Four Page Appendix to 13 January 2000 Letter to Folb, Extracted from Referenced Report

Whilst researching an earlier report, we assumed that the morbidity and mortality incidence for South Africans using indigenous medicines would be minuscule, but we were stunned to uncover the shocking scientifically recorded and published clinical observation that *"in South Africa, the major cause of death (from acute poisoning) among black South Africans are traditional medicines. (about 50 % of deaths)"*. (**Ellenhorn's Medical Toxicity**: Diagnosis and Treatment of Human Poisoning, Williams & Wilkins, 2nd Edn 1997) **That this situation could have escaped the authorities and has not received swift remedial action, is not only unacceptable, it is clearly criminal.**

The main paper referenced in the above-mentioned textbook is Prof. **Joubert**'s **"Poisoning admissions of black South Africans"** (Joubert P, J Toxicol Clin Toxicol 1990; 28(1)), dealing with acute poisoning admissions to Ga-Rankuwa Hospital, 1981-1985. This study determined that ***"Overall, the major causes of mortality were traditional medicines, responsible for 51.7 % of the deaths that occurred, followed by pesticides (23%). Of the patients who died, 62 % were poisoning by traditional medicines of which none were deliberate self-poisoning".*** **Joubert concluded:** ***"the main issues were the extremely high mortality" and "prevention of poisoning by traditional medicines merits high priority in the health care of the indigenous population of South Africa".*** **Are labelled, finished, "marketed" medicines to blame. NO!**

"The 'traditional healer' was the main source, 83.4 %, while 11.3 % was bought from African medicine shops. In only 0.6% of cases were medicines collected by the patients themselves *and in 4.4% the substances were obtained from other sources. The traditional healer is an integral part of African culture and many South Africans make use of traditional African medicines, mostly of plant origin, but also minerals or animal.* ***In most instances these medicines are "crude watery extracts". Most towns and cities have "African medicine shops" where traditional medicines can be bought over the counter. There is currently no legislation controlling traditional African medicines. The traditional African medicine mortality is extremely high. If poisoning due to these substances can be eliminated, the overall mortality will decrease by about 50%".*** (Joubert, J Tox Clin Tox 1990; 28(1))

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Professors Folb and Schlebusch, **past chairman and registrar of the MCC** respectively, opinioned internationally **a decade ago** that ***"the issues of traditional medicines need to be addressed"*** (Folb P et al, J Clin Pharmacol 1988: 28), **yet apparently a moratorium exists iro traditional medicines**, in spite of **Folb** again writing, under the heading **"Traditional drugs and indigenised pharmaceuticals"**, that ***"some give rise to serious adverse reactions, and others contain chemicals that have long term effects such as carcinogenicity and hepatoxicity."*** (Folb P, SA Jour Sci, Vol. 85. 1989 Aug) **Why no urgent action here?**

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Dr. P.H. **Joubert**, M.D., author of the internationally published article referenced in the above-mentioned textbook has, as **Professor with the Dept. of Pharmacology & Therapeutics** at the Medical University of South Africa (**Medunsa**) been responsible for most of the epidemiological work in the **shamefully neglected field of local indigenised medical toxicology**. **In spite of Joubert attempting for almost three decades to draw attention to this serious problem, practically nothing has been done to address this highly suspect apartheid oversight. Who needs a Third Force, when muti-medicine and a MCC blind-eye to the problems, known to them for decades, will suffice as a silent tool for racial population control?**

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Neither du Plooy, as (current) **custodian of** Joubert, Brand, and Osuch's **Medunsa toxicological data, nor Folb, as custodian of the UCT Tramed data, have complied with our repeated requests for information access to compile and release an urgent educational African botanical toxics list. PHARMAPACT are singly campaigning for the necessary reform, via this and earlier efforts. We are trying to prepare an urgent toxics short-list, but are not receiving any co-operation from the authorities nor the data custodians** in this regard. PHARMAPACT will refrain from publishing a compromise list, insisting on rightful access to the Tramed database, again denied us on 24 May 1999 by professor **Folb**, claiming that this aspect still had to be developed, yet declined our offer to undertake this work. (Pers comm, T/Dr A Rees)

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In the meantime, besides this document, the following remain the only detailed but very limited sources of such information, but none in a form readily accessible or meaningful to the traditional healer / medicine fraternity: a) Watt J, Breyer-Brandwijk M, The Medicinal and Poisonous Plants of Southern and Eastern Africa, 2nd Edition, 1962; b) Hutchings A, Zulu Medicinal Plants, 1996. It is interesting to note that Watt, like Folb, was a Professor of Pharmacology (Univ Witwatersrand), but unlike the latter, cared enough about the Africans to use the institution at his disposal to laboriously collate the existing toxicological information and make it widely available, including to hospitals.

On the other hand, **Folb, leader of the Traditional Medicines Programme and handed public custodianship of an electronic database 20 years under development, cannot 5 years later provide a toxics list, nor is he willing to grant access to those volunteering to undertake this priority work. Folb, as Chair of the MCC for 18 years, had a mandate to ensure protection of the public from toxic medicines, yet instead of using the database to identify and alert healers to the risks, only lucrative new drug leads were sought.**

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We have to protest, that the forgoing facts having been determined, and the regulatory authorities repeatedly exposed thereto, as well as to that which follows, they who were/are mandated to protect the public from toxic medicines were/are presented with a golden opportunity to educate prescribers, suppliers and consumers regarding which plants were/are most seriously implicated, as well as dose, contra-indications, precautionaries, early and advanced poisoning symptoms etc, a golden opportunity squandered by all concerned, especially the MCC, via access to the Traditional Medicines Project (TRAMED) /TMRG with Folb / Schlebusch / Bruchner, and now Eagles / Rees / Matsoso at the helm.

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Shockingly little or nothing has been done about this unacceptable situation, least of all by those who over the period that this information has been directly available to them and who have been directing MCC policy under the shallow guise, repeated ad nauseam, of being the custodians of public safety from toxic medicines and insisting that they have been empowered to control all substances matching the enacted definition of a medicine. The previous and transitional authorities bear legal responsibility.

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We are presently engaged in ongoing culpability investigations for gross dereliction of public duty and genocide against Schlebusch and especially Folb and in the latter's case, an enquiry into ethnopiracy, since Folb has directorship at the University of Cape Town of the Dept. of Pharmacology, the World Health Organisation Collaborating Centre for Drug Policy and the Traditional Medicines Programme and so was better positioned than anyone to be aware of these shocking circumstances and especially as chairman of the MCC, to have been doing something meaningful about them.

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Instead of using the 60,000 entry TRAMED database available to the WHOCCDP to "monitor all adverse reactions to medicines in South Africa, investigate national problems of drug toxicity, recommend policy in this regard and encourage the rational and safe use of medicines, including traditional medicines, to address an important and comparatively neglected scientific research and public health field, and to establish the rational and safe use of traditional medicines", the facilities are "presently engaged in large amounts of research based upon the extraction and isolation of active compounds from plants used by traditional healers in the treatment of disease." (Homepage: University of Cape Town, Dept of Pharmacology) **The Traditional Medicines Project (Tramed) is based on a database donated by Noristan Laboratories to the University of Cape Town's Pharmacology Department to be incorporated into a national database to which all interested parties can have access.** (Lindy Hughson, editor, Pharmaceutical and Cosmetic Review, July/August 1995)

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A shockingly similar situation inexplicably exists with the recently published South African Traditional Healer's Primary Healthcare Handbook (UCT, 1997), **also a product of the TRAMED Project, which, although it provides short token precautionaries for those toxics among the 55 plants featured, simply does not do justice in addressing the enormous problem of acute poisonings and fatalities arising from traditional African medicines. We have to question and protest the deliberate exclusion of an educational Toxics List, especially considering Folb's above-mentioned statements regarding toxicity, and more recently, those of Eagles:** ***"Against it stands the risk of poisons, toxicity, counterfeits and chemical pollutants. If people aren't enlightened about the dangers of mixing a handful of leaves together, the results can be uncontrollable"***. (Lee P, undated, Independent Online)

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Some 3000 plants are in use, 10 % in major use, and of which **the most toxic or those responsible for most of the serious poisonings and fatalities are not even featured or identified in these two publications, especially curious considering that they both have their genesis from within TRAMEDΦ, and against the claimed public safety interest,** much of which is hypocritically regurgitated by **Folb** in the first paragraph of his forward to the manual. **The authorities have no excuse to plead ignorance in defence of their callous inaction in the face of so much innocent human suffering and loss of life, since this is the primary responsibility of the Medicines Control Council, and the traditional African healers and sellers of herbal medicine are not directly to blame. The MCC bear legal responsibility.**

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In addition to TRAMED, is a Traditional Medicines Research Group (TMRG) which is a broader joint venture between the Medical Research Council, the Department of Pharmacology at UCT and the School of Pharmacy of the University of the Western Cape, which is also engaged in ethnopiracy testing of plant extracts at UCT, according to Dan Ncayiyana, Deputy Chancellor of UCT: *"to isolate active compounds to develop new drugs."* (Electronic Mail & Guardian, 19 Oct 1997)

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The Traditional Medicines Research Group (TMRG) was formed in 1997, after PHARMAPACT embarked on a concerted expose' of Folb's MCC regulatory double-standard in the light of his piracy TramedΦ Project, at which point center stage was shifted to UWC, with the strategic transfer of Mayeng to Eagle's School of Pharmacy. The promotional media propaganda borders on the obsequious, but reading between the lines again reveals the phoney social rhetoric and cheap window-dressing, behind which the blatant ethnopiracy still festers, eg:

The claim: ***"The TMRG intends to glean information for the health benefit of all South Africans."*** **The plot:** ***"The group will use modern scientific and biomedical knowledge to investigate medicinal plant extracts and isolate bioactive compounds for developing more effective drugs."*** (The Monday Paper, UCT, February 24, 1997); **The lie:** *"Researchers hope to collect information on Southern African medicinal plants and to use this* ***to set safety standards regarding herbal remedies****."* (Mail & Guardian, March 4, 1997)

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"Traditional healers seek recognition and scientific verification of their remedies. We want to gain their trust. What we will not do is use their intellectual property to make profits which do not benefit them. An important objective will be to create a comprehensive ***traditional medicines database for use by*** *traditional healers, policy makers, drug regulatory authorities, the pharmaceutical industry and* ***the public****."* **(See the lie!)** ***"We are committed to making the database universally accessible."*** (MRC Press Release, 6 February 1997) **Both the author,** as a representative of the Western Cape Traditional Healers and Herbalists Association, **and his research associate, T/Dr Anthony Rees, as chairman of the South African Herbalists Association, and PHARMAPACT have been denied access to the database.**

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The **Bioprospecting Programme** is supported by the activities of a South African based consortium, managed by **CSIR**-Foodtek under its Chemical and Microbial Products Programme (CMP) by Dr Marthinus **Horak**. Consortium members currently include numerous parastatals and significantly the **MRC**, and the **universities of Cape Town** (**Folb**), The North **and Western Cape** (**Eagles**), in collaboration with government departments and policy makers. **This is clearly a case of State genocide and ethnopiracy.**

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Professors Folb and Eagles who are the most informed and influential educators and policy makers as far as medicines regulation and the toxicity of traditional African medicines are concerned, are leading these genocide / ethnopiracy operations. Education for traditional healers? No way. They are not interested in the thousands of annual deaths and morbidities from medicines under their jurisdiction, they are focussed on the academic prestige and millions of Rands to be made from ethnopirated traditional African medicinal substances for patent and synthesis of mass-market First World drugs.

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With some 10-20000 annual preventable deaths from traditional African medicines in South Africa, why have these often "fatally poisonous medicines" not been given toxicological precautionaries at every opportunity and "called-up" to protect consumers? # Many of these substances cross our borders from as far afield as Mozambique, Malawi, Swaziland and Tanzania, so why are the MCC/MRA not similarly instructing the Customs officials to embargo these medicinal drugs at point of entry as with the relatively innocuous international health substances? # Why are MCC/ MRA inspectors not exercising their functions within the arena of the traditional African healers, herbal / muti shops and markets? Toxic medicines used by other practitioners, even individually, are registerable. Why should regulations exempt and perpetuate the biggest killer category of all … the Traditional African Medicines?

End of Appendix. Please see the full Report for further allegations and substantiating documentation.