

## Editorial

### *ISO and Traditional Chinese Medicine*

The International Organization for Standardization, or ISO in short, is an institution that develops international standards in all industrial sectors (mining and manufacturing, agriculture, pharmaceutical, etc.), excluding the electricity, communication and electronic technology sectors. In 2009, a proposal was made to establish a technical committee (TC) in ISO headquarters to discuss the international standardization of Traditional Chinese Medicine as requested by China, and the committee was approved as TC249. The ISO/TC249 held its fifth meeting in Kyoto from May 26 to 29, 2014. I participated in the meeting as a member of Working Group 5 (language, diagnosis and treatment methods, education methods).

First, China presented a list of the names of crude drugs and their origin, including the names of the animals and plants or origin and their medicinal parts and code numbers. Surprisingly, the name of each crude drug was listed in simplified Chinese characters, and in alphabetical order of their pinyin spelling. The almost inconceivable idea of presenting a proposal for international standardization in Chinese notation invited strong criticism from the other countries. In the end, the Chinese representative gave in, and newly proposed to spell the names in Latin, the common language of the world and the basic language of academia, accompanied by their Chinese, Japanese and Korean names in alphabet. This proposal was not something Japan and South Korea could agree to, because crude drugs of the same name in Japanese, Chinese and Korean are sometimes derived from different plants. The Japanese and South Korean delegations insisted that the list be restricted for use in China only, and that Japan and South Korea be excluded from the scope of the list. The discussion grew complicated, however, with Europe taking China's side and placating Japan and South Korea to compromise, saying the difference was a minor issue. The Chinese representative sought Japan and South Korea's cooperation in compiling a final list based on a list of crude drugs created by each country, but Japan and South Korea rejected the proposal as impossible. Ultimately, it was agreed that China, Japan and South Korea would each prepare a list that describes crude drugs used in each country and present a proposal for combining the lists at the next meeting.

With the fifth meeting of ISO/TC249 now over, Japan must prepare its own list of crude drugs and their descriptions by next fiscal year's meeting. This itself is a simple task, since the origins of crude drugs in Japan are contained in the Japanese Pharmacopoeia, the official pharmacopoeia in Japan, and it suffices to translate it into English. However, I think we should take this occasion of international standardization to devise a system of codes composed of numbers that have meaning and relevance to consumer needs, as it is meaningless to simply assign each crude drug a random code. In China, an official classification of crude drugs already exists with respect to efficacy, for easy usability by consumers. In contrast, the Japanese Pharmacopoeia simply lists the names of crude drugs in order of the Japanese alphabet, and has no classification system. The use of crude drugs in traditional medicine in Japan largely differs according to each school of physicians and pharmacist, and each school also has its own classification system, so no unified system has been created for all of Japan. As a matter of fact, the problem that the use of crude drugs has not been standardized in Japan has surfaced as a result of the recent response to the ISO, and calls for urgent measures.

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