



The Clinical Significance of the Gradual Static Concept in Malaria

Joachim Richter *

Department of Gastroenterology, University of Heinrich-Heine, Dusseldorf, Germany

ABOUT THE STUDY

Malaria is a life-threatening disease caused by parasites that infect humans after being bitten by an infected female *Anopheles* mosquito. It is preventable and treatable. Malaria is a serious disease that spreads when bitten by a mosquito infected with a small parasite. When stung, mosquitoes inject Plasmodium into the bloodstream. Malaria is caused by parasites, not viruses or bacteria. Malaria is common in tropical areas where it's hot and humid. In 2020, there were 241 million malaria cases were reported worldwide, with 627,000 deaths from malaria. Most of these cases occur in Africa and South Asia.

Malaria is an ancient disease written accounts of similar fevers first appeared around 6000BC. It was originally, malaria was thought to be transmitted by inhaling bad air from the stinking swamp of sulfur, so it was named mal, which means bad in Italian, and aria, which means air. Missionaries working in Peru in the early 16th century discovered that the powdered bark of the kina tree could be successfully used to treat malaria. However, only in 1920 did two French chemists separate the antimalarial drug quinine from the bark. In 1880, Charles Louis Alphonse Laverin discovered that malaria was caused by Plasmodium malaria when he examined blood samples of feverish soldiers.

When a mosquito bites a person with malaria, the mosquito becomes infected. When this mosquito bites another person, the parasite is transmitted to the other person's bloodstream. This is where the parasites grow. In rare cases, pregnant women with malaria can infect their children with the disease before or during childbirth. Malaria can be transmitted *via* blood transfusions, organ donations, and hypodermic needles.

The signs and symptoms of malaria

- Fever and sweating
- Chills that shake your whole body.
- Headache and muscle aches

- Fatigue
- Chest pain, breathing problems and cough
- Diarrhea, nausea and vomiting

Malaria was successfully eliminated in temperate countries through public health measures in the mid-20th century. But it is still found in the tropics and subtropics of Africa, Asia and South America. After the number of malaria cases decreased until 1970, the incidence increased until 2005. This was due to one or more of the following factors are widespread use of anti-malaria drugs and increased resistance to pesticides. Widespread poverty and inadequate availability of good health care systems in malaria endemic countries. This may have contributed to new breeding grounds for mosquitoes due to the spread or re-intensification of the disease and human-induced infestations. According to the WHO world Malaria report 2010, increased funding for pesticide-treated mosquito nets and indoor sprays has had a measurable impact on public health since 2005. The number of malaria cases decreased from 244 million in 2005 to 225 million in 2009.

Two major types of challenges remain in the development of new antimalarial drugs. External and internal challenges for the drug discovery community. The external challenge is the changing situation of malaria. The emergence and spread of resistance has always been a major concern for infections, and recent reports in the literature have shown that patients with Southeast Asian artemisinin derivatives associated with reduced efficacy of partner drugs used in Artemisinin Combination Therapy (ACT). It has been confirmed that a reduced response of is used. There is an urgent need for partners in combination with artemisinin-based endoperoxides alternatives. Ideally, at least one ingredient is as fast-acting as an artemisinin derivative and as affordable as when chloroquine was used as a first-line treatment to provide the rapid symptom relief that the community expects. Model studies highlight the important role that drugs can play in eradicating malaria.

Correspondence to: Joachim Richter, Department of Gastroenterology, University of Heinrich-Heine, Dusseldorf, Germany, Email: Joachim.Richter@uniduesseldorf.de

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