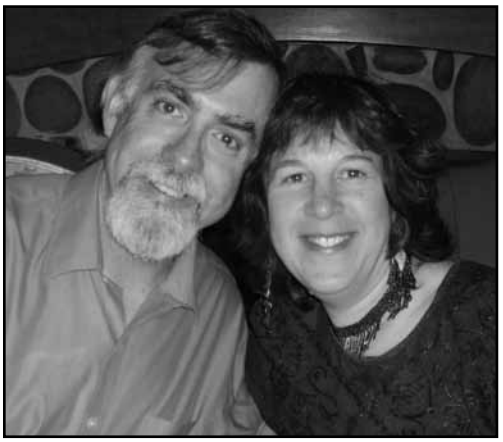

Healing with Homeopathy

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The Homeopathic Treatment of Malaria

Part of this material is excerpted from our upcoming book *Travel Well Naturally: What You Need to Know to Stay Healthy Wherever You Go*. Narayana Publishers; 2013.

What is Malaria, How is it Spread, Why Is It a Problem?

The word *malaria* comes from 18th century Italian: *mala* (bad) and *aire* (air). At that time, it was believed that the illness was caused by bad air in marshy areas. It was discovered in 1880 that malaria is a parasitic disease transmitted by the female *Anopheles* mosquito, which needs blood for her eggs, and has previously sucked the blood of a person infected with malaria. It is well and good to say that there is a place and purpose for every creature on the planet, but it is challenging to find the redeeming virtues of the mosquito, particularly one that spreads malaria. When the mosquito bites an infected person, a minute amount of the *Plasmodium* parasite in the blood is passed on. About one week later, that same infected mosquito finds another human victim, at which time the parasites mix with the saliva of the mosquito and are infected into the human host. In the human body, the parasites multiply in the liver, then infecting red blood cells. Malaria can be transmitted person to person through organ transplants, shared needles or syringes, blood transfusion, and from mother to baby during labor. Not only does poverty lead to conditions fostering the spread of malaria, but the detrimental effect of malaria on health also predisposes to poverty.

Up to 40% of the world population in 100 countries is at risk for malarial infection, resulting in infection of 300 to 500 million people and over 1 million deaths each year. The *Anopheles* mosquito lives in most tropical and many subtropical areas of Central and South American, the Caribbean, Africa, Asia, Eastern Europe, and the South Pacific The greatest number of fatalities occurs in sub-Saharan Africa, where up to 60% of hospital admissions are attributed to malaria. Every 30 seconds a child somewhere in the world dies of malaria, which is also responsible for low-birth-weight babies, growth retardation, stillbirths, and infant mortality. Each year a staggering 10% of the global population is infected with the disease. No effective malaria vaccine has been developed, despite tireless effort on the part of many researchers around the world, including the Malaria Foundation International and the Bill and Melinda Gates Foundation's Eradication Goal. Drug-resistant strains are spreading and global warming is making the problem worse.

The likelihood of your contracting the disease as a traveler depends on where you are going, how long you will be there, what time of year, altitude, whether you stay in rural or urban areas, style and conditions of travel, and preventive measures, including the use of mosquito netting, repellents, staying indoors after dark, avoiding rainy season travel, and the use of prophylactic medications. It takes 7 to 12 days after infection for the symptoms to appear, longer if you are taking prophylactic medications or have some immunity from previous infections. Multiple reinfections are common, and may be asymptomatic. Early-stage symptoms are flu-like: fever, chills with shaking, sweats, fatigue, nausea and vomiting, headache, and general malaise. Symptoms are often cyclic, due to the life cycle of the parasites as they develop, reproduce, and are released from red blood and liver cells. This cyclic nature of the condition is one of the main indicators that it is indeed malaria. Also common are dry cough, muscle and back pain, and enlarged spleen. Malaria may cause anemia and jaundice. Infection with the *Plasmodium falciparum* parasite is more serious and can lead to kidney failure, seizures, mental confusion, coma, and death.

Conventional Prophylaxis and Treatment

Recommended prevention against mosquito bites includes wearing long sleeves and pants and light-colored clothes, and using DEET on exposed skin (controversial because of its toxicity) 20 minutes after applying sunscreen. Antimalarial medication, usually quinine-based, can cause undesirable side effects, and is not necessarily the prophylaxis of choice for those who live, work, or spend a

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