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lot of time in high-risk areas, who would have to spend much of their lives taking it. *Artemisinin*, made from the sweet wormwood plant, now rivals quinine drugs in terms of its rapid effectiveness with malaria. The plant has been used by Chinese herbalists for over 1500 years to treat malaria. A watchful eye is advised because there is a black-market version that contains only chalk. The most common antimalarial drugs include chloroquine, quinine sulfate, hydroxychloroquine, mefloquine, and Malarone. Drug-resistant malaria is a major ongoing obstacle to treatment and to the search for new, effective drugs. In many areas of the world, chloroquine is considered ineffective because of it.

Homeopathic Medicines Used Historically for Malaria

The following are single-dose homeopathic medicines used to treat malaria:

- *Arsenicum album* (arsenic): Intense fever with burning heat. Exhausted, pale. Unquenchable thirst for sips. Clean tongue. Anxious, restless. Cold.
- *China officinalis* (Peruvian bark, the source of quinine): Periodic fevers. Chill, sweating, headache, nausea, weakness. Little thirst. Anxiety. Peruvian bark was the very first substances proved by homeopathy's founder, Samuel Hahnemann, and made into a homeopathic medicine.
- *Eupatorium peroliatum* (boneset): Bone pain as if they will break. Muscle soreness, vomiting, chill. Thirst and bitter vomiting. Pressure forehead.
- *Natrum muriaticum* (sodium chloride): Violent headache. Chill begins at 10 a.m. Weak, short of breath, bone pain. Fever blisters lips. Great thirst.

A Promising Homeopathic Protocol for Prevention and Treatment

We recently attended an inspirational National Center for Homeopathy webinar presented by Didi Ananda Ruchira, a homeopath in Kenya who treats many patients with malaria, mostly destitute (http://www.abhalight.org). Having lived and provided homeopathic and natural health care in Africa for 10 years, Didi was deeply concerned about the ineffectiveness of conventional treatment of malaria. Her observations were the following:

- The local people rarely use mosquito nets, are at high risk for infection, and contract malaria frequently.
- Drug resistance is common, which may result in milder symptoms over time.
- *P. falciparum* is particularly virulent; and poor immune status, such as HIV infections, malnourishment, or childhood, increases risk.
- Children, especially vulnerable, may die or, if they survive, may suffer from lifelong brain damage, seizures, paralysis, or mental retardation.
- Local residents typically self-treat or go to their corner kiosk and purchase outdated chloroquine medications, or to a nearby government hospital or community clinic where they are likely to be misdiagnosed and often receive inadequate treatment. Lingering side effects are common. Success with traditional herbalists is also limited.

Didi dedicated herself to finding a more effective alternative to help these people. She first looked into the Ayurvedic herb neem (*Azadirachta indica*), which had been described as having antimalarial activity as far back as 2000 BC. Neem leaf extract was found to significantly increase red blood cell oxidation, interfering with normal development of malaria. The plant also lowers fever and increases appetite, allowing a more speedy recovery. Neem, however, has not shown effectiveness in preventing malaria infection once in the body. She prepared a very low-potency 2X neem product to take daily for two to three weeks in order to destroy any remaining parasite and break the cycle of recurrent malaria. This medicine has been given successfully to thousands of Masai tribal people in Tanzania.

Didi researched the homeopathic materia medica and selected *China sulphuricum* (sulphate of quinine) to detoxify individuals from the ongoing side effects of quinine and drug poisoning. The final step of the program is a malaria nosode (medicine prepared homeopathically from the four malaria *Anopheles* mosquitoes) combined with the four homeopathic medicines mentioned earlier in this column.

The protocol is as follows: Start neem 2X once a day. Continue for three weeks. For the first five days, while taking neem, add *China sulphuricum* 30C. On day 6, start MalariX, which contains malaria nosode, *China, Natrum muriaticum,*

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