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The Age (Melbourne, Australia)

August 15, 2015 Saturday

First Edition

**Ancient therapy attracts**

**BYLINE:** Stephen Lacey

**SECTION:** MY CAREER; Pg. 23

**LENGTH:** 635 words

A degree in **Chinese** **medicine** can lead to a hands-on career, writes Stephen Lacey.

Gina Yallamas had always been interested in alternative therapies, but found herself working as an interior designer instead. It was only when she was in her late 30s, and with three children, that she decided to pursue her passion and see how far it would take her.

The Sydney-based Yallamas enrolled as a mature-aged student for the bachelor of health science in **traditional** **Chinese** **medicine** at University of Technology, Sydney. The four-year, full-time course covered everything from **acupuncture** to herbal medicine, with instruction in techniques such as tui na massage, **cupping** and gua sha (a skin-scraping technique).

"It was terrific but very intense," Yallamas says. "Almost from day one we would practise sticking needles into one another. I was never one of those people who were afraid of needles, so that wasn't a problem, but some of the students were a bit funny about it." As a student sheobserved qualified practitioners and helped with the running of the Chinese medicine clinic based at the university.

She says the main focus of her degree was acupuncture; an ancient practice dating to at least 100BC. The theory behind it is that needles are inserted into the body to cause changes in the pattern of the patient's energy system (qi). Acupuncture has been used to treat a range of issues from pain and fertility to migraines, nausea, and osteoarthritis.

In Yallamas' final year of study, she began practical training with Health Space in Rozelle. She also applied to the Australian Health Practitioner Regulation Agency to register as a clinical acupuncturist.

The training and registration led to a full-time position with Health Space and she has been working there since February.

"It's been great," she says. "I look forward to coming to work because I spend my day helping people to manage their health. I've even had children visit me for treatment for conditions such as asthma and insomnia." Yallamas is employed as a subcontractor for Health Space, which provides a room and marketing support. She has no immediate plans to set up her own practice, although she would be qualified to do so.

"I enjoy being part of a multi-modality group because I don't feel so isolated ... I'm surrounded by like-minded people." Yallamas says she is required to keep up to date with the latest studies and information. She regularly attends conferences and training courses to earn professional development points.

She says an acupuncturist can earn from $60 to $100 an hour.

Associate Professor Chris Zaslawski is the program director at UTS' traditional Chinese medicine course. He has been practising acupuncture and herbal medicine for 30 years and is a researcher in the area.

"There's no question that the interest in Chinese medicine has grown over the past five years," Zaslawski says. "There are currently six accredited educational programs in Australia including our course at UTS." He attributes the growing demand for the subject partially to the national regulation of Chinese medicine three years ago. "Before that time, anybody could call themselves a practitioner," he says.

"The regulation has probably contributed to the increasing student demand for Chinese medicine programs and a higher public profile of the profession."

He is also seeing a high proportion of international students and second-generation Chinese students enrolling in the course. The acceptance and increasing use of Chinese medicine in Australia may also be another factor.

Only a handful of Chinese medical practitioners are employed in the public and private hospital systems, but Zaslawski believes that will change.

"As the evidence for the efficacy of Chinese medicine mounts, we may see our graduates employed in the system," he says.

**LOAD-DATE:** August 14, 2015

**LANGUAGE:** ENGLISH

**GRAPHIC:** PHOTO: Gina Yallamas says the main focus of her degree was acupuncture.

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Sunday Age (Melbourne, Australia)

October 2, 2011 Sunday

First Edition

**Medicine gets a feel for Orient**

**BYLINE:** GARY TIPPET

**SECTION:** NEWS; Pg. 8

**LENGTH:** 542 words

AFTER more than 2500 years, **traditional** **Chinese** **medicines** and therapies are finding a place in the once-sceptical world of Western emergency departments and medical laboratories. The **Chinese** **Medicine** department at RMIT's School of Health Sciences, the largest provider of **Chinese** **medicine** studies in Australia, is collaborating with a range of Victorian hospitals to trial the use and benefits of ancient remedies such as **acupuncture** and ginseng. **Acupuncture** has been trialled on patients suffering acute pain in emergency rooms at the Alfred, Northern, Epworth and Cabrini Hospitals, while ginseng - a root believed to increase stamina and quality of life since the 11th century - is being tested to relieve symptoms of chronic lung disease at Box Hill Hospital and Austin Health.

Professor Charlie Xue, director of the Traditional and Complementary Medicine Research Program at RMIT's Health Innovations Research Institute said the projects aimed to bring together the best of Eastern and Western approaches to health. He said that while there were continuing doubts about many so-called complementary and alternative therapies, RMIT believed Chinese medicine should be developed "on very strong scientific underpinnings". "By applying scientific rigor to our analysis of Chinese treatments, we can share the fruits of knowledge that has built up over 2500 years," he said. These trials were examples of how Chinese and conventional therapies could co-exist. The acupuncture trial, which began at the Northern in 2009, aims to compare the practice against standard pharmacological responses in emergency patients with acute pain from migraines, ankle sprains and lower back pain. The Alfred's Chinese medicine practitioner Shefton Parker said doctors welcomed the trial. When it began last year director of emergency services De Villiers Smit said a third of the world's population relied on acupuncture as their prime medical treatment and studies indicated it relieved pain by promoting the release of neurotransmitters and endorphins into the body. "Acupuncture is known to have some effect on pain, but in an acute scenario it's never been tested," said Mr Parker. "Typically most acupuncture trials have been done in a more chronic setting, where people have suffered, say, migraines. "There's a lot of patients who present in hospitals with pain and there's really only one method of treatment which is analgesia and which some patients have reactions to or are contraindicated. For them it provides an alternative." One aspect of the trial is to see if acupuncture can reduce waiting times and reduce the pressure on doctors, he said. Professor Xue said ginseng trials looked at whether the herb could improve lung function for patients with Chronic Obstructive Pulmonary Disease (COPD), a term for diseases such as chronic bronchitis and emphysema. He said there had been comprehensive research into ginseng and its traditional use matched well with the symptoms of lung disease. "We want to look into three things: can the herbal medicine reduce the progression of the disease, can we also help people improve their quality of life - and when people have later stage COPD their life is miserable - and can it partially recover lung function."

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**GRAPHIC:** CARTOON: Matt Golding

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Sunday Age (Melbourne, Australia)

November 26, 2006 Sunday

First Edition

**Chinese puzzle;**

**SELF**

**BYLINE:** Paula Goodyer

**SECTION:** M; Pg. 13

**LENGTH:** 1278 words

Western medicine can't always explain how it works, but treatments from the East have gained acceptance. Paula Goodyer reports.

Faced with acute pain, most people head for the nearest hospital. For many chronic conditions, however, more than 5 per cent of Australians now use **traditional Chinese medicine,** according to Professor Charlie Xue, head of the division of **Chinese** **Medicine** at RMIT University.

Western medicine is some way from wholeheartedly embracing **traditional Chinese medicine** (TCM), but there have been moves to incorporate aspects of it. "When I came to Australia from China 12 years ago, the medical profession didn't want to know about **Chinese** **medicine,** but now it's more open-minded," Xue says.

In Xue's case, this open-mindedness has seen his treatments incorporated into an emergency medicine setting. "My team now provides **acupuncture** to treat patients in pain at the emergency department at Melbourne's Northern Hospital - if we'd suggested this 10 years ago, people would have laughed at us."

The World Health Organisation has acknowledged the role such medicine plays in health treatments, and in 2002 launched a strategy to gather more evidence on its safety and efficacy. That same year, Australia's first Chinese Medicine Clinical Research Centre opened in Liverpool Hospital to run clinical trials of herbal medicine and acupuncture for gynaecological problems.

The trials included research into the effect of Chinese herbs on endometriosis. Sydney policewoman Gina\*, 32, took part in the trials and, after a decade of debilitating period pain, no longer juggles her shifts to ensure her time off coincides with her periods. "The first period I had after taking the herbs was much less painful, and by the second month, there was no pain at all," she says. "It's been life-altering."

Meanwhile, with two unsuccessful attempts at in vitro fertilisation, only one functioning fallopian tube and her 41st birthday looming, Joanne Day wasn't optimistic about conceiving - especially when a doctor diagnosed problems with her new partner's sperm. "The specialist said the only way we'd conceive was with IVF, but I didn't want to go through that again," says Day, who instead consulted Jann Mehmet, a TCM practitioner. After a few months of regular acupuncture and a healthier diet, she conceived at 41 and had a baby at 42.

"The word is out that acupuncture can treat muscular-skeletal problems, irregular periods, coughs and colds, infertility and many other conditions," says North Shore practitioner Melissa Scott. At first people came as a last resort. Now we find that people who have success with Chinese medicine often come with subsequent problems, rather than go to a GP first. What draws many people is that they're wary of the side effects of some Western medication.

"Drugs are often Band-Aids that treat symptoms but not the underlying cause - with eczema, for instance, you can be given cortisone to reduce inflammation but it doesn't address the cause. TCM on the other hand can help by strengthening the immune system and digestive function."

Few Western-trained doctors refer patients to a TCM practitioner, though one doctor now refers children with eczema to Scott for pediatric massage - an alternative to acupuncture for children who are afraid of needles.

The barriers to more doctors referring patients for TCM include lack of registration - only Victoria has a registration system for its practitioners - and lack of evidence for its benefits. Still, Xue says, it is the subject of increasing study and there's some evidence that acupuncture helps treat headaches, period pain, back pain and chemotherapy-induced nausea and vomiting. Studies suggest it may improve IVF's success, though it is unclear why.

"It may increase blood flow to the uterus," says Dr Caroline Smith, who has conducted a study of acupuncture and IVF through the University of Adelaide. "It needs more research, but we know acupuncture does no harm and may increase women's chances of success."

As for Chinese herbal medicine, its acceptance lags behind acupuncture, which now attracts a Medicare rebate provided it is done by a medical doctor trained in acupuncture. But Australian research has found that Chinese herbs can slow liver damage caused by hepatitis C, and animal studies at Sydney's Garvan Institute of Medical Research suggest a Chinese herb, berberine, shows promise for diabetes by helping to reduce blood sugar levels.

At the University of Technology in Sydney, trials of a Chinese herbal formula in rats has found it reduces the risky symptoms of metabolic syndrome - pot belly, high blood pressure, high blood fats and insulin resistance.

Evidence to support TCM is building, yet its mystique persists because it's hard to find Western medical explanations for how it works. Unlike Western medicine, which often reduces the cause of illness to a specific organ or system in the body, TCM attributes disease to an imbalance affecting many different parts of the body. It holds that good health depends on a strong flow of an energy source called "chi" coursing through meridians or pathways in the body - we get sick when pathways become blocked, preventing the flow of chi.

This may have its own logic - but X-rays can't detect a blocked meridian and there's no test to measure chi.

But Western medicine could explain why some research suggests acupuncture may improve polycystic ovarian syndrome, the hormonal disorder affecting 5 to 10 per cent of Australian women.

With this disorder, "the levels of male hormones are increased, disrupting menstruation and fertility", says Dr Danforn Lim of the faculty of medicine at the University of NSW, who is studying the use of acupuncture to treat the syndrome. "Studies have found acupuncture helps menstruation and fertility return to normal." This may be due to acupuncture's effect on a part of the brain called the hypothalamus. Research suggests acupuncture raises levels of beta-endorphins, the body's natural pain-killers produced by the hypothalamus, which controls the hormone-regulating pituitary gland, Lim explains.

As for the effects of herbal medicine on period pain, about 55 trials from Japan, Taiwan and China say it's effective, says researcher Dr Xiaoshu Zhu, of the Centre for Complementary Medicine Research at the University of Western Sydney.

According to Chinese medicine, herbs work by clearing blocked meridians and strengthening the reproductive system, she says, but a Western explanation might be that they have an effect on hormones, relax uterine muscles or reduce prostaglandins, chemicals thought to cause period pain.

There are parallels in Chinese and Western medicine, Zhu says, but "you can't always make sense of Chinese medicine in Western medicine terms".

As with others trained in both practices, she believes learning both gives practitioners more skills to draw on. Or as Xue says, "Neither is perfect - but if we can get the best of both worlds, we get the best for patients."

\*Name has been changed.

Can acupuncture provide relief from hepatitis C symptoms? Working in a drug rehabilitation unit, Sydney acupuncturist Christine Berle worked with people who had hepatitis C - the chronic viral disease infecting the livers of 242,000 people in Australia, and causing 16,000 new infections annually. When her patients went for routine tests after a few weeks of acupuncture, their liver function had dramatically improved. Now Berle, a postgraduate student at UTS, is conducting a trial to see whether 12 weeks of acupuncture has any effect on liver function in people with hepatitis C. The drug treatment available to clear the virus does not work for everyone.

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The Age (Melbourne, Australia)

April 3, 2012 Tuesday

First Edition

**Unis persist with alternative health;**

**Doctors slam 'hocus pocus' studies**

**BYLINE:** JEN ROSENBERG and CAROLYN WEBB

**SECTION:** NEWS; Pg. 4

**LENGTH:** 523 words

UNIVERSITIES will continue to offer alternative therapies including **Chinese** **medicine and acupuncture** in spite of increasing pressure to distance themselves from non-medical therapies.

Doctors are alarmed at the federal government's decision to register Chinese medical practitioners in the same way as other health professionals, but those who run such courses say there is a place for a full range of health options. The director of the college of **traditional Chinese medicine** at the University of Technology in Sydney, Chris Zaslawski, is a strong believer that Eastern and Western medicine each have a significant role to play in modern treatment.

"The four-year degree program incorporates both acupuncture and herbal medicine, but it has a sizeable component of Western sciences and research methodology," he said.

He said universities provided a quality environment with a scientific base - his is run by the school of medical and molecular sciences - which could not be achieved externally.

"Obviously access to an anatomy lab would be very difficult outside the university sector, so you're starting to put people at risk if you're not giving them enough skills and knowledge to insert hunks of needle into areas where there is potential for damage, so the only way you can address that concern is by ensuring they have a high skill of anatomy knowledge."

Studies in natural and complementary medicine at the school of health and sciences at Southern Cross University will continue to flourish, with no question of cutbacks, said Stephen Myers, director of the NatMed-Research Unit.

He agreed that all health disciplines were under scrutiny.

"The suggestion that all complementary medicine is not evidence-based is probably correct, but not all conventional medicine is evidence-based either. Conventional medicine is under just as much a challenge as complementary medicine is. Removing these courses is likely to detrimentally affect public health, not improve it."

However, Alastair MacLennan, professor of obstetrics and gynaecology at the University of Adelaide, said the credibility of universities is under threat from what he calls hocus pocus medicine. "Legitimate science and research in those universities are undermined by nonsensical practices. They are basically courses that earn money for the university, and give you respectability if you have a degree in pseudo-science. Some call themselves doctors but the public is not good at differentiating."

But Chinese Medicine Board of Australia chairman Charlie Xue, who is also head of RMIT University's school of health sciences, said such comments were "inappropriate because there is scientific evidence in some of the practices of acupuncture and herbal medicine, and he will need to look into the evidence before he makes those comments".

He said registration, and universities' teaching programs in complementary medicine, will be used to ensure public safety.

"It's setting up educational standards by registering the practitioners who meet the requirements for assessment. And it's the same mechanism that will be used in other health care professions under the national law."

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The Age (Melbourne, Australia)

February 21, 1996 Wednesday

LATE Edition

**The China syndrome**

**BYLINE:** Steve Dow

**SECTION:** NEWS; Return to Nature; Pg. 23

**LENGTH:** 1165 words

**Chinese** **medicine,** introduced to Victoria during the gold rush last century, has been given a fresh start. STEVE DOW reports in the last part of a series on alternative medicine.

THE first thing one notices about Chinese medical practitioner Daniel Godel is that he is not Chinese. He is Romanian-born.

One would think this might help to explain why he set up a Chinese **acupuncture** and herbal clinic in gentle, gentrified North Carlton. After all, the strong link between communist systems meant that **traditional Chinese medicine** was widely practised in his home country.

Not so. Godel's family resettled in Australia and he simply found in his early 20s that he had an affinity with oriental massage, and this natural interest broadened.

Eleven years later, his corner store in Rathdowne Street looks something like a Chinese herbal version of a Darrell Lea chocolate shop. Dozens of plastic containers line the walls, filled with raw chunks and chips and twists of herbs that are weighed, mixed in assorted combinations, and wrapped in butchers' paper like fish and chips.

The room behind Daniel Godel's dispensary resembles any doctor's surgery. A crisp, white linen sheet lies on a bed and books line the walls, alongside pills containing herbal mixtures for patients too faint-hearted to brew the raw stuff.

Even the most enthusiastic acolytes of Chinese medicine say it is exceedingly vile to taste, and putrid-smelling.

Godel's spoken manner is soft, clipped in a Chinese manner that is a legacy from his six months' internship in China with established practitioners. He spent four years studying for his diploma of acupuncture, concurrent with a medical sciences course at La Trobe University. Then followed a two-year graduate diploma in Chinese herbs and a graduate diploma in clinical acupuncture.

Chinese herbal medicine and acupuncture is gaining ground in this country. Even the conservative Victorian Health Minister, Marie Tehan, appears to be impressed. Last September, Mrs Tehan gave $50,000 towards research into Chinese medicine in the state, and she waxed lyrical about its uses.

Victoria has a long history of the practice of Chinese medicine going back to the gold rush days, Mrs Tehan said during the announcement, and it clearly still has relevance for many people today. There is a "widespread and growing acceptance" of Chinese medicine practice among Victorians, she said.

The state's move appears to be prompted by the lack of a registration system for Chinese medical practitioners. Indeed, anyone can set up with a pile of acupuncture needles and start jabbing people (there have been cases of punctured lungs settled out of court), or handing out herbal concoctions.

Godel and another Melbourne practitioner, Shelley Beer, hope that the move has also been prompted by a concern for illness prevention - that Chinese medicine may keep people out of hospitals.

Last November, Chinese medicine practitioners and scholars formed the Australian Chinese Medicine Education and Research Council to develop educational and clinical standards and promote local research, as well as public safety.

Shelley Beer, meanwhile, has begun a trial of Chinese herbal medicine on menopausal symptoms, specifically on hot flushes.

Daniel Godel says Chinese medicine goes way beyond the presenting symptoms, looking more philosophically at a person's life.

He takes the pulse, looks at the tongue - the mirror image of what is going on inside the body - and listens intently to the patient, asking questions about other problems.

It is an attempt to find out the wider problems going on in the body, the "pattern of disharmony". One would not, for example, receive treatment for the upper respiratory tract in isolation from the lower respiratory tract. Metaphors for what happens in nature are used to describe what is happening to the patient.

"For example," he says, "how does a woman understand menstrual pain beyond the fact she is experiencing it? I give her the landscape or the imagery of what is going on."

A woman with painful periods would thus be described as being "cold" in the uterus, causing her blood to slow down, just as in nature, coldness causes contraction and slows things down. Apart from a mixture of herbs, she might be told to avoid ice-cold drinks, or excessive amounts of raw fruit.

The patient would then take the herb mixture home and empty it into a glass, ceramic or stainless steel cooking pot, and add water. It is then brought to the boil and simmered three times. The patient then drains the mixture, throws the herbs away - or perhaps uses them for compost - and drinks the herbal soup that is left.

Joan Luxemburg prefers to have a tablespoon with honey on standby after drinking the herbal soup. Not so long ago, Mrs Luxemburg was suffering excessively heavy periods, and an ultrasound detected fibroids. The condition was so bad that she had to wear incontinence pads. Her female GP suggested a hysterectomy, to be followed by hormone replacement therapy (HRT).

But Mrs Luxemburg, who is 45, says she had three friends who were not particularly happy with their HRT. There had to be another way of making her body operate correctly. She had used natural therapies before, and Daniel Godel was recommended.

Firstly, he prescribed herbal granules, which she says cleared up some indigestion she was having. Then some raw herbs provided some "very good" results. Now, she says, she has almost no menstrual problems.

"I must say the whole experience of going to Daniel Godel was far more satisfying than attending any Western medical practitioner," she says. "I felt listened to; it's like all the details matter."

For a PhD thesis, Shelley Beer is setting out to prove that Chinese herbal medicine can help women overcome menopausal problems. For the sake of scientific clarity, she will attempt in her medical research to prove just one thing: that it can overcome hot flushes.

She is conducting a trial on 40 women aged 40 to 55; 20 of whom are on herbs and 20 on placebo or "dummy" treatment.

The treatment under trial is a combination of cooked, dehydrated and granulated herbs known as bupleurum and peony.

About 790 women have expressed interest in participating in the trial. "I have already had some women who have finished the trial who have reported that their headaches have gone, their hot flushes are gone, and they are feeling good in themselves," Ms Beer says. She hopes to present her results at the World Menopause Congress in Sydney in November.

Joan Luxemburg believes her experience with Chinese medicine is little short of a miracle, and certainly an improvement on using the contraceptive pill, which had side-effects, to control her heavy periods.

At the time of writing, she is yet to undergo another ultrasound to see if her fibroids have gone. "But if I'm not getting the symptoms," she says, "then I'm not worried if they're there."

Shelley Beer is searching for more participants in her study.

She can be contacted on 9365 2614 or (053) 481 314.

**LOAD-DATE:** July 25, 2007

**LANGUAGE:** ENGLISH

**GRAPHIC:** Photos Balance and harmony: Chinese medical practitioner Daniel Godel at his Carlton dispensary. Pictures: ANGELA WYLIE

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The Age (Melbourne, Australia)

January 18, 1994 Tuesday

Late Edition

**Unfair criticisms of alternative medicine**

**SECTION:** NEWS; Letters; Pg. 12

**LENGTH:** 357 words

from Rey Tiquia, lecturer on **traditional** **Chinese** **medicine and acupuncture,** health sciences department, Victorian University of Technology.

The Australian Medical Association president Dr Brendan Nelson's comments about alternative medicine in the light of the fatal reaction of a Sydney girl to royal jelly (`The Age', 4/1), needs addressing.

First of all, it is clear from reports that the mother, who was not an alternative practitioner, prescribed the fatal dose. Therefore, this is not an issue relating to the practice of alternative medicine.

It is more an issue of food labelling, since this product is imported and sold as food. Responsibilities regarding labelling and information about products like royal jelly fall upon the shoulders of manufacturers and importers of these products. As a result of this fatality, such information must be upgraded.

Royal jelly or wang jiang, is a milky pale yellow syrup made from flower nectar and secretion from the back of the throat of young worker bees. It is a nutritional substance eaten by the queen bee and larvae.

According to the principles of Traditional Chinese Medicine (TCM), royal jelly has therapeutic attributes, which can restore imbalances in the functioning of the various organ systems of the body. It is used as a nourishing and "tonifying" substance that can benefit the liver system and reinforce the spleen system. The dosage prescribed varies from the minimum of 50milligrams to a maximum of 200milligrams.

As for Mr Nelson's call for a "rigorous scientific examination" of alternative therapies such as royal jelly, I would like to draw his attention to Vol. 19, No. 11, 1988, and Vol. 20, No. 11, 1989, of the `Chinese Traditional and Herbal Drugs' journal, which documents scientific research into the various nutritional and chemical components of royal jelly.

Mr Nelson should be made aware that the method of "scientific examination" is just one method of validation of knowledge systems.

This method may be appropriate for the Western medical system but may not necessarily be so for TCM, which has its own method of validation based upon its practice.

Rey Tiquia, Ivanhoe.

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The Age (Melbourne, Australia)

July 27, 1993 Tuesday

Late Edition

**Bears caged for a week in bile surgery**

**SECTION:** NEWS; Letters; Pg. 12

**LENGTH:** 269 words

I would like to assure Mr Hugh Wirth of the RSPCA (21/7), that by the time he has called on the Chinese authorities to release the caged bears, they will already have been freed. In an article describing in detail the entire surgical procedure, which made living bile factories out of bears, `The China Journal of Materia Medica' (1991 Vol. 10 No. 16), stated that the bear is a "fierce and huge animal". "Before surgery, they are put in specially made metal cages for nurturing for about a week." "This," according to the journal "facilitates their adjustment to the surrounding environment. This contradicts the report that bears are kept in these cages for 10 years (`The Age', 13/7). The Chinese journal reviewed that from June 1986-June 1990, 880 kilograms of bile was harvested from 159 bears. This is equivalent, according to the article, to the amount of bile harvested from 39,000 bears if they have been slaughtered, as was done in the past. During the '60s, the Chinese Government banned the hunting and slaughter of bears. Bears in China enjoy a second-degree protection status. This prohibition in turn brought about the dwindling of supply of bear bile for medicinal use in that country. Since 1986, China started milking bear bile through the biliary drainage surgical procedure. I do not condone cruelty to animals in any form. However, we have to investigate fully every instance of cruelty to animals before pointing an accusing finger at anyone.

Rey Tiquia, Ivanhoe.

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