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Intestinal protozoan infections among HIV positive persons with and without antiretroviral treatment (ART) in selected ART centers in Adama, Afar and Dire-Dawa, Ethiopia**Haileeyesus Adamu and Beyene Petros**
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In developing countries, gastroenteritis caused by intestinal parasites may be complicated and is a major cause of morbidity, in general, and kills millions of AIDS patients annually. Thus, the consequences of parasitic diseases are among the major health problems in tropical developing countries. A total of 200 HIV positive patients on and without-ART aged from 18 to 65 years, of both sexes participated in the study. Each study participant was provided with a fecal collection vial containing 10% formalin for microscopic examination of ova, larvae and cysts. For detection of *Cryptosporidium* spp., *Isospora belli* and *Cyclospora* spp., the modified Ziehl-Neelsen staining method was used. Most (60%) of the study participants were on antiretroviral therapy (ART). Out of those, only two (1.5%) were diagnosed with an opportunistic parasite and 96 (48%) of the non-ART study participants were infected with at least one other intestinal parasite species. The prevalence was 16% for *Giardia lamblia*, 13% for *Entamoeba histolytica*/E. dispar, 8% for *Cryptosporidium* spp., 5% for *Isospora belli*, 1.5% for *Blastocystis hominis*, 2.5% for *Ascaris lumbricoides* and 2% for *Hymenolepis nana*. Diarrhea was significantly associated with *cryptosporidiosis*, *giardiasis* and *isosporiasis*. Significant association was observed between lower CD4+ T cell count (<200 cells/ μ L) and the prevalence of *Cryptosporidium* spp., *Isospora belli* and *Blastocystis hominis*. The three parasites were significantly prevalent in HIV sero-positive patients not on ART. The finding showed that patients under ART had lower prevalence of diarrheagenic protozoan parasites suggesting that ART through improvement of the immune status of patients may have contributed to controlling parasites in HIV/AIDS patients.

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Malaria has been a major public health challenge in the world especially in tropical regions. It has been incriminated in about 3-5 million deaths, annually, worldwide. Malaria is caused by species of *Plasmodium falciparum*, *Plasmodium malariae*, *Plasmodium vivax* and *Plasmodium ovale*. Chloroquine and other anti-malaria have been successful in treating malaria but resistance to these drugs is widespread, demonstrating the need for a more reliable and effective cure for malaria. Two hundred subjects diagnosed clinically and by laboratory tests suffering from malaria were randomly recruited into the study. Their consent was obtained verbally and was assure of strict confidentiality. They were treated with a combination of tea leaves and lime juice. Two to four fruits of lime were thoroughly squeezed into a cup full of hot Lipton tea sugar and milk were not added and the subjects were made to drink this, three times daily after food. This was carried out for a period of 2 years; 1998-2000; satisfactory clinical response was achieved in all the subjects within 45 days of the treatment as both signs and symptoms of malaria disappeared and also malaria parasite were not seen in the blood samples of the subjects.

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