic Regulations 1984 was promulgated under the Sale of Drugs Act 1952 (Revised 1989)

#### **REGULATION 7(1)**

No person shall manufacture, sell, supply, import or possess for sale any product unless, •the product is a registered product ; •the person holds the appropriate licence issued under this regulation



## LEGISLATION

- Control of Drugs and Cosmetics Regulations 1984
- ✓ Poisons Act 1952 (rev. 1989)
- Sales of Drugs Act 1952 (rev. 1989)
- ✓ Dangerous Drug Act 1952 (rev. 1980)
- Medicines (Advertisement and Sale) Act 1956 (rev. 1983)
- Others Wildlife Protection Act 1972, Patent Act 1983, Trade Description Act 1972, Pesticides Act 1974, Food Act 1983 and Food Regulations 1985



## **Registration Phases**

Registration and licensing of Drug and Cosmetic Products

Phase I	Phase II	Phase III	Phase IV	Phase V	
SCHEDULED POISONS	OTC/ NON POISONS	TRADITIONAL MEDICINES	COSMETICS	OSMETICS VETERINARY	
Date of Commencement: 1. Registration 1.11.85 2. Licensing 1.05.87	Date of Commencement: 1. Registration 1.08.88 2. Licensing 1.04.92	Date of Commencement: 1. Registration 1.01.92 2. Licensing Manufacturers & Importers (1.1.99), Wholesalers (1.7.2002) 3. Surveillance 2000	Date of Commencement: 1. Hair Dyes : 1991 2. Tooth Whiteners : 1996 3. All others : 1.2.2002 4. Licensing : 1.1.2004	2003-2004: Preparation of Guideline 2005: Industry Consultation	



# TRADITIONAL MEDICINE

Means any product employed in the practice of indigenous medicine, whereby the drugs used only consist of one or more naturally occurring substances of plant, animal or mineral or part thereof, or extract form or non-extracted form, and any homeopathic medicine.



### **REGISTRATION PROCESS**

Classification Web-based on line application system- Quest2 Evaluation – Criteria -safety and quality -CPP, CFS, GMP compliance - sample testing Approval – Certification **Rejection** – Appeal



### **PURPOSE OF REGISTRATION**

To ensure that products available on the market are efficacious, of quality and safe for human use.

✓ Quality
✓ Efficacy
✓ Safety





# **QUALITY CRITERIA**

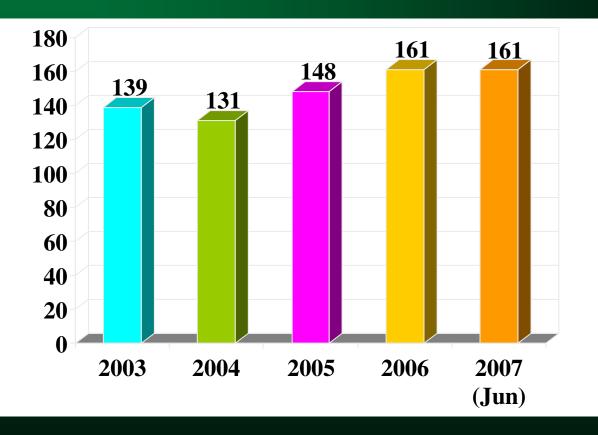
✓ Compliance to Good Manufacturing Practice (GMP) / Manufacturing Process
✓ Stability studies
✓ Limits for disintegration time
✓ Uniformity of weight
✓ Evidence of marketing authorization



# **BASIC GMP REQUIREMENT**

- 1. Quality Management
- 2. Personnel
- 3. Premises and Equipment
- 4. Documentation
- 5. Production
- 6. Quality Control
- 7. Contract Manufacture and Analysis
- 8. Complaints and Product Recall
- 9. Self Inspection

## Number of Traditional Manufacturing License (2003 – Jun 2007)



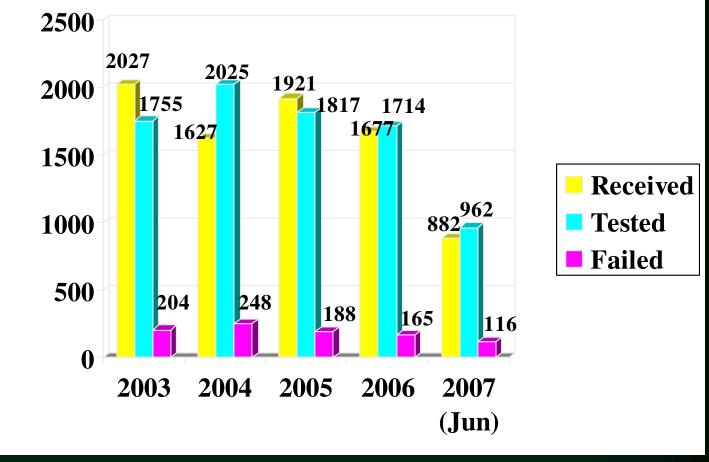


## **SAFETY CRITERIA**

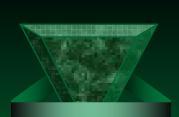
Limits for heavy metals
Limits for microbial contamination
Absence of steroids and other adulterants
Indications and claims
Prohibition of herbs / ingredients with known adverse effects
Labelling



#### Number of Products Tested 2003 – 2007 (Jun)



	2003	2004	2005	2006	2007
% Failed	11.6 %	12.2%	10.3%	9.6%	12.1%

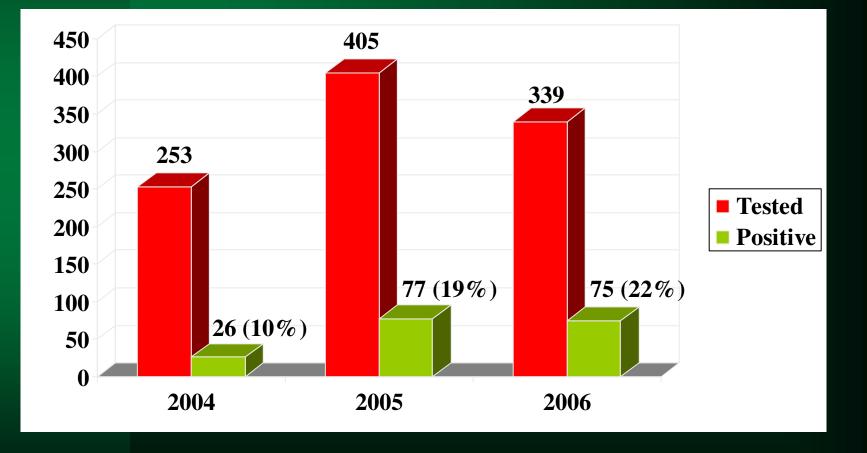


## **Screening for Adulterants**

Based on product indications: ✓ men's health ✓ slimming ✓ muscle and joint pains ✓ cough and cold



### Number of Adulterant Tested 2004 - 2006

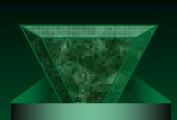




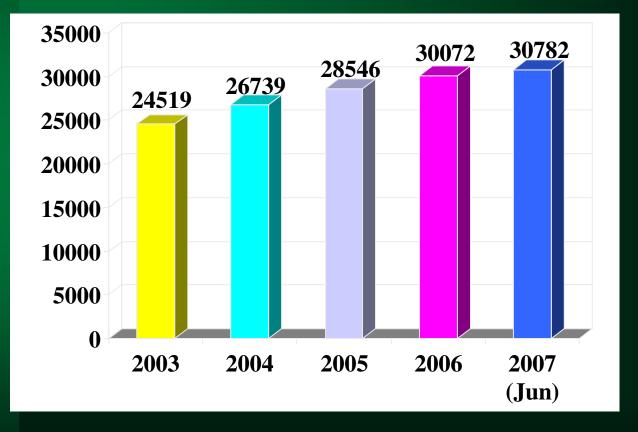
## **Indications and Claims**

Low –level claims
 (supported by documents on traditional use).

✓20 (related) diseases in the Medicines (Advertisement and Sale ) Act not allowed

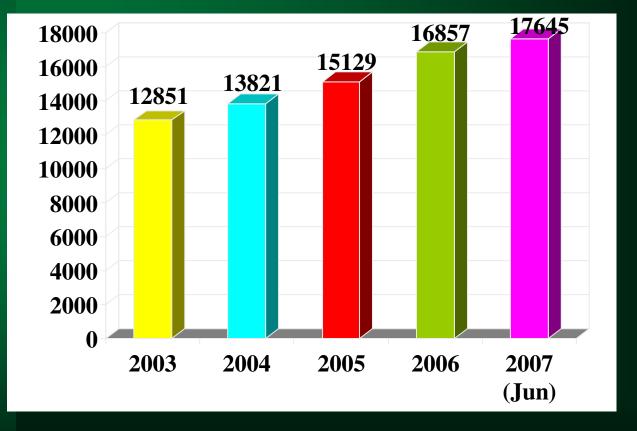


#### Number of Applications Received 2003 – 2007 (Jun)



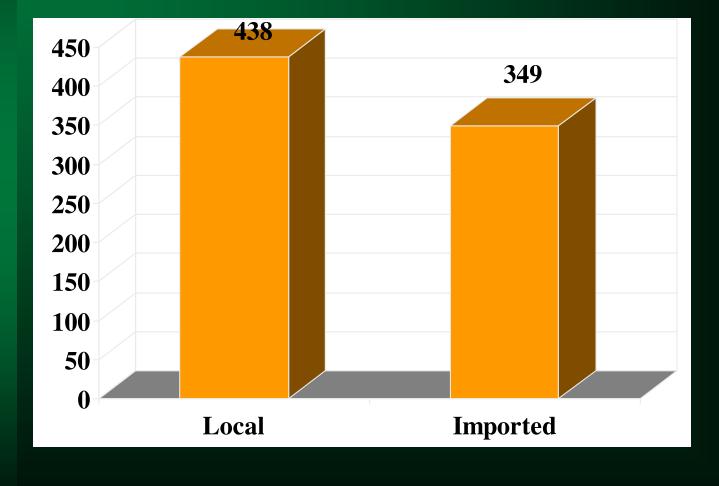


#### Number of Products Registered 2003 – 2007 (Jun)





#### Local vs Imported Products Jan – Jun 2007



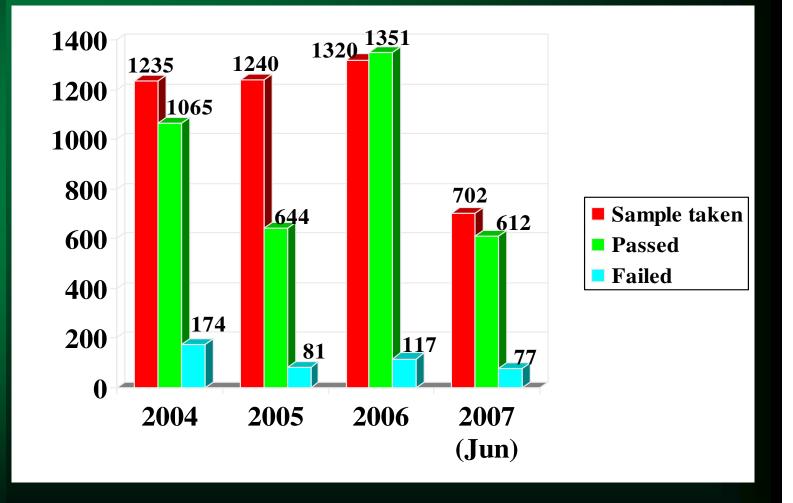


#### POST-MARKET SURVEILLANCE AND PHARMACOVIGILANCE

To monitor all the product that had been registered in Malaysia
 Complaint investigation
 To recall stock or batch which is unsatisfied
 To monitor safety profile of registered product.



### Post Market Activities (2004 – Jun 2007)





## **PUNITIVE ACTIONS**

- product recall
- ✓ warning
- cancel / suspend product registration
- ✓ revoke license

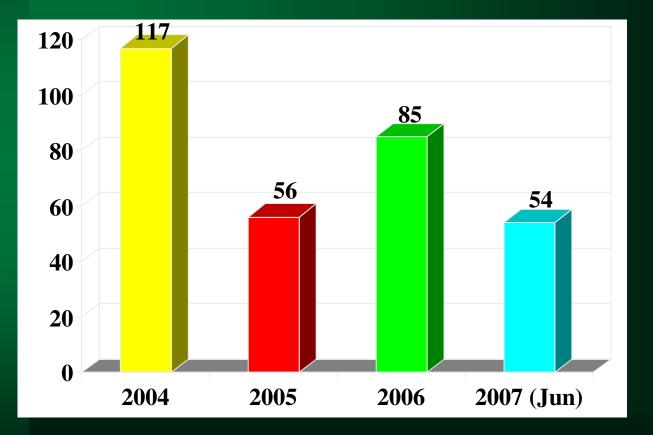


# CAUSE / REASON OF RECALL

- Product tested contains microorganism more than approved limit
- **V** Adulterated product
- **v** Failed one of the laboratory test
- ✓ Can cause serious adverse effect
- **v** Quality of the product not up to expectation



# Number of Product Recalls\* (2004 – Jun 2007)



\* Recall Level 111



# **PROBLEMS AND ISSUES**

**VAdulterations (Premixes) VIIIegal manufacturing / Contract Mfg VUnregistered / counterfeit products** (Hologram) **Misleading advertisements / Exaggerated** claims (Malaysian Advertisement Board) **Adverse Drug Reactions (ADRs Reporting**)



# CURRENT DEVELOPMENTS

- ✓ ASEAN Harmonization initiatives for Traditional Medicines and Health Supplements (ACCSQ TMHS PWG)
- ✓ Safety monitoring system for consumer reporting of ADRs for over-the counter and traditional medicines products
- **V** Rapid Alerts
- **VQC** facilities (Manufacturers)
- **VISO 17025** certified laboratories



### **WEBSITES**

- Pharmaceutical Services Division : <u>www.pharmacy.gov.my</u>
- National Pharmaceutical Control Bureau <u>www.bpfk.gov.my</u>
- Malaysian Adverse Drug Advisory Committee (MADRAC):
   www.madrac.gov.my/madrac











