

Artemisinin-based Antimalarial Drug Therapy: A Milestone in Malaria Treatment

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Introduction

Malaria, a mosquito-borne infectious disease caused by *Plasmodium* parasites, continues to pose a significant global health burden, particularly in tropical and subtropical regions. Despite decades of research and numerous interventions, malaria remains a leading cause of morbidity and mortality worldwide, with approximately 229 million cases and over 400,000 deaths reported annually. Among various interventions, drug therapy plays a crucial role in malaria control and elimination efforts. In recent years, artemisinin-based combination therapies (ACTs) have emerged as a cornerstone in the treatment of malaria, offering a highly effective and life-saving option.

Discovery and Development: The story of artemisinin-based antimalarial drug therapy traces back to the traditional Chinese medicine practice of using *Artemisia annua* (sweet wormwood) for the treatment of fever. In the 1970s, Chinese scientist Tu Youyou, inspired by ancient texts, isolated artemisinin, the active compound from *Artemisia annua* and demonstrated its potent antimalarial properties. This breakthrough laid the foundation for the development of artemisinin-based therapies.

Initially, artemisinin monotherapy showed remarkable efficacy in treating malaria. However, concerns arose regarding its short half-life and the potential for parasite resistance. To address these challenges, researchers proposed combining artemisinin with other antimalarial drugs to create ACTs. This innovative approach aimed to improve treatment outcomes, reduce the risk of resistance development and prolong the effectiveness of artemisinin derivatives.

Artemisinin Combination Therapies (ACTs): Artemisinin-based combination therapies (ACTs) revolutionized malaria treatment by combining artemisinin or its derivatives with partner drugs with distinct mechanisms of action. The synergistic effect of combining artemisinin's rapid parasite clearance with the longer-acting partner drugs enhances treatment efficacy and reduces the likelihood of drug resistance.

Commonly used partner drugs in ACTs include lumefantrine, amodiaquine, mefloquine, piperaquine and sulfadoxine-pyrimethamine. These combinations vary depending on geographic regions, prevailing *Plasmodium* species and drug resistance patterns. For instance, artemether-lumefantrine (AL) and artesunate-mefloquine (AS-MQ) are widely used in Africa and Southeast Asia, respectively.

Efficacy and Impact: Artemisinin-based combination therapies (ACTs) have demonstrated exceptional efficacy in treating uncomplicated *Plasmodium falciparum* malaria, the most lethal malaria parasite species. Clinical trials have consistently shown high cure rates and rapid parasite clearance with ACTs,

leading to reduced malaria-related morbidity and mortality [1,2].

Furthermore, the widespread adoption of ACTs as first-line treatment for malaria has contributed to significant declines in malaria burden in many endemic countries. The World Health Organization (WHO) recommends ACTs as the standard treatment for uncomplicated malaria globally, highlighting their pivotal role in malaria control efforts.

Challenges and Future Directions: Despite their effectiveness, artemisinin-based combination therapies (ACTs) face several challenges, including affordability, accessibility and emerging resistance. The high cost of ACTs poses a barrier to access for vulnerable populations in resource-limited settings, underscoring the need for sustainable financing mechanisms and affordable pricing strategies.

Moreover, the emergence of artemisinin resistance in Southeast Asia poses a serious threat to malaria control and elimination efforts. Continued surveillance, research and development of new antimalarial drugs and treatment strategies are imperative to combat resistance and ensure the long-term effectiveness of ACTs [3].

Description

Artemisinin-based antimalarial drug therapy represents a pivotal advancement in the treatment of malaria, revolutionizing the approach to combating this deadly disease. Artemisinin, derived from the sweet wormwood plant (*Artemisia annua*), possesses potent antimalarial properties that effectively target the malaria parasite at various stages of its lifecycle.

One of the key advantages of artemisinin-based therapies is their rapid action. These drugs are known for their ability to swiftly reduce the parasite load in the bloodstream, providing quick relief from symptoms and preventing severe complications. This rapid onset of action is crucial in regions where malaria is endemic, as delays in treatment can significantly increase the risk of mortality, particularly among vulnerable populations such as children and pregnant women [4].

Moreover, artemisinin-based combinations have demonstrated efficacy against multidrug-resistant strains of *Plasmodium falciparum*, the deadliest species of malaria parasite. By combining artemisinin derivatives with other antimalarial drugs, such as lumefantrine or mefloquine, treatment regimens can not only enhance efficacy but also reduce the likelihood of drug resistance development, prolonging the effectiveness of these therapies.

However, challenges remain in ensuring widespread access to artemisinin-based therapies, particularly in resource-limited settings where malaria burden is highest. Factors such as affordability, availability and proper distribution infrastructure pose significant hurdles to the equitable delivery of these life-saving treatments. Additionally, the emergence of resistance to artemisinin in some regions underscores the importance of continued research and surveillance to safeguard the effectiveness of these drugs [5].

Conclusion

Artemisinin-based combination therapies (ACTs) represent a landmark achievement in malaria treatment, offering a highly effective and well-tolerated option for combating this deadly disease. The discovery and development of ACTs, coupled with their widespread adoption, have transformed malaria management and contributed to significant reductions in malaria morbidity and

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mortality worldwide. However, challenges such as drug resistance and access barriers persist, emphasizing the importance of sustained efforts and global collaboration in the fight against malaria. As we continue to confront these challenges, artemisinin-based therapies remain a beacon of hope in our quest to eliminate malaria and improve the health and well-being of millions around the globe.

Acknowledgement

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Conflict of Interest

None.

References

1. Boaventura, R. M., R. B. Mendonça, F. A. Fonseca and M. Mallozi, et al. "Nutritional status and food intake of children with cow's milk allergy." *Allergol Immunopathol* 47 (2019): 544-550.
2. Lester, Mohammed, Ali Sahin and Ali Pasyar. "The use of dexamethasone in the treatment of COVID-19." *Ann Med Surg* 56 (2020): 218.
3. Hatchwell, Luke, Jason Girkin, Matthew D. Dun and Matthew Morten, et al. "Salmeterol attenuates chemotactic responses in rhinovirus-induced exacerbation of allergic airways disease by modulating protein phosphatase 2A." *J Allergy Clinical Immunol* 133 (2014): 1720-1727.
4. Staser, Karl, Matthew A. Shew, Elizabeth G. Michels and Muthi M. Mwanthi, et al. "A Pak1-PP2A-ERM signaling axis mediates F-actin rearrangement and degranulation in mast cells." *Exp Hematol* 41 (2013): 56-66.
5. Kranias, Gregory, Lauren F. Watt, Helen Carpenter and Jeff Holst, et al. "Protein phosphatase 2A carboxymethylation and regulatory B subunits differentially regulate mast cell degranulation." *Cellular Signal* 22 (2010): 1882-1890.

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