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TREATMENT OF FALCIPARUM MALARIA WITH A TEA-BAG FORMULATION OF *CRYPTOLEPIS SANGUINOLENTA* ROOT

The use of plant medicine is widespread in the Ghanaian population to meet health care needs. The challenges pose by malaria, the biggest killer disease in Ghana, to many people who do not have access to orthodox drugs makes plant medicine a popular option for them in treating the disease. However, dosage, effectiveness and safety issues associated with plant medicine demand highest research.

A clinical study reported in this issue of the Ghana Medical Journal by K. Bugyei *et al.*, (page 3) has come as a big relief for the development of plant medicine in malaria treatment and control efforts. The outcome of the clinical studies on safety and efficacy of a product formulated from *Cryptolepis sanguinolenta* root in the form of powder conveniently packaged as a tea-bag, provide evidence of safe and effective treatment of acute uncomplicated *falciparum* malaria in Ghanaian subjects. Notably, the subjects with fever did not require antipyretic. The results of the study bring hope to several millions of people who are affected by the killer malaria disease mainly in tropical countries worldwide. The severest form of the disease, *falciparum* malaria, is widespread in sub-Saharan Africa including Ghana.

The World Health Organisation (WHO) acknowledges the important role plant medicine, with proven effectiveness and safety, could play in the formal health system and is encouraging research into plant medicine discovery to treat malaria. This has become imperative in view of strains of *falciparum* parasite resistant to chloroquine and according to WHO 2009 report the emergence of malaria parasites resistant to artemisinin in Asia.

It is assuring that *Cryptolepis sanguinolenta* used in this formulation can clear chloroquine resistant strains of *falciparum* parasitaemia. This will make malaria

treatment affordable and accessible in Ghana. It also establishes scientific basis for the claim of efficacy of *Cryptolepis sanguinolenta* against malaria at the prescribed dosage. The post treatment rise in serum alkaline phosphatase in the study subjects provides basis for further observation on repeated use of this formulation of *Cryptolepis sanguinolenta* in addition to resolution of issues on genotoxicity in mammalian cell lines and anxiety in mice. Caution must, however, be exercised in extrapolating *in vitro* and laboratory animal findings to humans.

The present result is indeed welcome news since it advances the vision to incorporate plant medicine into the health care delivery system in Ghana, and now for treating *falciparum* malaria, the biggest killer disease in the country.

Nii-Ayi Ankrah, PhD

*Department of Clinical Pathology,
Noguchi Memorial Institute for Medical Research,
University of Ghana, Legon,
Ghana*

E-mail: Nankrah@noguchi.mimcom.org

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