# PREFACE

This publication that you are holding is the ninth volume of the Hong Kong Chinese Materia Medica Standards (HKCMMS), which is another achievement accomplished through the culmination of hard work of my colleagues and many outside parties whom I am indebted to.

Same as the previous eight editions, this volume continues to set standards for commonly used Chinese Materia Medica (CMM) in Hong Kong with the aim of ensuring the safe use and quality of CMM in the protection of public health, a mission rooted from its first launch in 2002. Over the years, alongside tenacious effort in setting up standards for CMM, we have kept in view the latest international development in quality control of herbal medicines and striven to be on par with international practice. A recent example is the setting of testing method and limits of sulphur dioxide residues in the HKCMMS. With rising public concern on sulphur dioxide residues in herbal materials, we took the issue to the International Advisory Board for steer and determined to include the testing of sulphur dioxide residues in the HKCMMS project, moving a step further to safeguard the quality of CMM and to meet public expectations amid the evolving landscape of herbal medicines.

Deploying advanced technology in the setting of reference standards of CMM has emerged as one of the most important and essential tools in the research and development of Chinese medicine. To this end, the International Advisory Board fully encourages the application of advanced methods to further the development of the HKCMMS. We have already used deoxyribonucleic acid (DNA) fingerprinting technology to authenticate CMM. Next, we will employ mass spectrometry and ultra high performance liquid chromatography for the qualitative and quantitative analysis in the coming phases of the HKCMMS. These new technologies increase the capacity and quality of our research, and bring the work of the HKCMMS to a new height.

Another important function of the HKCMMS project is to provide an applicable and adoptable reference standard that conforms with international requirements for the local Chinese medicines trade. To achieve this, we have put in place measures to promote the application of the HKCMMS. Some local laboratories have met the criteria of competence of the Hong Kong Laboratory Accreditation Scheme to authenticate CMM according to the HKCMMS for microscopic examination, chemical and physicochemical tests. We shall continue to foster technology transfer, facilitating more laboratories to acquire higher proficiency. Meanwhile, we have brought the HKCMMS to the international stage via platforms such as the World Health Organization to boost exchange and collaboration. We shall continue to join hands with other international organisations to work towards the harmonisation of standards for herbal medicines.

This ninth volume also illustrates our continued dedication to improve the HKCMMS. In addition to the introduction of testing method and limits for sulphur dioxide residues, we have included reference assay chromatograms into the individual CMM monographs in both printed and electronic versions of this volume. The reference assay chromatograms provide invaluable information about the retention time of the marker compound and the profile of the CMM extract. And what is more, for users preferring paper-free media, a DVD compiling all nine volumes is released concurrently with this printed version, providing a compact and handy means to access the whole series of HKCMMS monographs. Users may also access the HKCMMS monographs online from the website of the Chinese Medicine Division of the Department of Health. A query function supporting different search parameters is newly introduced to enable users to look for specific monographs of interest in no time.

The publication of this volume can only be achieved with the concerted efforts of many parties. I must extend my appreciation to the members of the International Advisory Board, Scientific Committee and Editorial Board. Thanks are also due to the Government Laboratory of the HKSAR, the research teams from the eight institutions namely City University of Hong Kong, Hong Kong Baptist University, The Chinese University of Hong Kong, The Hong Kong Polytechnic University, The Hong Kong University of Science and Technology, The University of Hong Kong, Taiwan's China Medical University and the National Institutes for Food and Drug Control of the People's Republic of China.

Finally, I wish to express my sincere gratitude to the National Medical Products Administration, National Administration of Traditional Chinese Medicine and the Chinese Pharmacopoeia Commission of the People's Republic of China for their invaluable advice on the development of the HKCMMS.

Dr. Constance CHAN, *JP*
Director of Health

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(Remark: The list is arranged in alphabetical order of last name)

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