

## Traditional Herbal Medicinal Products

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Registration of traditional herbal medicinal products  
applicable to **traditional** herbal medicinal products

### Article 16c 1 (c)

- > 30 years of medicinal use within the EU or
- > 15 years in and > 15 years outside the EU

Deviations may be decided by the  
**Herbal Medicinal Products Committee** (HMPC, EMEA)  
if requested by a Member State

## Access to the Market - Options

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### Marketing authorisation

full, bibliographic or hybrid application

### Registration

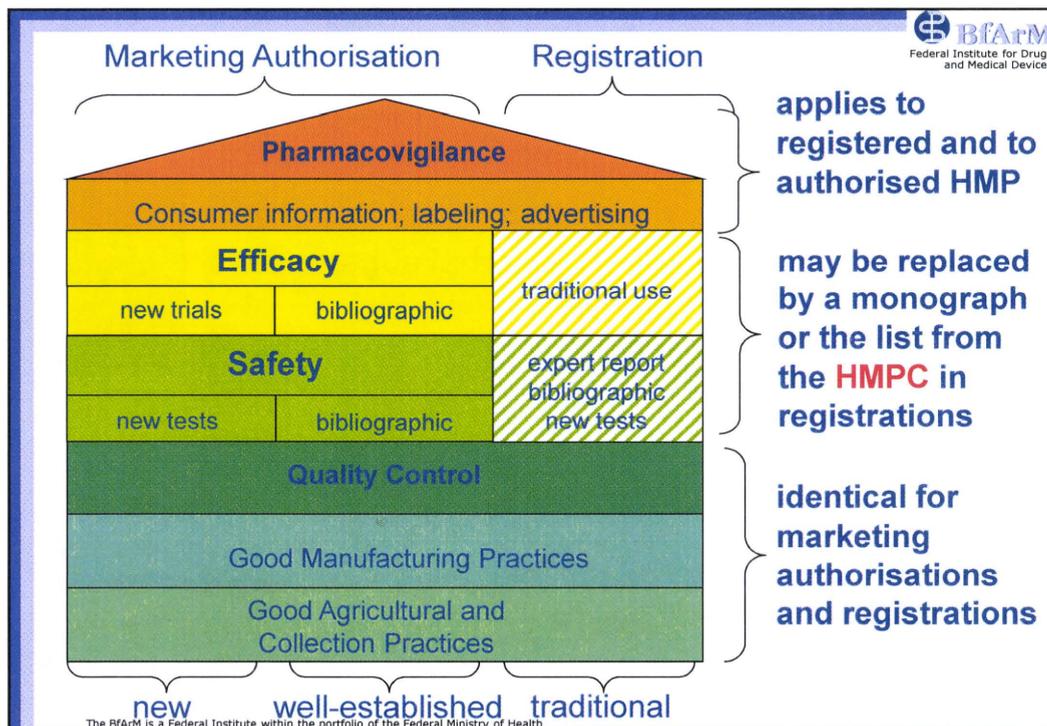
(simplified with respect to the proof of efficacy)

**Procedures: national, MRP, DCP, CP**

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### Individual prescriptions

“Magistral formula“




  
 Federal Institute for Drugs
   
 and Medical Devices

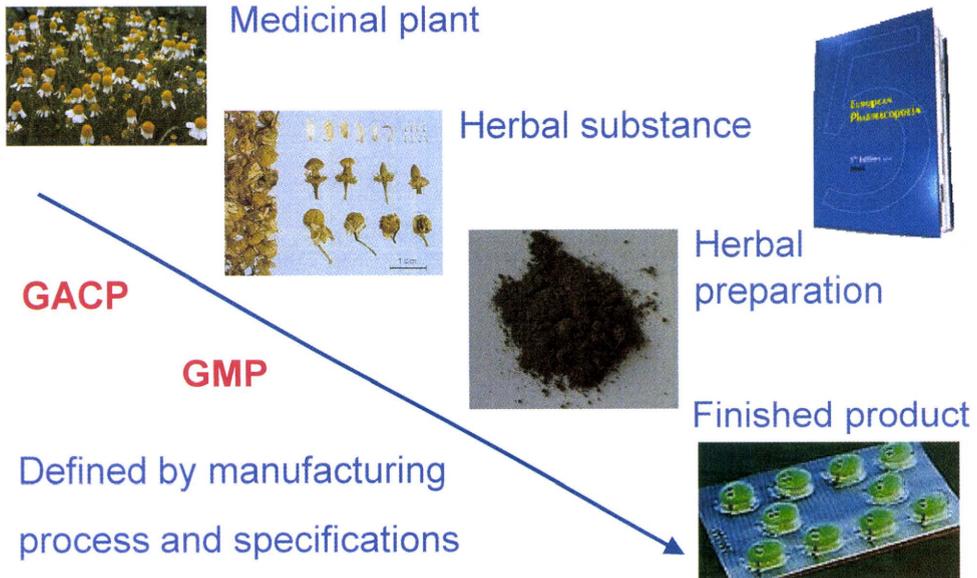
## Example: Guidance on Safety

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- Guideline on the assessment of clinical safety and efficacy in the preparation of monographs for well-established and of monographs/lists for traditional herbal medicinal products/substances/preparations.
- Guideline on Non-clinical Documentation for Herbal Medicinal Products in Applications for Marketing Authorisation (Bibliographical and Mixed Application) and in Applications for Simplified Registration.
- Concept paper on the Development of a Guideline/Guideline on the assessment of genotoxic constituents in herbal substances/ preparations

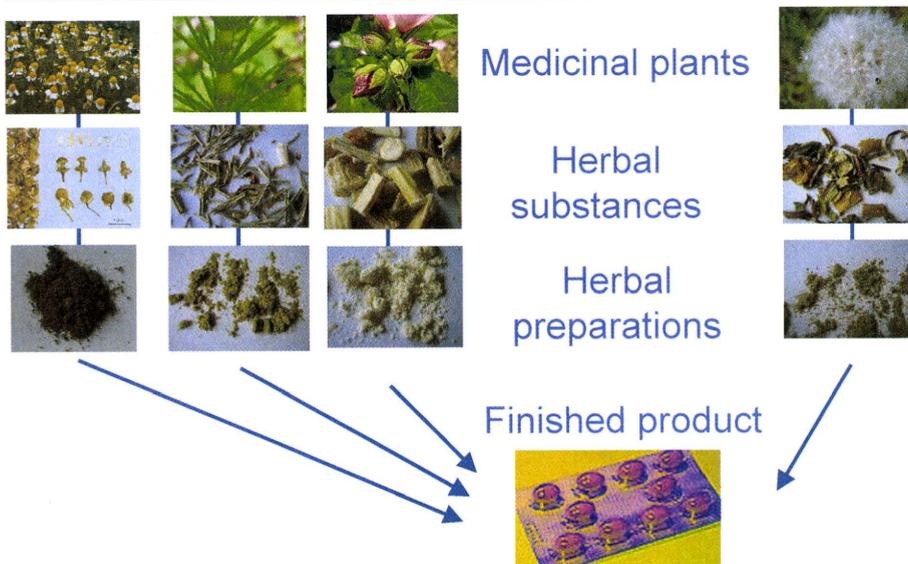
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## (Traditional) Herbal Medicinal Products



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## Combination Products



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## Quality Guidance

**Guideline** on Quality of Herbal Medicinal Products/ Traditional Herbal Medicinal Products (CPMP/QWP/2819/00 Rev. 1)

**Guideline** on Specifications: Test procedures and Acceptance Criteria for Herbal Drugs, Herbal Drug Preparations and Herbal Medicinal Products/Traditional Herbal Medicinal Products (CPMP/QWP/2820/00 Rev. 1)

**Guideline** on Quality of Combination Herbal Medicinal Products/Traditional Herbal Medicinal Products (EMA/HMPC/CHMP/CVMP/214869/2006)

**Guideline** on Good Agricultural and Collection Practice (GACP) for Starting Materials of Herbal Origin (EMA/HMPC/246816/2005)

**Guideline** on Declaration of Herbal Substances and Herbal Preparations in Herbal Medicinal Products/ Traditional Herbal Medicinal Products in the SPC" (EMA/HMPC/287539/2005)

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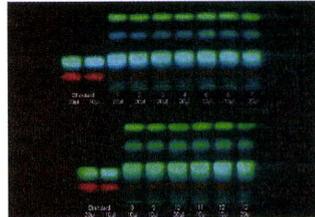
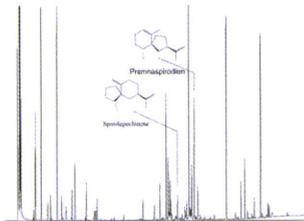
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## European Pharmacopeia



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## European Directory for the Quality of Medicines - EDQM



**European Pharmacopoeia, Strasbourg**  
Monographs on quality of  
herbal substances and preparations

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## Extracts - classification

### Standardised extracts

- adjusting the herbal substance/preparation to a **defined content** of a constituent or a group of constituents **with known therapeutic activity**
- by adding excipients or by blending batches of the herbal substance and/or herbal preparation

### Quantified extracts

- adjusting the herbal substance or herbal preparation to a **defined range** of constituents (active markers)
- by blending different batches of herbal substances and/or herbal preparations

### Other extracts

- active substances for which neither constituents with known therapeutic activity nor active markers are known
- not adjusted to a defined content of analytical marker

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## Manufacturing process

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Defined and documented manufacturing process

- GACP
- GMP



## Production

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- Guideline on Good Agricultural and Collection Practice (GACP) for Starting Materials of Herbal Origin (EMA/HMPC/246816/2005)
- EUDRALEX: Volume 4 Medicinal Products for Human and Veterinary Use:  
Good Manufacturing Practice - Annex 7:  
Manufacture of Herbal Medicinal Products

## Good Agricultural and Collection Practice

- Introduction
- General
- Quality Assurance
- Personnel Education
- Buildings and Facilities
- Equipment
- Documentation
- Seeds and Propagation Material
- Cultivation
- Collection
- Harvest
- Primary Processing
- Packaging
- Storage and Distribution

**Approach: Realisation of a quality assurance  
Minimum of contamination/adversely affecting**

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## Good Agricultural and Collection Practice

### 1. Introduction:

- „In the case of herbal preparations the production and primary processing of the medicinal plant/herbal substance has a direct influence on the quality of the API“

The following Guideline on good agricultural and collection practice **does not fall directly under GMP-guidelines in the traditional sense**. However, these considerations should be used as a basis for the establishment of such an appropriate quality assurance system.

### 2. General:

- ... These consideration **should be read in connection with GMP guidelines for API** ...

- Growers and collectors of medicinal plants/herbal substances must ensure that they avoid damage to existing wildlife habitats (CITES – Convention on International Trade in Endangered species of Wild Fauna and Flora).

### 3. Quality Assurance:

- Agreements between producers and buyers of medicinal plants/herbal substances with regards to quality ... must be based on recognised regional and/or national specifications and should be laid down in written form

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## Harvest



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## Primary Processing



„Primary processing includes washing, cutting before drying, fumigation, freezing, distillation, drying, etc. Where applicable, all of these processes must conform to regional/or national regulation and **should be carried out as soon after harvesting as possible**“

On arrival at the processing facility the harvested medicinal plant/herbal substance has to be promptly unloaded and unpacked. ...

Folie 34

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## Packaging and Storage



Folie 35

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## Conclusions (1)

- There is a clear regulatory framework for (traditional) herbal medicinal products in the European Union.
- Currently, different traditions in the Member States are being harmonised by the work of MLWP and HMPC. Community monographs (safety, efficacy) are established.
- GACP is applied by the manufacturers and the concept is assessed in applications for licensing.
- EDQM monograph + HMPC monograph  
= standards for licensing

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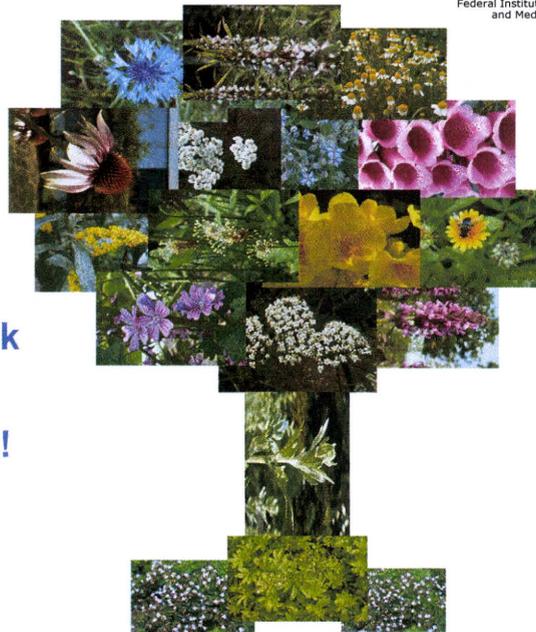
## Conclusions (2)

- There is a need for global harmonisation for products which are distributed worldwide.
- Harmonisation of quality is challenging, but realistic.
- Transfer of indications between therapeutic systems should be based on communication and mutual understanding.
- Involvement of health care practitioners of different therapeutic systems is a major challenge for adaptation to existing regulatory frameworks.



Thank

You !





Standardization of Traditional Medicine

Toyama, Japan  
Nov. 17-18, 2010

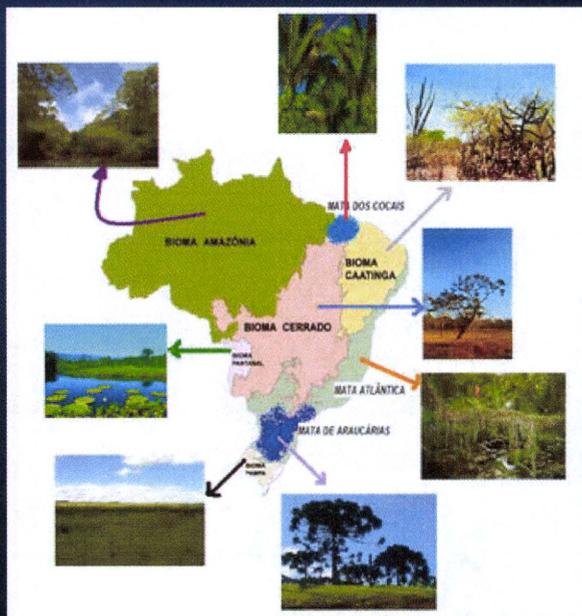
Quality Control of Brazilian Phytoremedies

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BIOMES in BRAZIL  
Total Area = 8.514.877 km<sup>2</sup>

<b>Amazônia</b>	4.196.943	49,3 %
<b>Cerrado</b>	2.036.448	23,9 %
<b>Mata Atlântica</b>	1.110.182	13,0 %
<b>Caatinga</b>	844.453	9,9 %
<b>Pampa</b>	176.496	2,1 %
<b>Pantanal</b>	150.355	1,8 %



Permanent  
Environment  
Challenge

100% humidity

Endophytic  
Microorganisms

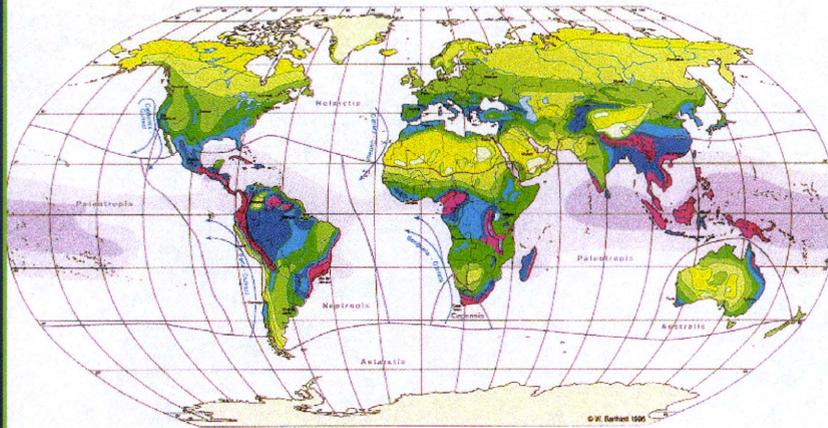
“Endophytes are an outstanding source of small molecules”



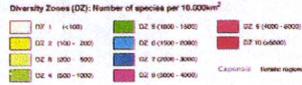
Atlantic Forest

Reduced size of Supplement V  
 forthcoming in ERDKUNDE 50/4 (1996)

**GLOBAL BIODIVERSITY: SPECIES NUMBERS OF VASCULAR PLANTS**



Robinson Projection  
 Standard Parallels 36°N and 36°S  
 Scale 1:10,000,000



W. Barthlott, W. Lauer, A. Pezom  
 Department of Botany and Geography  
 University of Bonn

Cartography: M. Graf  
 Department of Geography  
 University of Bonn



Caatinga

Dry season

**Caatinga, bioma tipicamente brasileiro**



Cerrado

Semi-arid



pampa

## Natural Products from Endophytic Fungi

M. B. C. Gallo, D. O. Guimarães, L. S. Momesso, M. T. Pupo\*

[www.biota.org.br/publi/banco/docs/1091\\_1199794781.doc](http://www.biota.org.br/publi/banco/docs/1091_1199794781.doc)

### *A Review*

Symbiosis between a fungus and a plant is a widespread phenomenon in nature, which has been prevalent, ancient, evolutionary consequential in promoting diversity, and plays a major role in structuring plant communities by affecting colonization, competition, coexistence and soil nutrients dynamics (Pyrozynski and Hawksworth, 1998; Clay and Holah, 1999; Lemons *et al.*, 2005).

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As a result of these long-held interactions, it is feasible to arouse that some endophytic microbes may have devised genetic systems allowing for transfer of information between themselves and the host plant.

As a consequence, the associated microorganisms can learn as much as teach biochemical pathways in order to produce substances common to their hosts or *vice versa* that may have application outside the host plant in which they normally reside (Strobel, 2002).

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Plant-derived anticancer drugs have also been identified from endophytic fungal cultures. Paclitaxel (Taxol®) (3), for breast and ovarian cancers, was isolated from *Taxomyces andreanae*, an endophytic fungus associated with the Pacific yew *Taxus brevifolia* (Stierle *et al.*, 1993).

An endophytic fungus from leaves of *Catharanthus roseus* biosynthesize the potent antileukemia agent vincristine (4) (Yang *et al.*, 2004).

### Natural Products from Endophytic Fungi

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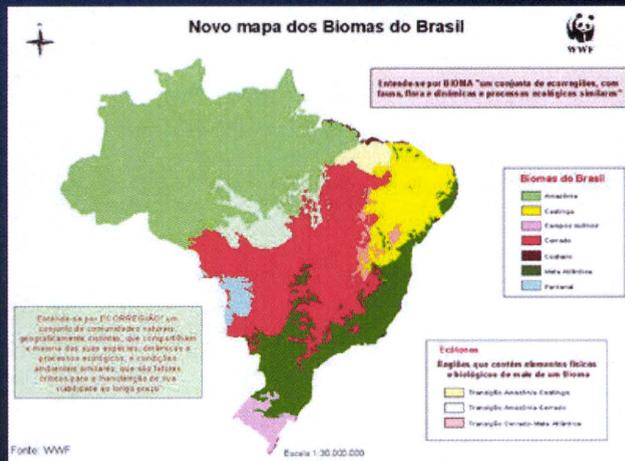
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*Entrophospora infrequens* from *Nothapodytes foetida* (Icacinaeae), to produce camptothecin (5) (Puri *et al.*, 2005) (Amna *et al.*, 2006).

Podophyllotoxin (6), precursor of useful anticancer agents, synthesized by *Trametes hirsute*, (Puri *et al.*, 2006).



Therefore, taxonomic identification of the raw material might be insufficient to scale up phytotherapeutic agents!  
 Chemical standardization + *in vivo* efficacy + bioavailability + (safety ?), as preconized for any other xenobiotic.

## Why Investing in New Medicines ?

### 1. INNOVATION

- ✓ Higher Therapeutic Index (Safety)
- ✓ Greater Specificity
- ✓ Improved Bioavailability
- ✓ New Pharmacological Spectrum

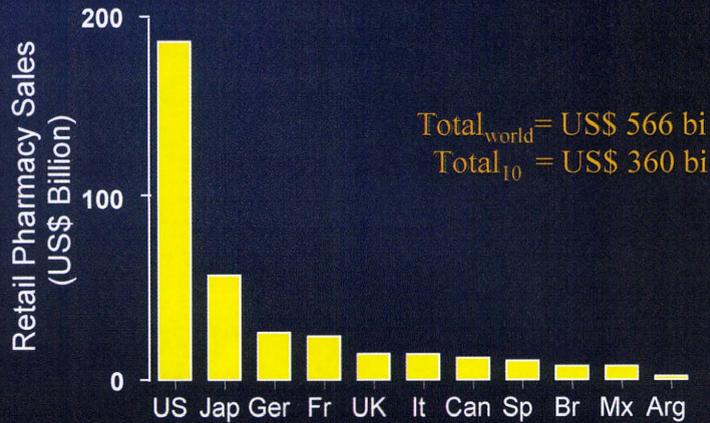
### 2. SOCIOECONOMICAL CONTRIBUTION

- ✓ Low costs
- ✓ Availability
- ✓ Competitivity

### 3. COMPLIANCE



## World Pharmaceutical Market (03/2005 - 03/2006)



[www.imshealth.com](http://www.imshealth.com)

## Finding new drug targets in the 21st century

- **Mark A. Lindsay**

Biopharmaceutics Research Group, Airway Disease, National Heart and Lung Institute, Dovehouse Street, Imperial College, London SW3 6LY, UK

- **Drug Discovery Today 10:1683-1687 (2005)**

- Available online 22 December 2005.

The past 30 years have witnessed a steady decline in the number of new drug targets. This review concentrates on the initial process of target identification and argues that current problems have resulted from a decrease in clinical research, an overemphasis on the discovery of new targets through an understanding of the molecular causes of disease and the adoption of cell and animal models that are poor predictors of human disease. To resolve this situation, we argue for increased clinical research and show that an intervention at the physiological level, using drugs to target at the extracellular signalling pathways, will facilitate identification of novel drug targets in the 21st century.

- Finding new drug targets will require a reorientation from the present emphasis upon understanding of the mechanistic and genetic basis of disease to one that is centred upon a more clinical and physiological approach .

- **Author Keywords:** Target identification; validation; drug discovery; reductionism; animal models
- **Subject-index terms:** Pharmaceutical Science; Drug Discovery; Molecular Medicine

*INNOVATION OR STAGNATION*

**CHALLENGE AND OPPORTUNITY  
ON THE CRITICAL PATH  
TO NEW MEDICAL  
PRODUCTS**

FDA

US Department of Health and Human Services  
Food and Drug Administration  
March 2004

<http://www.fda.gov/oc/initiatives/criticalpath/whitepaper.html> 06/22/2004

*INNOVATION OR STAGNATION  
(FDA's)*

This report provides the Food and Drug Administration's (FDA's) analysis of the pipeline problem -- the recent **slowdown**, instead of the expected acceleration, in **innovative medical therapies reaching patients**.

## *INNOVATION OR STAGNATION* *(FDA's)*

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**What is the problem?** In FDA's view, the applied sciences needed for medical product development have not kept pace with the tremendous advances in the basic sciences.

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As a result, **the vast majority of investigational products that enter clinical trials fail.**