

International health experts to enlist public in war on African

World Wide Web.

At MalariaEngage.org, people can enlist directly in the anti-malaria battle by contributing \$10 or more to an initial choice of seven highly varied projects involving selected scientists in developing countries. Over time, new projects will replace those that reach their funding goal (the original seven have objectives ranging from \$10,000 to \$50,000). The site features a discussion area where supporters can interact with researchers and each other, obtain news and photos of both funded and proposed projects, a running tally of money raised, and stories from the front lines in the war against the scourge of malaria.

Borne by mosquitos, malaria is a preventable disease that infects an estimated 515 million people yearly and kills between one and three million annually, the vast majority of them children in sub-Saharan Africa -- an estimated 3,000 child victims daily.

It is the leading cause of death in Tanzania, where the National Institute for Medical Research (NIMR) researchers proposed the initial suite of seven cutting-edge projects chosen to launch MalariaEngage.org.

The team behind MalariaEngage.org includes 25-year-old Tom Hadfield, a self-described

Britain when Socccernet, a website he developed as a high school student in his bedroom, was sold at age 17 to ESPN for \$40 million.

Honoured as a Global Leader of Tomorrow by the World Economic Forum in Davos, Switzerland, in 2001 and now studying at Harvard, Tom has parlayed his dot-com success and passion for launching entrepreneurial projects into innovative ways of tackling the planet

Everyone recognizes that one of the most significant ethical challenges facing the world today is the inequity in global health. Life expectancy in industrialized countries is 80 years and rising; whilst in many African countries it is 40 years and falling. The key ethical value underlying efforts to do something about these inequities is solidarity.

Many young people in the US, Canada, Europe and other industrialized countries feel a sense of solidarity with kids in Africa, but there is not much they can do to act on this ethical intuition. MalariaEngage.org was designed to give them a channel to do something in practice about that ethical value of solidarity, to mobilize a vast untapped pool of support

If this initial proof of concept is successful, MalariaEngage.org will scale up by involving other African-based institutions fighting malaria, he adds.

Detailed descriptions of the seven malaria research projects follow.

Plants that repel mosquitoes

The mosquito-repellant properties of certain plants and shrubs have been known for years but it wasn

Ngara district. When lantana, lemongrass, Mexican marigold, American basil and other seedlings were grown around camp houses, mosquito bites and malaria cases in the camp dropped significantly.

Hamisi Malebo, a NIMR researcher specializing in natural products, traditional medicine and traditional anti-mosquito agents and health systems, is principal investigator on a project to establish large-scale production of the seeds and seedlings of eight plants and shrubs known to repel or kill mosquitoes. The aim is to distribute seedlings and instructions on where and how to plant them to every malaria-prone region of Tanzania.

The main plant nursery will be established at Amani Medical Research Centre in north-east Tanzania, an area where malaria causes many deaths, especially among young children and pregnant women. Smaller nurseries will be established in 10 nearby villages with high infection rates. The other goal of Malebo

Insecticide treated mosquito nets

Research in malaria-prone regions of sub-Saharan Africa shows that insecticide-treated mosquito nets (ITNs) can reduce infections by 50% and malaria-related child deaths by 20%. Despite the efforts of international aid agencies and NGOs, which have distributed millions of free ITNs

throughout Africa, the lifesaving nets are not readily available in many of the rural areas where 80% of people at risk of getting malaria live.

NIMR research scientist Emanuel Makundi is leading a project looking for solutions to the problems of access

Muslims, for example, do not use white bed sheets as religious burial cloths are white. They will not use the white mosquito nets for the same reason. In coastal communities, some fishermen prefer to use the mosquito nets to catch fish.

The NIMR project is focusing on education, with particular emphasis on school children and youth groups as well as community leaders, local organizations, religious groups and traditional healers. Community owned resource persons (CORPs) are being recruited to lead the education initiative which will be reinforced with community-based payment and distribution programs.

Drug combination therapy

Combination therapy to treat malaria is the simultaneous use of two or more drugs that kill the plasmodium parasite in different ways. NIMR researcher Dr. Julius Massaga is investigating the combination of Artesunate, one of the artemisinin family of highly effective anti-malarial drugs, and artemether-lumefantrine, Tanzania

The study is focusing on children under five. They are typically the most severe cases of malaria because they have developed no immunity through previous exposure. They need to be treated within 24 hours of the first symptoms to minimize the chances of simple malaria progressing to the severe complicated form of the disease which can be fatal.

Dr. Massaga is evaluating two different approaches to community-based treatment of infected children with Artesunate combination drug therapy:

Mother coordinators (MCs)

One person in each village is trained to support malaria case management and act as a service delivery point.

At the first sign that a child has contracted malaria, he is taken to the MC or CORP, who administers the first dose of combination drugs. The remainder of the three-day, six-dose regimen is administered at home.

If Dr. Massaga

Home Management of Malaria (HMM) strategy is feasible, socially acceptable, safe and effective, it could lead health policy planners to focus on scaling up HMM programs throughout Tanzania.

Assessment of artemisinin drugs

Artemisinin is a strong antimalarial drug isolated from the Chinese anti-malarial traditional medicinal plant, *Artemisia annua*, commonly known as sweet wormwood. Artemisinin and its derivatives are the most powerful and efficient drugs ever discovered for the treatment of malaria.

Since 2000, artemisin-based combination therapies (ACTs) have become the first-line malaria treatment in the many African countries where drug-resistant strains of the disease have dramatically reduced the effectiveness of chloroquine and sulfadoxine / pyrimethane.

Tanzania is one of the countries where ACT (artemisinin in combination with artemether-lumefantrine) has had excellent results. But many factors keep this treatment from reaching residents of the poor rural communities who need it most, including lack of health services in remote areas, distribution problems and cost.

Scientist Emanuel Makundi of NIMR will examine a range of issues related to ACTs

Intermittent Preventive Treatment for pregnant women

Pregnant women and their unborn children are particularly vulnerable to the ravages of malaria. Maternal infection during the second half of pregnancy causes impaired foetal weight gain. Malaria infection of the placenta and malaria-caused maternal anaemia can lead to low birth weight, which

contributes to higher infant mortality and impaired development.

Malaria causes an estimated 8-14% of all low birth weight babies and 3-8% of all infant deaths in malaria areas of Africa. For the mothers, malaria is responsible for up to 15% of the 10,000 deaths from maternal anaemia in Africa each year.

Intermittent preventive treatment (IPT)

NIMR research scientist Dr. Julius Massaga is leading a wide-ranging education campaign to increase IPT coverage throughout rural Tanzania. While health workers are trained in the proper implementation of IPT, patients are targeted through media campaigns and community health education sessions explaining the benefits of the IPT strategy.

Sweet wormwood as a herbal remedy

For many centuries, Chinese herbalists used the sweet wormwood plant (*Artemisia annua*) as a kind of all-round wonder drug. A tea made from its leaves was used to treat malaria as well as fevers, colds, diarrhea and bleeding. A poultice of leaves was placed on boils, abscesses and nose bleeds.

Western researchers began to focus on the plant

Subsequent trials have shown it to be a very effective malaria drug, even against multi-drug resistant strains of the disease.

But while access to the expensive artemisinin group of drugs is still problematical, especially for people living in the remote rural areas of Tanzania where malaria strikes most frequently, the sweet wormwood plant will grow virtually anywhere and is common throughout Africa.

NIMR scientist Vitus Nyigo leading a project to validate the safety and effectiveness of sweet wormwood as a cheaper, standardized malaria herbal remedy for use in remote rural areas. He is conducting clinical trials with malaria patients and investigating a concoction of sweet wormwood and two other plants he believes may help to synergize the parasite-killing properties of *artemisia annua*.

Improving collaboration between traditional healers and health workers

The relationship between traditional healers and health workers is often an uneasy one. The traditional healer may fear a loss of prestige and patients when health workers come to his village. Medical personnel, for their part, are often reluctant to cooperate with healers out of a genuine, but sometimes misplaced concern that their methods may harm the patient.

In the case of young children infected with malaria, traditional healers were often blamed for delaying medical treatment while they tried to drive out the evil spirits they believed were causing degedege or malarial convulsions.

That began to change in Tanzania thanks to a project to convince traditional healers and community members that when a child has the symptoms of severe malaria

We often lament Korean dramas in the Lao Zhongqing three Manmiao generation women have the figure of fact, with their universal advocate of the beautiful, once attention, then the overall level also increased. Chinese medicine is originally from the South Korean medicine, Chinese medicine used for weight loss also acclaimed large, the representative of the Zhaoheng advocated by the popular herbal slimming tea method of local praise. For different types of obesity, she also opened a different prescription.

Peony tea - cold hands and feet to apply

Some women often feel the cold hands and feet, it is because they are not fluent in blood circulation, promote the peony tea drinking to promote blood circulation, will accumulate in different parts of the congestion from in vitro. Approach is very simple, 15 grams of dried wild peony with 400 ml of water to boil until half of the remaining component, then Add to ginger, honey and date can be.

Yimi green tea - Consumers water poisoning

When stranded in the water become toxic, it is easy-induced swelling, then drinking can be more physical warming, excess moisture from the body of

the tea plants. Yimi moisture in green tea can Quchu for detoxifying the body, is a good choice. Yimi first 100 grams and 200 grams of green bean and about 600-800 ml of water to boil, and the remaining half of the water, adding green tea to heat one minute can be quenched, I remember drinking three times a day.

Banxia Fuling tea - to poor metabolism

Banxia and Fuling will help Quchu sputum smear stagnation stagnation and indigestion, and other phenomena, for the poor metabolism, dyspepsia and headaches caused by chronic fatigue and other illnesses, have a certain effect. Banxia only six grams, 4 grams Fuling, together with 500 ml of water to boil about 10 minutes, drinking can also increase the time a little honey. However, Xiixin, scattered and half-dry, users should be based on individual circumstances to determine the suitability and the V-ling on the civilians of many, we often contact the Fuling Plaster, 40-all to God it as raw materials, Fuling Invigorating the Spleen and diuretic, There are hypoglycemic, sedation, Air and other effects, some people long-term eating habits.

About the Author

From www.huliq.com:

Ayurveda ayurvedic Lose Fat Weight Loss watcher Program diet herb Pill herbal supplement Garcinia cambogia obesity.

Chaso and Onshido are 2 herbal weight loss aids that have gained popularity in Japan. These products are made in China but are available.

On Hoodia rather than diluting the product with other herbal ingredients. Want to accelerate the weight loss process and tone your abs at the same.

Herbal weight loss designed to help individual loose weight naturally.

Another company, Imagine Herbal Weight Loss Formula, is in the market for an organic, product that contains a blend of 20 herbs that can be taken in capsule.

They may come upon herbal preparations that appear to help in weight loss or appetite suppression, or that promise to raise mood or decrease.

There is almost no research on the effectiveness of Hoodia as an herbal weight loss supplement, and no substantial information.

Hoodia Gordonii Hoodia Diet Pills, weight loss pill a natural appetite suppressant, Certified Hoodia is earning attention as a potentially.

Source: <http://www.productsherbal.com>