



Antimalarial Potential Crude Drugs- An Overview

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Abstract: *Malaria is mainly caused by bite of the female Anophelous Mosquito. The parasite belongs to Plasmodium species. They are P. falciparum, P. vivax, P. ovale, P. malaria. The disease is caused to infants by breast feeding also. The organ transplantation or Blood transfusion can also causes malaria. So our review focused based on the antimalarial potential crude drugs for treatment. Allopathic medicine is having more side effect and cost also high. So in this review reach to poor circumstance people recover from malaria.*

Keywords: *Malaria, P.vivax, P.malaria, crude drugs, Allopathic*

Introduction:

Malaria is a life-threatening disease caused by parasites that are transmitted to people through the bites of infected female Anopheles mosquitoes. There are five parasite species that cause malaria in humans, and two of these species, Plasmodium falciparum and Plasmodium vivax, pose the greatest threat.

Causative Organism of Malaria:

Malaria is mainly caused by bite of the female Anophelous Mosquito. The parasite belongs to Plasmodium species. They are **P. falciparum**, **P. vivax**, **P. ovale**, **P. malaria**. The disease is caused to infants by breast feeding also. The organ transplantation or Blood transfusion can also causes malaria.



Fig: *Anopheles Mosquito*

Signs and Symptoms:

Common symptoms:

- Running nose, cough and other signs of respiratory infection
- Diarrhoea/dysentery
- Burning micturition and/or lower abdominal pain
- Skin rash/infections
- Abscess
- Painful swelling of joints
- Ear discharge
- Lymphadenopathy

Severe Cases:

- Impaired consciousness/coma
- Repeated generalized convulsions
- Renal failure (Serum Creatinine >3 mg/dl)
- Jaundice (Serum Bilirubin >3 mg/dl)
- Severe anaemia (Hb <5 g/dl)
- Pulmonary oedema/acute respiratory distress syndrome
- Hypoglycaemia (Plasma Glucose <40 mg/dl)

- Metabolic acidosis
- Circulatory collapse/shock (Systolic BP <80 mm Hg, <70 mm Hg in children)
- Abnormal bleeding and DIC
- Haemoglobinuria
- Hyperthermia (Temperature >104o F)
- Hyperparasitaemia (>5% parasitized RBCs in low endemic and >10% in hyperendemic areas)

Diagnosis and Treatment:

Diagnosis:

1. Microscopy
2. Rapid Diagnostic Test

Treatment:

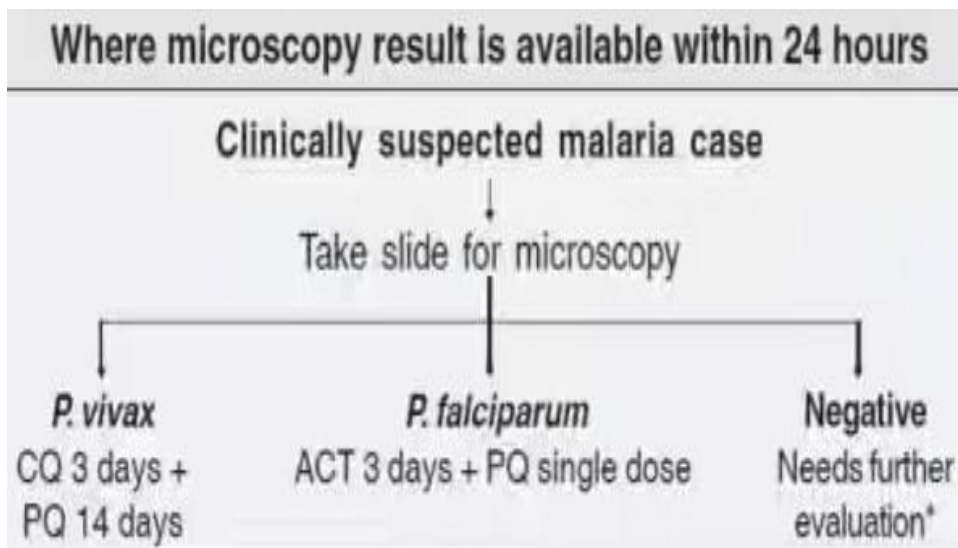


Fig:1 Treatment of malaria (24hrs)

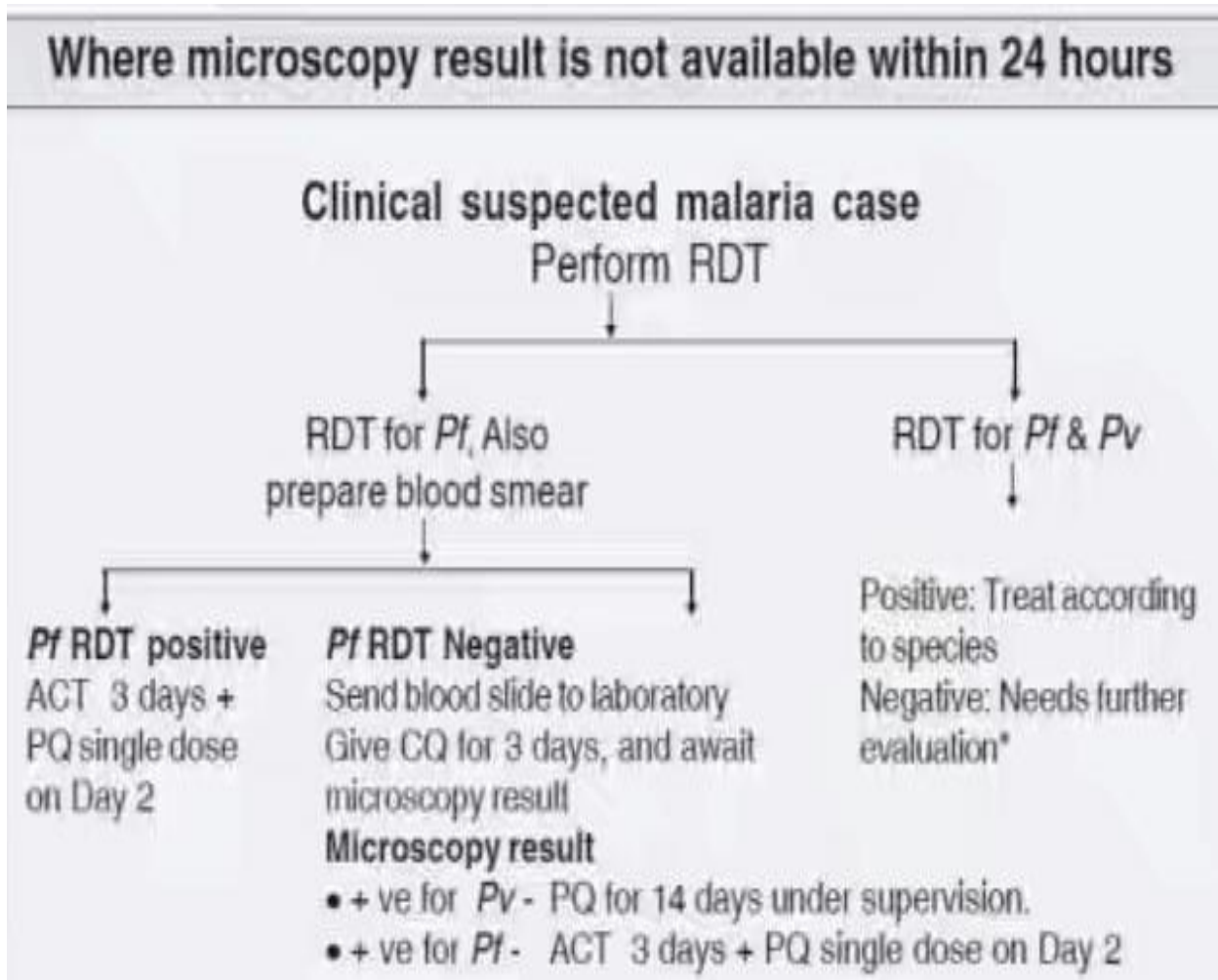


Fig:2 Treatment of malaria (not available with in 24hrs)

Mechanism of Malaria:

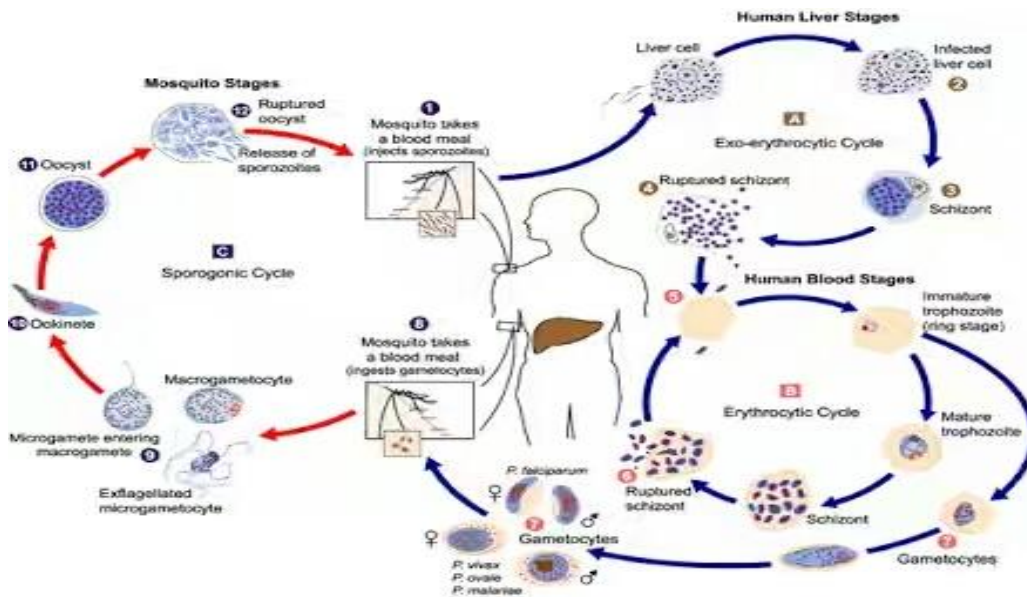


Fig: 3 Malaria In Human And *Anopheles* Mosquito.



Fig:4 Plasmodium Infected RBC



Fig:5 Stages Of Plasmodium In RBC

Allopathy Medicines for Treatment Of Malaria:

1. Artesunate
2. Quinine
3. Artemether
4. $\alpha\beta$ Arteether

5. Doxycycline
6. Mefloquine
7. Bulaquine
8. Chloroquine
9. Proguanil
10. Mepacrine

Herbal Medicines for Treatment Of Malaria:

1. *Artemisia annua*

B.S: *Artemisia absinthium*

Fam: Compositae



Fig: 6 *Artemisia annua*

2. Karanja

B.S: *Karanja tree*

Fam: Fabaceae



Fig: 7 Karanja

3. Amla

B.S: *Phyllanthus emblica*

Fam: Phyllathaceae



Fig:8 Amla

4. Cinnamon

B.S: *Cinnamomum verum*

Fam: Lauraceae



Fig: 9 Cinnamon

5. Neem

B.S: *Azadirachta indica*

Fam: Meliaceae



Fig: 10 Neem

6. Shikakai

B.S: *Acacia concinna*

Fam: Fabaceae



Fig: 11 Shikakai



Ayurvedic Preparations In Treatment Of Malaria:

1. Mahajwaavankusha Rasa
2. Sheetamani Rasa
3. Vishmushtyadivati
4. Talam Bhasma
5. Sudarshana Churna
6. Karanja Churna

Conclusion:

Malaria is caused by the organism of Plasmodium species. The malaria is treated by both the way of allopathic and ayurvedic medicines. Here we reveled the antimalarial herbs. In this review we tried to reach the poor people awareness for malaria.

References:

- [1] Bhatt S, Weiss DJ, Cameron E, Bisanzio D, Mappin B, Dalrymple U et al. The effect of malaria control on Plasmodium falciparum in Africa between 2000 and 2015. WHO. Global Technical Strategy for Malaria 2016–2030. Geneva: World Health Organization (WHO); 2015.
- [2] Roll Back Malaria Partnership. Action and investment to defeat malaria 2016–2030. For a Malaria free World. Geneva: World Health Organization (WHO); 2015.
- [3] UN. Sustainable development goals: 17 goals to transform our world [website]. United Nations; 2015.
- [4] Lengeler C. Insecticide-treated bed nets and curtains for preventing malaria. Cochrane Database Syst Rev. 2004;(2).
- [5] Eisele TP, Larsen D, Steketee RW. Protective efficacy of interventions for preventing malaria mortality in children in Plasmodium falciparum endemic areas. Int J Epidemiol. 2010.
- [6] Pluess B, Tanser FC, Lengeler C, Sharp BL. Indoor residual spraying for preventing malaria. Cochrane Database Syst Rev. 2010.
- [7] WHO. Larval source management – a supplementary measure for malaria vector control. An operational manual. Geneva: World Health Organization; 2013.