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Medicinal plants used in traditional treatment of malaria in Cameroon.**Pierre Saotoing***University of Maroua Cameroon, Cameroon*

Every virus is a parasite that cannot exist on its own and is fully depends on its carrier. This is the basic condition of its existence. The host of parasite is a living cell. But it is generally claimed that the virus can exist for 2-5 second, during which it is transmitted another species. What living cell carries viruses? Based on work with BLV in the stables, we concluded that a bacterial cell can be the host of the virus. We tested this assumption and confirmed the results. This idea was then tested on the HIV model in the laboratory of Prof Flossie Wong-Staal, (UCSD). Analysis of possible participation of bacteria bearing HIV in immunodeficiency, reduction of their amount (quantity) in intestinal tract of HIV/AIDS patients was performed by per oral application of probiotics bacteria *Escherichia coli* strain Nissl 1917. For this pilot study 18 HIV-infected ART-naïve patients were selected. The probiotics were applied per diem in a period of 3 months. The presence of probiotics bacteria in patient's intestinal tract was checked by the PCR. After three months of probiotics treatment the viral load decreased or remained on the detection limit (<400 c/ml) at 57.5% of tested patients and completely trimmed down about 67%. The viral load of the control group of 8 asymptomatic patients increased by 77% over the corresponding time. Bacteria and yeasts are a complete biological form and they can be eliminated. By destroying the vector carrying a virus, the virus ceases to exist. It is necessary to find out which carrier uses the virus. It is likely that HIV is transmitted to humans and travels further to the recipient cells of the hematopoietic system. Upon contact of the viral tentacles with the CD4 receptor, the virus leaves the hematopoietic system after this therapy. Virus-containing carriers can establish themselves in the intestinal tract and multiply under optimal conditions. Thus, individuals after infection can be infected again after penetration of virus from intestinal tract into the body and also infect other individuals by secreting HIV-containing microbes from the mouth, nose, but also from the rectum in the stool. Surprisingly, no attention is currently being paid to a possible fecal infection. This important approach has been proven many times in history and has helped to overcome epidemics. It is surprising why, in the current epidemic, this possibility of transmitting infection is absolutely marginal and has not been considered. Penetrates the recipient cell and the process of tissue destruction begins. Thus, after overcoming the infection and eliminating the virus in the recipient's cells by a conventional drug-based treatment approach such HAART and activation of the immune system, the infection is suppressed and the patient can be pronounced cured. The claim that HIV was transferred to human from monkeys about 100 years ago has not been sufficiently confirmed. The spread and incubation period and other symptoms of the Black Death (in 1346) have led to the theory that epidemic may have been caused by haemorrhagic viruses. According to our results we have concluded that the *Yersenia pestis* was an infectious agent in the epidemic, together with another agent which we suggest was HIV.

Biography

SAOTOING Pierre is a Senior Lecturer and Researcher-Teacher. He is a Head of the Department of Life and Earth Sciences of the Higher Teachers' Training College of the University of Maroua Cameroon. He has more than 30 scientific publications. He is a Supervisor of several Doctoral Ph.D. Research domains concern Tropical Diseases (Malaria, Helminthiasis) and Vector control of medically important insects.