

Herbal Preparations as Medicinal Products

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Herbal Medicinal Products vs Chemical Products

Herbal Medicinal Products (HMP)

- extracts, powders, ...
- long-standing tradition of use
- used to treat “soft” problems
- safe record of use
- PK/(PD) often impossible to be carried out
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Chemical Products

- well-defined composition
- no traditional use
- used to prevent and cure (serious) diseases
- often relevant safety problems
- PK/PD more or less easy to be carried out
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But: Pharmacology, Toxicology, Safety Clinical Data and Double-blind, Controlled Clinical Trials possible for both categories!

Features of herbal medicinal products

- safety pharmacology not always available or up-to-date
- large body of experience often available
- data from clinical trials rarely available

Constituents of herbal medicinal products

- Known clinical activity (active principles)
- Known pharmacological activity (active markers)
- Relevant for quality control (analytical markers)
- Accompanying constituents (inert substances)
- Potential negative impact (allergens, toxins)
- Matrix substances

Some definitions (WHO / EU)

- *Herbal drugs*
Plants or part of plants in an unprocessed state
- *Herbal drug preparations*
Comminuted or powdered herbal drugs, extracts (including purified extracts), tinctures, fatty or essential oils, resins or gums, etc. ...
- *Herbal medicinal products*
A medicinal product containing as active substance exclusively herbal drugs or herbal drug preparation

Present regulatory status of herbal medicinal products in the EU

- Food
- Dietary Supplement
- OTC (Non-prescription medicine)
- Prescription medicine

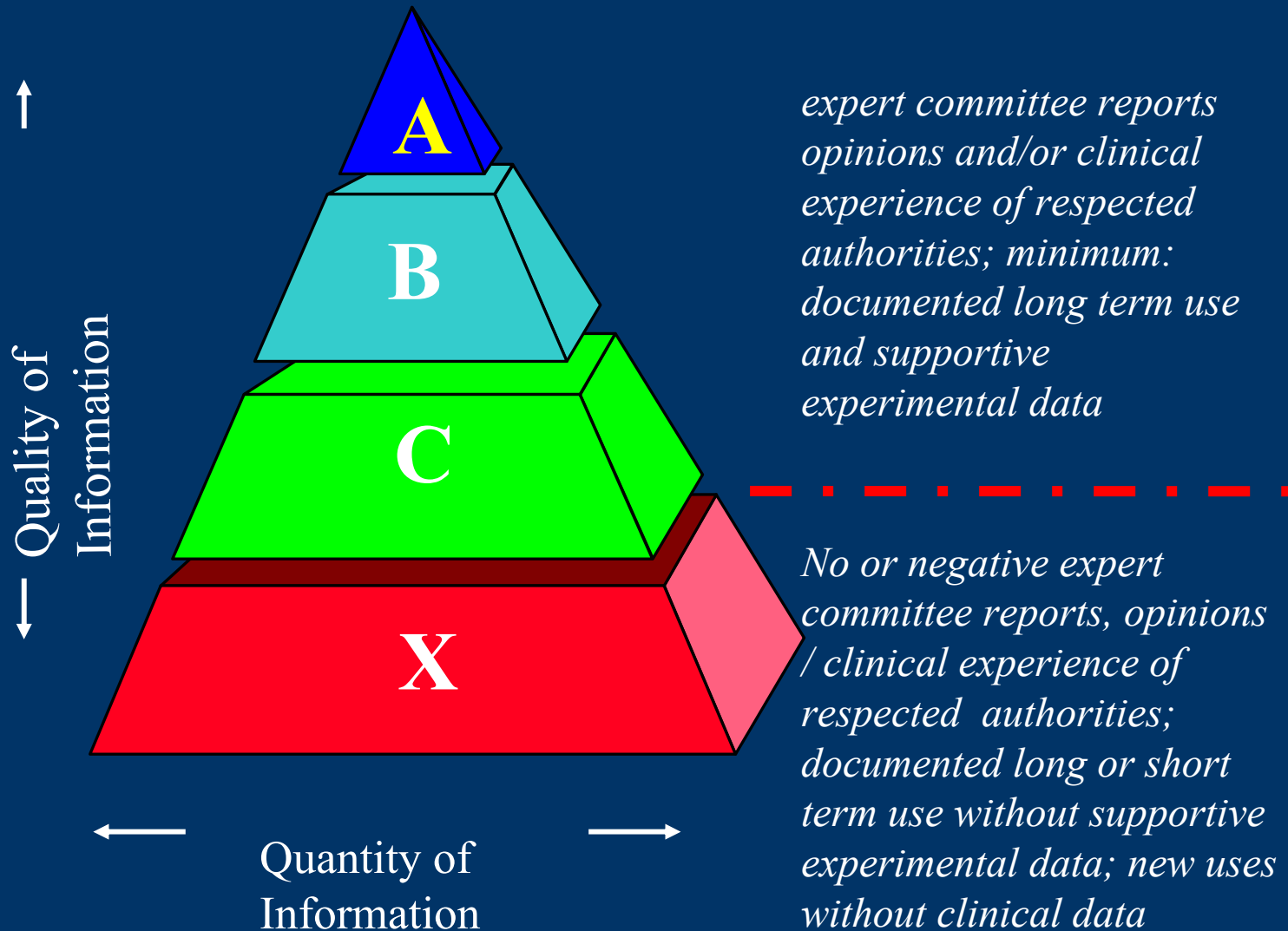
Levels of Evidence

(WHO 2000 /

US Agency for Health Care Policy and Research 1992)

| Level | Type of Evidence |
|-------|--|
| Ia | Meta-analysis of randomized controlled trials |
| Ib | at least one randomised controlled trial |
| IIa | at least one well-designed contr. study without randomisation |
| IIb | at least one other type of well-designed quasi-experimental study |
| III | well-designed non experimental descriptive studies, such as comparative studies, correlation studies, case-control studies |
| IV | expert committee reports or opinions and/or clinical experiences of respected authorities |

Grading of Recommendations (Keller, 1999)



Herbal Medicinal Products

- Well-established herbal medicinal products:
 - » proven clinical efficacy
 - » at least 10 years of use in the EU
- Traditional use
 - » only traditional use documented
 - » insufficient or no clinical support for indication
 - » at least 30 (15+15) years of documented use

... and future requirements

- Well-established herbal medicinal products:
 - » quality documentation
 - » use of monographs
 - » complementation through additional non-clinical and clinical data
 - » Mutual Recognition Procedure (MRP)
- Traditional use
 - » quality documentation
 - » use of monographs
 - » national registration

Implementation of different levels of scientific evidence

Major claims: High level of evidence (Level Ia, Ib; Grade A)

- For treatment, cure or management of any serious disease or disorder
- For prevention of any serious disease or disorder

Medium claims: Medium level of evidence (Level IIa, IIb, III; Grade B)

- Reduction of risk of a disease/disorder
- Reduction in frequency of a discrete event
- Aids/assist in the management of a symptom/disease/disorder
- Relief of symptoms

Minor claims: General Level of evidence (Level IV; Grade C)

- Relief or management of symptoms of a minor, self-limiting disease/disorder that does not require medical intervention
- Description of a pharmacological action related to management of symptoms of a minor, self-limiting disease

(Draft Concept, HMPWG, 21st May 2003)

AESGP wishes for the future of herbal medicinal products

- An independent EMEA Committee for herbal medicinal products
- A clear legislation and definition for well-established vs. traditional herbal medicinal products
- Adequate protection of intellectual property
 - data exclusivity for significant data
- ESCOP and WHO monographs should form the base of the EMEA monographs