Silent and

Prophylaxis and treatment of malaria

by Theresa Partington MARH, with a lot of help from Didi Ananda Ruchira (Kenya), Liz Hennel (Nicaragua), Assie Pittendrigh (Kenya) and Jennie Taylor (Senegal)

Theresa Partington graduated from the College of Homoeopathy in 1989 and has been practising in Kent, in Ashford and near Maidstone, ever since. She has taught for Frontline Homeopathy in Eastern Europe and been involved with homeopathic journalism, notably as editor of Homeopathy in Practice, for some years.

Malaria kills 1 – 1.5 million people each year, making the female anopheline mosquito arguably the most dangerous animal on our planet. There are four types of malaria parasites that can be transmitted from one person to another courtesy of this silent mosquito, the most dangerous and most common of which is Plasmodium falciparum which can lead to cerebral malaria, where the blood vessels of the brain may be obstructed. 80% of cases of malaria occur in tropical Africa although the disease is endemic in many countries elsewhere. 800,000 children under five die from malaria each year; those that survive get a measure of immunity protecting them from the worst effects of the disease, but visitors to malarial areas do not have this immunity and with an infection rate of 2% in Kenya and 1% elsewhere prophylaxis and treatment is a serious issue for residents and visitors alike. As malarial strains have become increasingly drug resistant, so the medication used prophylactically has become more drastic and likely to produce greater side effects: local people of course will not generally even be offered this treatment making the understanding of homeopathic and more natural alternatives doubly important. A good account of the distribution and symptoms of the disease can be found in Colin Lessell's manual (see References).

The history of homeopathic treatment of malaria goes back to the early years of our therapy. Indeed, Hahnemann's first proving was of Cinchona bark which was a relatively successful treatment that had been in use in Peru long before the advent of Europeans, and homeopathic *China officinalis* remains one of the most commonly used homeopathic remedies. In those days there were malarial areas in Europe (notably in the valleys of the Danube and the Tiber, but also in Cheshire!) but it was in America that the first attempt to find a malaria nosode was made, in 1862, by Dr Bowen who lived on the Wabash River in Indiana. Although the ancient Egyptians are known to have slept under mosquito nets, contemporary wisdom in nineteenth century Europe and America held that it was the bad air (from the Italian mal'aria = bad air) arising from swamps in the dry season that caused the disease and so Dr Bowen collected decaying vegetable matter and placed it in glass jars full of water. Provings were done by inhalation of the gases given off and the remedy prepared from the water. The provings produced headaches and nausea and intermittent fevers with chills and lassitude and *Malaria officinalis* is one of our most frequently used anti-malarials. In 1889 the malaria parasite was discovered and the *Malaria co nosode* available from Helios and Ainsworths consists of the four malaria plasmodia (Falciparum, Vivax, Ovale and Malariae); there are no provings on record.

Prophylaxis

So, *Officinalis* or *Nosode*, *China*, … or what? I asked our experts 'in the field' what they would recommend for prophylaxis for residents and visitors to the malarial areas where they work.

All recommended prophylaxis for visitors. The 'African ' homeopaths recommended *Malaria Co Nosode* 30 on a weekly basis for visitors, starting a week before arrival and continuing for a month afterwards, Jennie also recommends the concurrent use of *China* 30, following recommendations of Susan Curtis in 'Alternatives to Immunisation'; Liz Hennel, who works in Nicaragua, uses *Plasmodium falciparum* nosode (available as a single nosode from Ainsworths) and *China sulphuricum* in areas where this type of malaria is prevalent, but otherwise *Malaria officinalis* and *China*

Liz Hennel

deadly

(as is recommended by Colin Lessell). For residents they all tend to give the treatment less often, varying frequency according to time of year, and upping it for travel to specific high-risk areas. The weak, the young and the elderly may also need more regular preventives, says Liz. Support remedies in the form of *Chelidonium* 3x or *Neem* 2x can also be used. Assie Pittendrigh says she prefers to use *Chelidonium* rather than *China* in case the patient does get malaria and ends up on quinine-based treatment and anyway likes to save the *China* for treatment of the disease.

Didi Ananda Ruchira has the following tale to tell:

Didi Ananda

I had the brother of a Congolese friend visit me. As a parting gift I gave him sufficient Neem 2x tincture to administer to his family which, like the rest of his village, had suffered a lifetime of chronic malaria. They were to take 5 drops twice a day for 3 weeks. After that he was to give the family a water dose (in order to stretch the medicine) of Malaria nos. every month, i.e. 1 globule in a 1/2 litre of water, shaken up and a teaspoon dispensed to every member of his family.

Neem (Azadirachta indica), an Indian tree that grows plentifully in Kenya, is well known for its anti-malarial qualities. At Abha Light we produce our own tincture which we usually administer as 2x. A three-week course can neutralize the parasite, expel it and help eliminate the chronic condition. The follow-up monthly dose of Malaria nosode is a back up to further protect the person and help them to remain free of malaria.

A year later, my friend passed through Nairobi before and after a visit to his Congo village home. He told me that when the news went out that he was carrying the malaria medicine (I gave him a quantity) the whole village turned out for doses. It appears that his family of 15 was the only family malaria-free for the previous year.

Malaria kills 1 – 1.5 million people each year

There are of course many non-homeopathic but natural aids to preventing malaria. Assie recommends the following:

- Geranium aromatherapy oil diluted as an anti-insect lotion;
- Rub fresh lime on your skin (residents in Kenya use this) for same purpose as above;
- Avon Woodland Fresh skin lotion works a treat (much cheaper than Jungle Juice);
- Neem tea (very bitter) – half a cup daily as prophylactic used by local people. (Neem is considered a cure for many other things besides malaria). Also available as an anti-mosquito cream but Assie has not personally found this to be very effective.

And from Didi:

- First: Be sensible – mossie nets – very 'naturopathic', and use repellent from just before sunset to sunrise (the active times for the anopholes mosquito in particular).
- Mossies and malaria parasites love a clogged up, sluggish liver! It's what makes some people so 'delicious' that they are constantly bitten. So clean out your liver, and get yourself unconstipated, before travelling. I have known people with strong, healthy livers to pass through mossie-laden lands unaffected.
- Nearly anything bitter that will tone the liver and 'bitter' the blood, such as grapefruit seed oil, neem tincture, china tincture etc will be prophylactic against malaria (and go a long way against other infections such as typhoid and cholera).
- The inner white of the peel of grapefruit contains quinine-like chemicals. Bring a couple along with you. (Kenya and South Africa have fresh grapefruit available) Enjoy the fruit the first day, and save the peel (try

▷

Artemisia annua (also known as Sweet Wormwood, Sweet Annie or qing hao)
This traditional Chinese herbal anti-malarial is the source of artemisinin which, having been discovered by scientists in Chairman Mao's China in the 1960s and initially kept under wraps, is now at the forefront of conventional malaria treatment. It destroys the malaria parasites in the infected person and reduces fevers; it is notably successful in those parts of the world where earlier drugs have lost their effectiveness. The herb itself is also readily available in powders and teas etc. but as a potentised remedy it has proved harder to source and, surprisingly, does not appear to have been proved.

Artemisia annua is a member of the Compositae family, which also includes Arnica, Bellis perennis, Calendula, Eupatorium and Echinacea and is known in Sankaran's schema for its association with trauma, injury and shock. Other Artemisias include Artemisia vulgaris, Abrotanum, Absinthium and Cina, all known as wormwoods for their anti-parasitic action as herbs and associated to varying extents with 'worms' in their homeopathic materia medica pictures.

As a group, however, their main indications homeopathically have been in the areas of epilepsy and menstrual disorders. Abrot. is also characterized by rheumatism and digestive problems, Absin. by delirium and hallucinations and Cina by headache, abdominal cramps, irritability and, of course, worms; in Art-v. there are violent sweats, abdominal cramps and headaches. All have restlessness and amelioration from motion and, except for Abrot., are in the rubric 'intermittent fever' (Murphy). Bearing in mind that convulsions and abdominal cramps and joint pains are symptomatic of cerebral malaria, and malaria is a disease borne by parasites, it is possible to see a potential malarial picture in the provings from this plant family. However, a clearer correspondence can be seen in any one of the remedies mentioned by our contributors as useful, and the Artemisias have not, in truth, gained a clinical reputation in this area. Perhaps what we need now is a proving of Artemisia annua itself to be conducted and some clinical trials, or if someone somewhere has already done that, for the results to be made generally available.

preserving it by drying it out in the shade on a hot day). Eat a thumbnail size section of the inner white peel daily while on tour.
- Neem tincture, oil or leaf taken daily, five drops or a teaspoon of leaf (stirred in cold water or as a tea).
- My friend from USA had good success with Spilanthes achmella herbally (half a dropper three times a day). She writes:

> My son and I have used Spilanthes tincture (3 times a day) with good results, he in West Africa and I in India. To my delight, although I'm usually a mosquito magnet, the critters actually fled from me while I was taking Spilanthes.

Liz adds that you should avoid wearing bright coloured clothes and COVER UP!

Treatment of malaria

Diagnosis of malaria is not always so simple, says Assie, symptoms can look like flu or food poisoning: one person might vomit all day in the lead-up to the fever, another might have joint pains or a headache, which probably accounts for the wide range of useful remedies. Which remedies do come up most often in the treatment of malaria? Dr Bowen favoured *Nux vomica*, *Arsenicum*, *Bryonia* and *Rhus toxidendron*, but was disappointed in the action of *Eupatorium perf* and *China*. Our modern homeopaths find all those remedies useful and also *Gelsemium* and *Belladonna*. *China sulph*. and *Natrum muriaticum* have a place too and, of course, *Malaria officinalis*. Abha Light practitioners regularly use *China* 2-6x and also a mixture of *Arsenicum*, *Nat-m*, *China*, *Eupatorium perf* and *Malaria nosode*, all in the 30th potency. They recommend repeated doses every two hours until significant changes appear but say that if there is no response within 12 hours of treatment, allopathic treatment should be sought.

Didi says:

> If you are not accustomed to prescribing for life-threatening acute diseases, don't play around with malaria. Cerebral (malignant) malaria can kill within 36 hours. This is not a disease that you 'single dose and wait-and-see'. You must attack aggressively – and see results quickly – or the patient could die. And, DON'T presume to self-medicate in malaria. The high delirium fever state of malaria can dangerously warp your judgment. Best described by those who suffered it: 'I could just float away – and escape the intense pain – and never come back …'
>
> Having said all that, nevertheless, we at Abha Light have rarely seen our medicines fail to work. The times it fails is when the malaria is complicated by HIV or typhoid that has gone undetected by the practitioner.

Assie, too, finds that remedies work well but recommends her patients to the Artemisia based treatment if there is no response after 24 hours. (*Artemisia annua*, incidentally, has been used as an anti-malarial for two thousand years or more in China and is now regarded by WHO as a first line treatment – see also separate box).

After treatment, the parasites can linger in the liver and Assie recommends *Malaria co nosode* 30 weekly for 6 weeks to eliminate the kind of malaria that recurs monthly and *Arsenicum* and *Chelidonium* 3x for the annually recurring type.

Jennie Taylor has her own list of most commonly used remedies:


Jennie Taylor

Belladonna, China, Arsenicum, Bryonia, Eup-per, Gelsemium, in that order. Most cases that are not too far advanced respond immediately to Bell. 200 hourly, with a single dose of China 30 nightly. However, once vomiting has started – almost invariably of all food and water and sometimes accompanied by exhausting diarrhoea, Ars is indicated and I've found it to be the only remedy effective in such cases, where severe dehydration becomes the major life-threatening factor. I've seen countless near-death cases stop vomiting immediately after the first dose of Ars. Within a few minutes, they're able to drink water without vomiting and usually start asking for food within a few hours. This is despite having refused to eat for four or five days and having regurgitated everything drunk. Bell. is sometimes replaced by Bryonia and easily differentiated – the latter has total constipation, burning heat with no sweat and is violently bad-tempered, while Bell. is usually drenched in sweat, with loose stools or runny diarrhea and delirious.

If the liver and spleen have taken a beating, useful support remedies are Chelidonium or Carduus marianus mother tincture mixed with Ceanothus mother tincture, five drops twice daily for a month, or 3x of each, twice daily.

On the naturopathic front Jennie recommends:
- Tepid water and vinegar sponged over the body, paying particular attention to the head and pulse

FREQUENCY OF MALARIA (Malaria trial in Kenya, July 03 – Jan 05)
(For further explanation see box on opposite page)

Sex	Age	Within the last year	12-18 mths ago	Life time	Use of net	Comments
m	6m		no	none	no	
f	3	yes	no	2 x	yes	
f	4	yes	no	2 x	yes	
m	6	NK	NK	NK	no	
m	6	NK	NK	NK	no	orphan
m	7	no	no	none	yes	
f	9	no	yes	2 x	yes	
m	10	no	no	1 x	no	
f	13	yes	no	1 x	no	
m	14	no	no	3 x	no	
m	16	no	no	3 x	no	
f	17	no	no	4 x	no	
m	19	yes	no	1 x	no	
m	19	no	yes	yearly	no	
f	23	yes	no	3 x	no	
m	25	yes	no	alt. years*	no	
m	25	yes	no	yearly	no	
m	27	no	yes	1 x	no	
m	27	no	no	3 x	no	
m	27	yes	no	occasional	no	
m	30	yes	2 x	2 x year	no	
m	30	no	yes	yearly	yes	
m	30+	no	no	none	no	**
m	36	no	yes	yearly	no	
f	40	no	yes	occasional	no	
m	45	no	no	2 x	no	diabetic
m	50	yes	yes	yearly	no	
m	50	yes	no	often!	no	
f	80+	yes	no	occasional	no	
f	55	no	no	occasional	yes	
m	57	yes	no	occasional	yes	
f	49	no	yes	4 x	yes	
f	85	yes	no	7 x	yes	

* Alternate years
** Only suspected case of malaria, not verified by a blood test. The patient had not had malaria before in his lifetime. The patient recovered in a matter of hours. Unlikely to be malaria.
NK: Information unknown

points, the liver and spleen and the kidney area. It's very important to use tepid, not cold water which can be too much of a shock to a burning-hot body. Even with tepid water, the patient will start at the contact of the cloth and it can be extremely painful for them, however gentle you try to be.

- Four lemons halved and boiled in their peels for 10 minutes, with the resulting juice mixed with strong, sweet coffee.
- Papaya leaf tea.
- Schweppes tonic water! Not exactly naturopathic, but damned effective and – speaking personally – the only thing that doesn't taste disgusting during a bout of malaria.

Jennie also reports success with homeopathic treatment of malaria generally:

> This month, 61 cases, no deaths. Only one patient (a one-year-old baby) had to come back after the first consultation due to lack of improvement. It emerged then that the mother was combining the remedies with allopathic medicines – cough syrups and a green gunk smeared in the baby's mouth that I've never seen before and remains a mystery. It was only the green gunk that alerted me to this problem.

> I've had hundreds of cases of chronic malaria over the last two or so years – usually suppressed with anti-malaria injections – and all those I've been able to follow have experienced great improvement.

All our practitioners found that malaria responds well in the acute phase, the chronic state proving more difficult, often being complicated by other diseases, poor living conditions, re-infection etc. All will use support remedies for the liver and the spleen (generally recommending *Chelidonium* and *Cean.*). Of the non-homeopathic treatments for prophylaxis and treatment of acute and chronic states, Neem tea was strongly recommended by the two Kenya practitioners.

Assie carried out a survey on the effectiveness of *Malaria co nosode* in Kenya between July 03 and January 05 (see boxes on pages 18 and 19) and is planning to do further

Assie Pittendrigh

research into the effectiveness of the prophylaxis of homeopathy. She is working in the Great Lakes region of Africa, teaching homeopathy to local nurses and doctors who run charity clinics in the region. The project began at the end of January 2006 and has two purposes:

1) To introduce homeopathy for First Aid and Acute Diseases (her quick reference guide is being translated into the required language).
2) To run a professional clinical trial to test the effectiveness of malarial prophylaxis using homeopathy. The exact format of the trial will be agreed with the medical staff and this information will be made available as soon as is feasible.

As with all killer diseases, susceptibility is all-important and those who are poorly nourished and living in poverty are especially vulnerable. Malaria can still occur in industrialised

Malaria trial in Kenya, using homeopathy (Malaria Co Nosode) as prophylaxis
(See table on opposite page)
This began in July 2003 and was conducted over a period of 18 months on a group of 33 willing volunteers. All are workers in the Mtwapa area. Their family members were included if requested.

See page 18 for a synopsis of age and incidence of malaria. The information was given to me by the workers and cannot be verified.

However, the employers of these workers could verify that many days work had been lost over the 18 months prior to the trial, due to suspected malaria.

Overview of information received

Incidence of malaria:
21/33 had malaria, from 1-3 times, in the 18 months prior to the trial. 7/33 had no incidence of malaria in the 18 months prior to the trial. 3/33 had never suffered malaria in their lifetime. 2/33 had no information on their status.

Nets:
9/33 use nets on a regular basis, yet only one person not using a net (a child) had not contracted malaria.

Age factor:
Within this group, according to their responses, the incidence and frequency of malaria is not relative to age. That is, there is no clear indication that with increasing age the incidence of malaria decreases.

Homeopathy as prophylaxis
Each worker was given one tablet per week of the homeopathic remedy Malaria Co Nosode in the 30c potency.

Throughout the duration of the trial, only one person thought that he had contracted malaria but this was not verified by a blood test and the worker recovered very quickly.

During the period, no side effects were seen in any of the participants.

'rich' countries: although it was officially eradicated in the USA in 1970, there still occur periodic cases, unexplained by foreign travel, and the anopheles mosquito is still very much around. The credit for eradicating the disease as a major problem was given to the liberal use of DDT which was actually banned in the US just three years later, thereby presenting environmentalists and public health officials with a bit of a dilemma about how to proceed in countries where malaria is still endemic. That, however, is another story. □

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