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**The 11th Annual Meeting of The Good Practice in Traditional Chinese Medicine Research Association (GP-TCM RA)**

Date: 18-20 September 2023

Venue: Fletcher Wellness Hotel Leiden, The Netherlands

**Abstract submission form**

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|  | **Guidelines for Submission of Abstracts** |
|  | * Abstract submission for poster presentations is now open to all researchers in the field of traditional Chinese medicine or herbal medicines * All abstracts must be submitted in doc- or docx-format to: gp.tcm.congress@gmail.com **not later than** * **1 August 2023**. Please note that abstracts sent by pdf will **not** be accepted. * Your abstract should be prepared according to the following instructions (abstracts that do not follow the format will **not** be accepted):  1. Please prepare your abstract using the below abstract form. 2. The abstract must be written in English and it should be brief and concise. Concerning style please refer to the below abstract template (confined to one A4 page). 3. The maximum length of the main text must not exceed 300 words (excluding references, acknowledgement). The abstract can include figures, tables, references and acknowledgement. Longer abstracts will be rejected. 4. Statistical evaluation is obligatory for pharmacological and clinical data. Do **not** use phrases like “… results will be presented…” Abstracts will undergo a strict peer review process. Abstracts without definite results will **not** be accepted. 5. Abstracts accepted for poster presentation at the conference will be notified by mid-August with details on preparation of the poster. In addition, some abstracts will be selected for flash poster presentations, i.e. a 2-minute slot for you to present a verbal overview of your poster at the conference. All presented posters will be eligible for the best poster awards. |

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**Abstract Form**

**Extension of the EU *"Traditional Herbal Medicine"* concept to an oral transmission context: the case of the 5 anti-infectious medicinal plants most widely used in Burundi**

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Introduction: In Burundi, five plants, namely *Urtica massaica* Mildbr., *Mikania natalensis* DC., *Senecio maranguensis* O. Hoffm., *Justicia nyassana* Lindau and *Helichrysum congolanum* Schltr. & O. Foffm., are widely cited for the treatment of *"diseases compatible with a microbial infection*" i.e. probably infectious diseases. In view to derive a regional concept of plausible activity and safety, akin to the European Union notion of *"Traditional Herbal Medicine"*, the present work aims to compare the local knowledge and uses of these five popular anti-infectious plants, including eventual recommendations and interdicts.

Materials and Methods: A survey was carried out among 43 traditional healers from different regions of Burundi, including the city of Bujumbura, to fully repertory the uses of these five medicinal plants and define consensus in their uses through their fidelity levels and use values for each cited disease. Phytochemical analyses of these plants allowed to identify their main classes of secondary metabolites.

Results: From their fidelity levels, the studied plants appear extensively reported for infectious diseases, except for *U. massaica*, that is mainly used in inflammatory conditions.

*M. natalensis* has the highest use value for the treatment of skin diseases (use value, 1.65), digestive tract disorders (1.07) and gastrointestinal infections (0.51); *U. massaica* for inflammation (1.07), digestive tract (0.51) and metabolic disorders (0.42); *J. nyassana* for gastrointestinal infections (2.00), skin diseases (0.81) and circulatory system disorders (0.51); *S. maranguensis* (2.60) and *H. congolanum* (2.49) for skin diseases.

Conclusions: Interviews are a quite interesting survey method to apprehend usages of herbal drugs, but the information on their efficacy, side effects and interdicts is particularly difficult to obtain. In the absence of clinical trial data, the marked convergence of some usages nevertheless indicates a plausibility of efficacy and safety, coherent with the EU concept of *"Traditional Herbal Medicine"*, which point to possible rational recommendations of treatments. There however remains a need for a strategy to obtain reliable safety information and to legally define whether a given use can be considered as *"traditional"*.

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I agree that this abstract will be included in the conference abstract booklet  yes  no (please tick)

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