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Why malaria is difficult to cure

4/9/2008



The Chief Executive Officer (CEO) of Health Forever Products, Chief Olajuwon Okubena, answers from his Ikeja office in Lagos.

Voluminous literatures abound on malaria. It is recognised as a disease that is so common, but yet dangerous, even causing more mortality and morbidity than the dreaded HIV and AIDS. In trying to explain what malaria is, I researched into many publications and I was fascinated by a publication in the National Geographic magazine and I will quote copiously from this source.

When it comes to malaria, only one thing is guaranteed: Every evening in the rainy season across much of the world, Anopheles mosquitoes will take wing, alert to the smells and warmth of living bodies. A female Anopheles needs to drink blood every three days. In a single feeding, which lasts as long as 10 minutes, she can ingest about two and a half times her pre-meal weight – in human terms, the equivalent of downing a bathtub-size milk shake.

If she happens to feed on a person infected with malaria, parasites will accompany the blood. Two weeks later, when the mosquito flies through the open window of a mud hut, seeking her next meal, she'll be loaded.

Inside the hut, a child is sleeping with her sister and parents on a blanket spread over the floor. The family is aware of the malaria threat; they know of the rainy season's dangers. They've hung a bed net from the ceiling. But it's a steamy night, and the child has tossed and turned a few times before dropping back to sleep. Her foot is sticking out of the net. The mosquito senses it, and dips down for a silent landing.

It begins with a bite, a painless bite. The mosquito comes in the night, alights on an exposed patch of flesh, and assumes the hunched, head-lowered posture of a sprinter in the starting blocks. Then she plunges her stiletto mouthparts into the skin.

The mosquito has long, filament-thin legs and dappled wings; she's of the genus Anopheles, the only insect capable of harboring the human malaria parasite.

And she's definitely a she: Male mosquitoes have no interest in blood, while females depend on protein-rich hemoglobin to nourish their eggs. A mosquito's proboscis appears spike-solid, but it's actually a sheath of separate tools – cutting blades and a feeding tube powered by two tiny pumps. She drills through the epidermis, then through a thin layer of fat, then into the network of blood-filled micro-capillaries. She starts to

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Exchange Rates (NGN)

Yen	1.0582
Waua	182.3723
Dollar	115.81
Swfranc	104.0428
Riyal	30.8415
Pounds	229.2076
Euro	180.2175
CFA	0.2407
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drink.

To inhibit the blood from coagulating, the mosquito oils the bite area with a spray of saliva. This is when it happens. Carried in the mosquito's salivary glands –

and entering the body with the lubricating squirt – are minute, wormlike creatures. These are the one-celled malaria parasites, known as plasmodia. Fifty thousand of them could swim in a pool the size of the period at the end of this sentence. Typically, a couple of dozen slip into the bloodstream. But it takes just one. A single plasmodium is enough to kill a person.

The parasites remain in the bloodstream for in only a few minutes. They ride the fluid of the circulatory system to the liver. There they stop. Each plasmodium burrows into a different liver cell. Almost certainly, the person who has been bitten hardly stirs from sleep. And for the next week or two, there's no overt sign that something in the body has just gone horribly wrong.

We live on a malarious planet. It may not seem that way from the vantage point of a wealthy country, where malaria is sometimes thought of, if it is thought of at all, as a problem that has mostly been solved, like smallpox or polio. In truth, malaria now affects more people than ever before. It's endemic to 106 nations, threatening half the world's population. In recent years, the parasite has grown so entrenched and has developed resistance to so many drugs that the most potent strains can scarcely be controlled. This year malaria will strike up to a half billion people. At least a million will die, most of them under age five, the vast majority living in Africa. That's more than twice the annual toll a generation ago.

From the mosquito's salivary glands to the host's liver cell: a quiet trip. Everything seems fine. Even the liver itself, that reddish sack of blood-filtering cells, shows no sign of trouble. It's only in those few rooms whose locks have been picked by falciparum where all is pandemonium. Inside these cells, the malaria parasites eat and multiply. They do this nonstop for about a week, until the cell's original contents have been entirely digested and it is bulging with parasites like a soup gone bad. Each falciparum that entered the body has now replicated itself 40,000 times.

The cells explode. A riot of parasites is set loose in the bloodstream. Within 30 seconds, though, the parasites have again entered the safe houses of cells – this time, each has drilled into a red blood cell, flowing through the circulatory system. Over the next two days, the parasites continue to devour and proliferate stealthily. After they have consumed the invaded cells, they burst out again, and once more there is bedlam in the blood. For the first time, the body realizes it has been ambushed. Headache and muscle pains are a sign that the immune system has been triggered. But if this is the victim's first bout of malaria, the immune response is mostly ineffective. The alarm has sounded, but the thieves are already under the bed: The parasites swiftly invade a new set of blood cells, and the sequence of reproduction and release continues. Now the internal temperature begins to rise as the body attempts to cook away the invaders. Shivering sets in – muscle vibrations generate warmth. This is followed by severe fever, then drenching sweat. Cold, hot, wet; the symptoms are a hallmark of the disease. But the parasites' exponential growth continues, and after a few more cycles there are billions of them tumbling about the blood. By this point, the fever has reached maximum intensity. The body is practically boiling itself to death – anything to halt the attack – but to no avail. The parasites can even commandeer blood cells to help aid their survival. In some cases of falciparum, infected cells sprout Velcro-like knobs on their surfaces, and as these cells pass through the capillaries of the brain, they latch to the sides. The adhesion keeps them from washing into the spleen, which cleans the blood by shredding damaged cells. Somehow – no one is quite sure how – the adhesion also causes the brain to swell. The infection has turned into cerebral malaria, the most feared manifestation of the disease.

This is when the body starts to break down. The parasites have destroyed so many oxygen-carrying red cells that too few are left to sustain vital functions. The lungs fight for breath, and the heart struggles to pump. The blood acidifies. Brain cells die. The child struggles and convulses and finally falls into a coma.

What is the way out?

The issue of drug resistance by malaria parasites has been so much emphasized to the detriment of other aspects which need more serious consideration. The problem of anemia in malaria is very fundamental. But the orthodox system has not got a satisfactory solution to the problem. The best hematonic could at best increase the blood level by five per cent in weeks, a rate that is much slower than the rate of devastation caused by the malaria parasite during attacks. It could therefore be logical to say that anaemia contributes significantly to the mortality and morbidity in malaria.

At Health Forever Products Limited, we have a sure solution to the problem of Anaemia.

This is called Jobelyn. In-vivo studies have demonstrated that Jobelyn rapidly increased the levels of haemoglobin, packed cell volume and red blood cells while the white blood cells and lymphocytes levels are decreased in trypanosome infected rats. In anaemia-related conditions, Jobelyn rapidly restores hematocrit making it a very useful medicinal product for the management of anemia-related diseases such as Malaria, aplastic anemia, sickle-cell anaemia, leukemia, multiple myeloma, and breast cancer and HIV/AIDS.

The anti-anaemic properties of Jobelyn were researched by two Nigerian research centres, the College of Medicine of the University of Lagos (CMUL) and the University of Benin. The latter concluded that Jobelyn has the potential to be a substitute for blood transfusion. The two research studies were published in the African Journal of Biotechnology (Okochi VI, Okpuzor J et al. Afr J Biotechnol. 2003; 2:312-6.);(Erah PO, Asonye CC et al. Afr J Biotechnol. 2003; 2:309-11)

Jobelyn has also been confirmed as the most powerful natural antioxidant with an ORAC value of over 3,000 equivalent units of Vitamin E. This means that the inflammation which usually accompanies malaria would be adequately taken care of and the immune system improved to enable the natural defense system of the body to fight the malaria parasites.

Sensing the seriousness of malaria and complaints from our customers, we have researched into the natural and local ancient herbs which our forefathers have successfully used to fight malaria. My grandfather died in 1946 when I was just four years old but I remember the herbs which he used to cook for us. It usually solved the problem overnight after frequent urinations during the night. We have modernized the presentation of these herbs which have been packaged into a potent anti-malaria product we named ABALERIA.

For several years, none of the staff of our company has visited the hospital for the treatment of malaria. Testimonies from customers have further confirmed that a combination of Jobelyn and Abaleria is one of the best treatments available throughout the country to solve malaria problem particularly those that have defied all other treatments for several years.



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