Artemisia Tea and Moringa Tea to Fight against Malaria and other Dreaded Diseases

Bantu Women- Zainab Sharif, -Nefertiti Wagosha, - Kiki Basotho

Medicinal: over 8,000 herbal plants could potentially be used for food, medicine and cosmetic Medicinal Plants Development Company has developed food supplements using medicinal plants that could help millions of Africans treat malaria and anaemia. The natural treatment includes two tea brands, each made from leaves of antimalarial plant artemisa and moringa (drumstick).

"Let your Food be your medicine and your medicine be your Food" - Hippocrates (Father of modern Medicine)

A third tea Artemisa Plus is a blend of both plants. The fourth product Morigvite is a powdered food supplement from moringa, I am African natural pharmacist Zainab Sharif and I have studied with Prof Desire Dubounet to make remedies for the people. Our African wisdom teaches us respect for nature. More “herbal products will come out from this range of medicinal plants,” I predict.

Moringa alone, commonly known as zogale, is thought to have at least 13 by-products from powder and tea to oils. “Adding value”

Since it was introduced from China, artemisa plant has adapted and is now produced in Africa, better in the North with more sunshine. Trials are in a second phase, but cultivating the plant has been limited to less than 50 hectares of land in the absence of technology to extract artemisinin from the plant—the active ingredient needed for antimalarial by pharmaceutical companies.

The technology will ensure artemisa is processed into artemisin—raw material for antimalarial used by over 400 pharmaceutical companies. Our teas and herbs make a good prevention and a moderate treatment, but if a severe condition exists it may take additional support. Here is some research:
Use of *Artemisia annua* L. Infusion for Malaria Prevention: Mode of Action and Benefits in a Ugandan Community

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Abstracts

Malaria is major public health problem in Uganda endemic in 95% contributing up to 40% of hospital outpatient attendances. Approaches to controlling the disease include; environmental, entomological and medicinal interventions. Some communities use medicinal plants to control the disease. In this paper we report the use of *Artemisia annua* L. for malaria prophylaxis at a Ugandan floricultural farm. We conducted a survey of the farm workers to determine extent of use of *A. annua* ‘tea’, their clinic attendance patterns and also quantified the levels of artemisinin and flavonoids in *A. annua*. We further tested the effect of artemisinin devoid extract in laboratory animal models. Findings from the survey showed that 84.2% of the managers and 62% of field workers in this farm consumed *A. annua* ‘tea’ once a week to prevent malaria and related fevers. Clinic attendance due to fevers or symptoms associated with malaria was reduced by 80% while cases of laboratory confirmed diagnosis of malaria reduced by 16.7%. Laboratory test of *A. annua* leaf powder used in community indicated the presence of artemisinin (0.4% to 0.5%) and flavonoids (9% to 11%). *A. annua* extract devoid of artemisinin was found to significantly boost monocyte counts in albino rats (p<0.001). The action of these flavonoids could explain the mechanism of prophylaxis of *A. annua* ‘tea’. *A. annua* variety or product thereof rich in flavonoids but devoid of artemisinin should be developed and tried for mass prevention of malaria as a beverage or food taken regularly.

*Keywords* : Artemisia annua; flavonoids; malaria; prevention.


Artemisinin-based combination treatment of falciparum malaria.

*Nosten F, White NJ.*

Source

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Abstract
Artemisinin-based combination treatments (ACTs) are now generally accepted as the best treatments for uncomplicated falciparum malaria. They are rapidly and reliably effective. Efficacy is determined by the drug partnering the artemisinin derivative and, for artesunate-mefloquine, artemether-lumefantrine, and dihydroartemisinin-piperaquine, this usually exceeds 95%. Artesunate-sulfadoxine-pyrimethamine and artesunate-amodiaquine are effective in some areas, but in other areas resistance to the partner precludes their use. There is still uncertainty over the safety of artemisinin derivatives in the first trimester of pregnancy, when they should not be used unless there are no effective alternatives. Otherwise, except for occasional hypersensitivity reactions, the artemisinin derivatives are safe and remarkably well tolerated. The adverse effect profiles of the artemisinin-based combination treatments are determined by the partner drug. Most malaria endemic countries have now adopted artemisinin-based combination treatments as first-line treatment of falciparum malaria, but in most of these only minorities of the patients that need artemisinin-based combination treatments actually receive them. There is just not enough profit in nature to be successful.

I have worked with Desire’ to make training movies on a wide variety of natural medicine topics. Her insights are a help to the world, and her honesty and integrity are a light to humanity.

http://indavideo.hu/video/IMUNE_Natures_Pharmacy_Male_Reproduction_and_Detox

As a black woman in a white man’s world, I know what bigotry is and I need to say what we say in the Bantu “Beware of negative people, they are more eager to seek your failure than your success, Negative people destroy themselves, The less you associate yourself the more successful you will be” and we also say “when a poisonous snake enters your village, do not ignore it, take action to drive it out”.