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Artemisia plants: A deadly weapon against tropical diseases

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The associations IFBV-BELHERB from Luxembourg and M4L from France have established a working relationship with African universities. Several of these partners have run clinical trials with *Artemisia annua*. In all these trials, a therapeutical effect of 95% or higher was confirmed by the use over 7 days of whole leaf infusion, capsules or tablets. It was surprising that the artemisinin content had little impact on the results. But the most important finding, especially in Kenya and Uganda, was that people who drink one or two cups of *Artemisia* tea per week became immune against malaria. At Lubumbashi, RD Congo Dr. C Kansango has shown in 2014 that *Artemisia annua* and *Artemisia afra* raised CD4+. In fact the antimalarial properties of *Artemisia* plants other than *Artemisia annua* are no surprise. The Chinese favored *Artemisia apiacea* and the French in Algeria during 100 years protected their soldiers against malaria with *Artemisia absinthium.* In 2015, medical doctors in RD Congo have run randomized clinical trials on a large scale in the Maniema province with the participation of some 1000 malaria infected patients. The trials compared *Artemisia annua* and *afra* with ACTs (Coartem and ASAQ). For all the parameters tested herbal treatment was significantly better than ACTs: Faster clearance for fever and parasitemia, absence of parasites and gametocytes as confirmed by PCR on day 28 for 99.5% of the *Artemisia* treatments and 79.5% only for the ACT treatments. A total absence of side effects was evident for the treatments with the plants, but for the 498 patients treated with ACTs, 210 suffered from diarrhea, and/or nausea, pruritus, hypoglycemia etc. The efficiency was equivalent for *Artemisia annua* and *afra*. In parallel with the clinical trials against malaria, the same team has completed another large scale randomized, double blind trial against schistosomiasis, *Artemisia* vs. Praziquantel. The results confirm previous anecdotic results. Both arms in this trial had 400 infected patients. The treatment efficiency was 97% in the *Artemisia* arm and 71% in the Praziquantel arm. No side effects were noticed in the *Artemisia* treatment. Praziquantel caused vomiting in 26.5% of the patients, abdominal pain in 18.5%, cephalalgy in 15.5%. Very impressive is the fact that the *Artemisia* led to an unexpected almost complete absence of eggs in feces after 2 months. In 2016 clinical trials have been run against Tuberculosis and Buruli ulcer with *Artemisia annua* and *afra*. Screening trials in 2015 had been promising and these recent large scale, randomized, double blind have resulted in an obvious therapeutic effect against *Mycobacteria*, not only tuberculosis but also Buruli ulcer. After three weeks of treatment the Ziehl stain assay is negative for alcohol-resistant bacteria. All these trials are run in compliance with the WHO protocol, approval of the health authorities of the country, full-fledged ethical approval and encouragements of WHO-Afro.

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