



anamed international e.V.

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2800 deaths caused by malaria per day thanks to the WHO and the EU! That cannot not be true! says the association anamed international

In November 2019, the EU classified *Artemisia annua*, often called "Queen of Medicinal Plants" and "Nobel Prize Medicinal Plant", as a non-approved new foodstuff (40); we believe, out of consideration for the profits of the pharmaceutical industry. Our association anamed, however, demands the immediate accreditation of this medicinal plant as an "Ancient food", like apples and pears! Obviously, the EU bases its negative stance on a recent WHO recommendation (1). According to the association, the fact that the WHO and the EU have currently joined forces against this medicinal plant proves that the same profit-seeking, ruthless and unscientifically acting pharmaceutical lobby in Brussels and Geneva has its bloody hands in the game. Therefore, the association provides below a committed counterstatement to this WHO document, called "The use of non-pharmaceutical forms of *Artemisia*", abbreviated here as NPA (*).

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(*) Abbreviations: NPA: This is our abbreviation for this WHO document. It is divided into a summary (reference 1) on one page (abbreviated by us NPA-Z-0) and a text in detail (reference 2) of which the pages are numbered consecutively (abbreviated by us with the page numbers NPA-D-v, NPA-D- vv, and furthermore NPA page D-1 to D-19).

Chapter 1: Personal remarks by the association and Hans-Martin Hirt

A quote falsely attributed to Bismarck is: "The less people know about how sausages and laws are made, the better they sleep". While compiling this document, I slept very badly. I would never have imagined the circumstances and influences under which WHO - recommendations are made. Not to mention how destructive and hostile to nature the resulting health policy is in Europe and the Tropics. The association anamed international e.V. is active in development and disaster aid and that is precisely why it asserts:

The association anamed international e.V. is horrified by the NPA document of the WHO and fears for the lives of thousands of people if this WHO declaration is not withdrawn immediately. With this policy, the WHO and the EU are significantly contributing to the causes of people fleeing their home countries! With this document, the WHO supports the greatest killer of mankind, malaria. Furthermore, with this policy, the WHO and the EU are killing more people every day rather than saving them. The only remaining option is to flee.

Objective of this counterstatement:

- In the short term: to prevent lives being lost from false recommendations;
- In the medium term: to show that wrong policies and strategies (such as those of the WHO and EU) contribute to causes of migration;
- In the long-term: to replace the WHO's disdain for natural medicine with a worldwide high regard for natural medicine in states, health agencies, clinics and in the work of aid organisations, with the aim of saving millions of lives.

Chapter 2: Counterstatement in the political context

2.1: Industry, the WHO and the EU are united in the fight against cheap naturopathy

Current situation: the contributions of States to the financing of UN organizations are constantly decreasing. Instead of reducing its activities, the UN organisation "WHO" is helping itself by collecting private donations. This year, 2019, the share of private donations, often from the pharmaceutical industry, is 80% of the total expenditure of the WHO (32). In other words, staff and money from the pharmaceutical industry is "helping" WHO to formulate recommendations and bills that are supposed to control the pharmaceutical industry! This is contrary to Article 57 of Chapter XII: Budget and Expenditure of the WHO Constitution (37): "The Health Assembly, or the Council on its behalf, may receive and administer gifts and legacies to the Organization provided that the terms of such gifts or legacies are acceptable to the Health Assembly or the Council and consistent with the purposes and policies of the Organization". However, donations from private institutions are not consistent with WHO's objectives, but determine those objectives.

Thus, the gap between rich and poor is widening.

In its "Traditional Medicine Strategy 2014-2023", the WHO itself stated that in certain countries, millions of people have no access to modern medicines nor to medical care and that traditional medicine should therefore play a special role:

"It is typical of these countries that the availability and/or accessibility of conventional medicine-based health services is, on the whole, limited. The widespread use of TM in Africa and some developing countries can be attributed to its being present on the ground and readily affordable. For instance, the ratio of traditional healers to population in Africa is 1:500 whereas the ratio of medical doctors to population is 1:40 000. For millions of people in rural areas, native healers therefore remain their health providers" (38).

The Chinese WHO Director General Dr. Margaret Chan (2006-2017) introduced this strategy with the following words:

"I am very pleased to introduce the WHO Traditional Medicine Strategy 2014- 2023. It is my conviction that it will be a valuable tool for governments, system planners and health practitioners and – most crucially – will benefit individuals seeking the right care, from the right practitioner, at the right time."

That is the theory! In reality, the pressure against medicinal plants is increasing with the increasing privatisation of the WHO. It is no coincidence that during this period, namely in 2015, the new Novel Food Regulation came into force for the EU: a regulation that can best be defined as "pro chemistry vs. biology". This opens the door to manipulation and blockade when "experts" in the WHO and EU, who are themselves employed in the "chemical" pharmaceutical industry, are supposed to make decisions and, of course, see unwanted competitors in medicinal plants. After all, the purpose of these lobbyists is to demonise the acceptance of medicinal plants until the large-scale pharmaceutical industry itself can profit from them; at the same time, the import of new medicinal plants and thus the gathering of experience in the EU is stifled. In this context, we should like to congratulate this Chinese WHO Director-General: It is certainly thanks to her that hundreds of medicinal herbal teas from TCM, "Traditional Chinese Medicine", can continue to be legally imported into the EU and used there, even if they are not registered according to the Novel Food List, i.e. they are actually illegal.

In the Novel Food Regulation, Chinese imports of medicinal plants are not mentioned at all. China ignores the nonsensical Novel Food Act. Thus European doctors and European alternative practitioners who use TCM do not run into any problems, but if they use unnamed prescriptions (with perhaps the same medicinal plants), they will face immense problems and threats of punishment from the regulatory authorities.

Since, contrary to European or African governments, China is proud of its tradition. As an African or European does not have the support of a proud entity like the powerful state of China, but instead bad luck, prescribed by the EU: The European must not import the same medicinal plants into Europe under any circumstances, otherwise this importer will be threatened with fines that will put him/her out of business and with destruction of the remaining stocks!!! Thus the African has no choice but to export predominantly such mineral resources, the mining of which poisons whole areas of Africa for thousands of years. A German is allowed to buy and use "Non-Novel-Food-Healing Plants" from China, but under no circumstances may he grow and sell them in Germany himself.

So **in practice** things look different: Naturopathy, traditional and alternative medicine and any kind of medical help for self-help are a thorn in the side of the European-American industry; however, this intensively influences the recommendations of the WHO and as the case may be, the legislation in the EU (29).

2.2: Current situation

Since July 2017, the Ethiopian Tedros Adhanom Ghebreyesus has been the first African leading the World Health Organization for 10 years. Tedros has promised to work for affordable health care for everyone in the world, regardless of wealth (24). He certainly means that sincerely, but he has no power within the WHO, because the above document aims at exactly the opposite. Obviously, the Ethiopian Director-General cannot prevent the publication in his name of a document which:

- ridicules help for self-help;
- has one-sidedly reported only the negative effects of natural medicine;
- for years has persistently concealed our own and other positive scientific results and condemned life-saving measures;

- has given Governments in countries plagued by malaria free rein, if not called upon them, to let malaria sufferers who cannot afford conventional medical treatment die (example Chad, 25).

2.3: Presentation of the plant Artemisia annua

A current example: For 2000 years the plant Artemisia annua has been used against fever. Prof Tu Youyou was awarded the Nobel Prize, though not until 2015 (!), thanks to her work with this plant. In fact, her greatest merit in the American-Vietnamese war of 1968 was to recommend this plant to the malaria-weakened Vietnamese soldiers, through which they could defeat their greatest enemy, malaria, and thus be superior to the Americans and force them to withdraw.

Of course, the pharmaceutical industry was immediately interested in isolating an active ingredient from this plant that could be patented and marketed. This suddenly divided the malaria patients worldwide into 2 groups: Those who could afford these drugs and those who could not.

Our association anamed international was the first humanitarian campaign to ask as early as 1988 why this plant, which had now been active in traditional household medicine for 2000 years, should suddenly no longer be used as a total extract, for example as tea...?

After huge efforts, in 2002 we were able to show the WHO/Roll back Malaria Initiative our first humanitarian plantation in the Congo and received a prize for it:

"Prix d'excellence" (26) signed by Norwegian Director-General Gro Harlem Brundtland!

The WHO probably since regrets giving this award.

However, the method of withdrawing this appreciation of Artemisia annua is perfidious: not recognised by the EU as "old food", not approved as "novel food", the further development to a total extract drug which is financially stifled by the demand for 300,000 euros in study costs, now ridiculed by the WHO in the aforementioned NPA document. The development aid workers and doctors who strongly believe in the effect of Artemisia annua are now being subjected to prosecution the world over by money-seeking national authorities.

The work of our association anamed international has led to the cultivation of Artemisia annua in over 2000 fields in over 100 countries today. With or without a doctor's prescription, hundreds of thousands of malaria patients have been cured with this tea. We have proven that Artemisia annua can cure 94% of malaria patients in the Tropics; in other words, instead of 1 million malaria deaths per year, 940,000 people were able to survive. Thousands of poor malaria patients are still alive today thanks to our work, even without money.

Where we have held seminars, the malaria rate has sometimes dropped dramatically, for example in northeast India (31). All this obviously seems to be a reason for super-rich donors, for WHO and EU, to fight our work. Here, profit takes precedence over human life. Today, 3000 people worldwide are dying of malaria again! But 2800 people would not die every day if they had Artemisia annua tea at their disposal. But it is precisely this saving of lives that the WHO wants to prevent with this NPA statement, and that the EU wants to prevent with the classification of this plant as a non-approved novel food. That is why this is the most murderous measure in the history of the EU and the WHO!

2.4: Anamed goes back to the source of the WHO

When the WHO was founded in 1948, it was supposed to fulfil the worldwide objectives of the United Nations (UN) Declaration of Human Rights:

"Everyone has the right to a standard of living that ensures health and well-being for himself and his family, including [...] medical care[...], and the right to safety in the event of[...] illness[...]. (35)

The NPA contradicts the purpose that led to the founding of the WHO in 1948: Article 1 of the 1948 WHO Constitution states: "The purpose of the World Health Organization (hereinafter referred to as the Organization) shall be to help all peoples to attain the best possible health" (37).

In the WHO Constitution, Article 2 lists tasks of the WHO that are of particular importance for anamed, such as task I "WHO shall encourage efforts to promote the health and well-being of mother and child and develop their capacity to live harmoniously in an environment in full transformation"; task M "shall promote efforts in the field of mental health and especially those aimed at establishing harmonious relations between persons" and task O "shall promote the improvement of teaching methods and training in medical and medicine-related professions".

The NPA condemns population groups, especially poor people, mothers and children, to death, even though the WHO is supposed to improve their health.

The fact that this human right also applies to the poor was made clear in the WHO Declaration of Alma-Ata in 1978:

„Primary health care relies[...] on health workers[...] as well as traditional practitioners[...].“ (35)

And also in the Beijing Declaration of 2008:

„The knowledge of traditional medicine, treatments and practices should be respected, preserved, promoted and communicated[...].“ (35)

It is precisely this respect that today's WHO has lost. The worldwide anamed movement wants to build an antipole by linking the knowledge of traditional medicinal plants with the knowledge of modern technology. Thus, there is an incentive for tropical countries to protect their jungle as a reservoir of medicinal plants. Thus, even the poorest nation on earth develops its own medicines to the greatest extent possible and thereby keeps its scarce financial resources in its own country.

In the context of helping people to help themselves, anamed does not charge any fees or commission and does not patent anything!

2.5: Who has reversed the polarity of the WHO in such a negative way?

With the NPA document, today's WHO has shown itself to be incapable of tackling the challenges of our time, indeed completely one-sided and unscientific. Because science should weigh the pros and cons! The WHO should be dissolved in its current form and reorganized in such a way that only state money contributes to its maintenance and its other, privately financed offices should be closed so that they cannot cause any further damage.

Any financing of the WHO by industrial stakeholders should be ruled out from the outset. Furthermore, the WHO should stop collecting the 3% commission for the malaria drugs it recommends, which can ultimately be seen as corruption, and which led to the WHO recommendation criticised here (33).

The most important task of the WHO should be to monitor the chemical pharmaceutical industry so that it,

- 1) does not ruin the global health insurance system with fantasy prices for their medicines, (e.g. a single injection bottle costing 2 million dollars (34))
- 2) does not hinder the cheap naturopathy through lobbyists in Brussels,
- 3) does not influence the legislation in poor countries in such a way that their governments fight their own naturopathy (probably in the hope that this will lead to more international aid (e.g. Tchad (25))

The trailer (30) of a film tells you what the WHO is really all about. The release planed initially for November 2019 has now been postponed to April 2020 (39).

2.6: It is high time!

The health care of mankind rests on two pillars: Naturopathy as sustainable help for self-help on the one hand, and industrial, conventional and short-lived production of medicines on the other.

Half of the entire budget of the WHO should be invested each one: to this day, however, the office of traditional medicine serves as a powerless "fig leaf" for the industry-dependent WHO. This dependence favours criminal incidents. The person in charge of a WHO malaria study on artemisia, the physician Dr. Jerome Munyangi in Kindu / Congo, delivered results that industry and the WHO did not like. This study in the city of Kindu, had been initiated in 2015 by the World Health Organization.

However, when the result was so clearly in favour of tea (99.5% efficacy versus 79.5% efficacy of the usual ACT tablets), the WHO was suddenly no longer interested. Instead, the head of the study, Dr Jerome Munyangi, was imprisoned and tortured, an occurrence driven by local pharmaceutical importers. He was able to find asylum in France on 18th June 2019 thanks to his European friends (27).

Another doctor in Eastern Congo, Dr. Dieudonné Manenga from the Catholic Hospital Kalundu/Ostkivu, also researched (further) malaria medicinal plants as an alternative to industrially imported tablets despite all the adversity. He was shot dead on September 16th 2019 by a hit squad in front of his wife and children (28).

Both named and other humanitarian organizations (e.g. the French organization "Maison d'Artemisia"), are horrified. We demand that the WHO support and continue the work of such doctors on a massive scale. Because especially at a time when the industry is largely discontinuing research on new antibiotics in favour of lifestyle drugs, sexual enhancers etc., it is extremely important that research on new medicinal plants as an aid to self-help be promoted.

For without a radical change in global health policy, the "post-antibiotics era" ahead will become an apocalypse.

Chapter 3: Counterstatement to the word "non-pharmaceutical"

Comment on the title of the NPA document: "The use of non-pharmaceutical forms of artemisia".

- 1) I, Dr. pharm. Hans-Martin Hirt, have a doctorate in pharmacy. Whether I buy, store or pack a medically effective tea, every time I am responsible, as a pharmacist, for carrying out this pharmaceutical work well, hygienically and according to the legal requirements. The pharmaceutical work begins with the advising and monitoring of the grower of a medicinal plant, so that s/he does everything necessary from sowing to harvesting to achieve a pharmaceutically legal quality. Even labelling is a high-risk pharmaceutical activity. Any mix-up can cost lives! Now, how can the WHO conceive of trivializing my end-product as a "non-pharmaceutical form"?????
- 2) One could say that chewing leaves is a medical prevention with a "non-pharmaceutical" product. Nevertheless, in the years before the end of the Vietnam War in 1975, the Vietcong soldiers gained new strength against malaria in the jungle and defeated the Americans, whose "pharmaceutical product" called Chloroquine Tablets were hardly working anymore and had many more side effects than Artemisia annua leaves! As a pharmacist, I have to admit that there are cures outside my profession that cannot be paid for with money...why does the WHO have difficulties with that?
- 3) A homepage of the pharmaceutical industry (<https://www.eupati.eu/glossary/pharmaceutical-form/>) states: *Pharmaceutical form is the physical characteristics of the combination of active substance and excipients (non-active ingredients) forming a medicinal product (tablet, liquid, capsule, gel, cream, sprays, etc.).*

As we can see from the word "etc.", this definition is not exclusive. A tea can also belong to this definition. And a medicinal plant tea, e.g. from leaves of *Artemisia annua*, is always a combination of medically active substances (e.g. Artemisinin) with non-active substances such as cellulose, sugar, starch, etc. If the WHO rejects my argumentation, I will gladly add some stevia leaves to improve the taste. Therefore, my appeal to all worldwide employees in naturopathy: Add one percent sugar or better lemongrass tea or similar to your artemisia tea and your tea will be a guaranteed pharmaceutical product according to this definition. Since the NPA paper only refers to "non pharmaceutical forms", the entire NPA document will no longer have any meaning for you!

- 4) What exactly does the WHO want to ban? The NPA document says "artemisia plant material in any form" and "herbal remedy". A remedy, however, is, according to translation help on the Internet, "A medicine or treatment for a disease or injury". And the WHO wants to prohibit such a thing??? (www.lexico.com/en/definition/remedy).
- 5) In other words, the WHO recommends for (or exerts a financial constraint on) governments in malaria-stricken countries that doctors remove a "remedy", a life-saving drug from their emergency kit, and that clinics refuse to take life-saving measures! What does the Hippocratic Oath say? To refrain from life-saving measures is unethical and punishable for every doctor, isn't it? This is the philosophy of the WHO :
 - A. The WHO forbids a medicinal plant if it is ineffective.
 - B. The WHO, however, prohibits even more strongly a medicinal plant if it is effective: indeed, it would endanger the profits of the pharmaceutical industry, which wants to market the extracts from the same medicinal plant at high prices.
- 6) Our work must continue precisely because the WHO contradicts itself. It is precisely because of their negative attitude that it is not permitted in the EU to provide a medicinal herbal tea with exact instructions, e.g. which diseases it could guarantee which success for! In complete contrast to this, on page D-vv it says: "Countries should...protect patients from...any products...without the necessary information in terms of their ...efficacy". Dear WHO: Do I have to label a pack of *Artemisia annua* tea with the sentence: "This tea is 94% effective against malaria"? If I write this sentence, I face imprisonment in the EU. If I do not write this sentence on the packaging, the WHO warns the governments against me.

In other words, this NPA document calls for illegal labelling and becomes illegal itself. It is much better for each Ministry of Health to have departments for conventional medicine and departments for herbal medicine on an equal footing and draw up recommendations for optimum health care.

Chapter 4: Counterstatement in scientific detail

Artemisia annua: A fantastic opportunity - which threatens to be wasted for economic and bureaucratic reasons. A counterstatement to the extremely life-threatening current WHO document "NPA" (1) and (2)

4.1: 300 million people get sick with **Malaria** every year and 1-3 million die as a result of it. The rediscovery of the plant *Artemisia annua* is therefore a stroke of luck in the history of tropical medicine: The extracted Artemisinin works 10-100 times faster than all previous malaria drugs (17). The question is, must we first industrially extract the artemisinin from the dried leaves with petrol and then process them into tablets, or can we not simply grow artemisia ourselves and make a tea from it in case of illness?

Let us consider: A reduction of the occurrence of malaria in Africa by only 20% means an economic gain corresponding to the total development aid for Africa per year (20 billion USD)(18) Or: If we can prove that artemisia tea has a healing rate of 80%, then this almost free medicine would mean

a profit equalling 4 times the worldwide development aid for Africa!

ARTE television says enthusiastically about this plant "Malaria, a victory in sight" and the Süddeutsche Zeitung calls it "the plant that could save Africa"(3). We say quite simply: Yes, a victory is in sight - not in the sense of extermination of the enemy, but in the sense of a controllable situation: Humanity will not eradicate malaria and malaria should no longer threaten to eradicate humanity! Our vision is that malaria is treatable and remains treatable and that this therapy remains accessible to the poorest populations for thousands of years!

We have published precise guidelines for this (4): Use of artemisia leaves as powder for ingestion, as tea for drinking, and as aqueous extract as an enema in case of unconsciousness. And if these herbal medicines alone should ever really be insufficient, we give instructions as to how these medicines can be combined with old, patent-free and therefore cheap "chemical" antimalaria medicine (Amodiaquin etc.): e.g. for AIDS patients or children under 5 years. Thus, an African state can effectively and without any cost, nor going begging to Mr. Bill Gates, build a defence against the extremely threatening increase of malaria.

4.2: NPA Document: This WHO "NPA" document is comprehensively and subjectively written PRO INDUSTRY and CONTRA NATUROPATHY. In the following sections, I will just comment on the 12 grossest intentional errors of this WHO documentation. With this I would like to provide African and Asian organizations and ministries with at least some exemplary arguments to defend themselves against the neo-colonial dominance of the WHO. I refer to their pages:

Page Z-0: Summary of the WHO NPA article, see directory (1)

Pages D: WHO NPA articles in detail, pages v, vv, and 1-13, see directory (2)

4.2.1 WHO quote on page Z-0: *the WHO does not support the promotion nor use of artemisia plant material in any form for the prevention of malaria.*

Answer anamed: on 1.7.2014 anamed evaluated 120 questionnaires from returnees who had conducted malaria prophylaxis with artemisia tea (*Artemisia annua* anamed, A-3). These persons were in a malaria area for up to 3 months (50 persons), up to 6 months (9 persons) and longer, up to several years (61 persons). 33 had a proven or suspected malaria despite A-3 prophylaxis. 22 of them had it once during their entire stay, 8 had it twice, and 3 had it several times. 87 did not get malaria. Several times it is reported that companions who took chemical prophylaxis also got malaria, sometimes even more often. The question: "Would you recommend the A-3 prophylaxis to emigrants?" was answered by 110 persons: 104 times with yes (95%) and 6 times with no (5%). Thus, this prophylaxis is no better or worse than a chemical prophylaxis but has fewer side effects and is antibiotic-free (19).

4.2.2 WHO quote on page Z-0: *WHO does not support the promotion or use of artemisia plant material in any form for the treatment of malaria.*

Answer anamed: How is it possible that anamed Bukavu received the WHO Price for Excellency in 2002 for its anti-malaria artemisia plantation in Bukavu? The only thing that has changed in the meantime is the increased industry dependence of the WHO! anamed-edition has been distributing A-3 seeds since 1996 along with a detailed guide as a "starter kit". In 2011, we sent questionnaires to all those who received starter kits from 1996-2009. 83 questionnaires were returned. Result: 34,447 malaria patients were observed by our partners; of these, 32,293 were reported as cured by artemisia tea only. The treatment success was therefore on average 94% (19) See also the article in "Die Welt" about the work of Stephen Rich from the University of Massachusetts on *Artemisia annua*: "Plant works better than its drug" (20).

4.2.3 Quote WHO on page Z-0: *The content of the artemisia herbal remedies given for malaria treatment and prevention varies substantially.*

Answer anamed: It is precisely for this reason that we have looked around for a cultivation

with a reliably constant active ingredient content and call this cultivation "Artemisia annua anamed" or abbreviated "A-3". Nobody has written a more comprehensive monograph on this subject in several languages than us (21). We must learn from history: for decades scientists condemned valerian tincture because no so-called active principle, no single effective substance could be isolated. The dispute was settled by agreeing that: Yes, valerian tincture is only effective in synergy, with the interaction of all available individual substances: Isolations are pointless. Many independent researchers confirm that this also applies to artemisia (13).

4.2.4 Quote WHO on page Z-0: *The content in artemisia herbal remedies is often insufficient to kill all malaria parasites in a patient's bloodstream.*

Answer anamed: For 20 years, the WHO has argued that an artemisia tea must be underdosed. Wrong! Because if that were the case then a tea of 9 g would work better than a tea of 5 g artemisia leaves. Studies by the University of Tübingen showed that this is NOT the case! (23)

Furthermore: What is important for an African in malaria areas is not the freedom from plasmodia, but the freedom from symptoms. He becomes infected with new malaria parasites every day anyway. He has plasmodia in his blood for the rest of his life, and that protects him against new infections. The study by Dr. Müller (6) at the University of Tübingen showed that 7 days after the start of medication with artemisia tea 77% of patients were free of fever, in 88% of cases fatigue disappeared, in 92% muscle pain and nausea disappeared. Thus, we have at least reached a state in which the patient regains the strength to walk to the next clinic (and that can be 100 km in the Congo (7), or a 3 day boat trip in the Amazon region (8)).

4.2.5 Quote WHO on page Z-0: *The content in artemisia herbal remedies is often insufficient to prevent recrudescence.*

Answer anamed: The University of Tübingen (6) has shown that effective blood levels can be achieved: Volunteers drank tea prepared from 9 g of dried Artemisia annua leaves. Blood levels reached 240 nanograms of artemisinin per ml, 26 times more than is needed to prevent Plasmodium falciparum from multiplying in vitro (14). The author in Tübingen nevertheless advises against artemisia tea, since 4 weeks after the start of treatment in a Congolese study, many patients again fell ill with malaria. However, this could be a consequence of new infections: after all, artemisinin only has a half-life of 1½ hours in contrast to Fansidar (half-life of 3 weeks!). We therefore insist that the tea be taken for 7 days, sometimes even 12 days, and that the patient do everything possible to prevent new infections. We must also not forget that Artemisinin in artemisia tea has an additional immune-enhancing effect (17). Many patients, including those suffering from other diseases such as typhoid fever, AIDS, rheumatism, bronchitis, tell us that they feel stronger after taking this tea.

4.2.6 Quote WHO on page Z-0: *Widespread use of Artemisia annua herbal remedies could hasten the development and spread of artemisinin resistance.*

Answer anamed: We are absolutely sure that the use of tea does not increase this risk! The tea has been used in China for 2000 years and there has been no resistance. Now the industry is taking the matter in hand, the issue is not even 20 years old, and already we have a development resistance against the isolated artemisinin (9). If artemisinin becomes ineffective, it is the fault of the industry and not of naturopathy: to this day, no parasite is known to have become resistant to a total extract of a plant! Take malaria, for example: chloroquine, which is synthesized from the bark of the Chinese tree, has become almost ineffective worldwide, but tea from the bark of the Chinese tree is still as effective today as it was hundreds of years ago! Hence:

First: I trust a tea from my own tropical garden much more than tablets from pharmacies in tropical countries! Artemisinin and its derivatives (e.g. Artesunate, Dihydroartemisinin etc.) are expensive and not sufficiently available world-wide: these are ideal conditions for the production of fake preparations! (See: "Bloodbath on humans by fake artesunates") (15). This means, for example, that a company adds only 1% of the declared active ingredient to the tablets so that the qualitative tests continue to be positive. On the one hand this is lethal for the patient, on the other hand it gives the malaria pathogen the possibility to develop resistance. artemisia tea, on the other hand, has such a characteristic taste that we have not seen any counterfeits to date!

Secondly, more and more pharmaceutical companies are even counterfeiting ACTs: the majority (!) of ACT tablets sold in Vietnam and Cambodia today are counterfeit (12).

Thirdly, it is therefore incomprehensible that we are asked not to use the tea so that the effectiveness of the tablets is not endangered. Which came first?

4.2.7 WHO quote on page Z-0: *Artemisinin in any form does not work well as prevention against malaria.*

Answer anamed: Here we agree, but sorry, WHO, you have just scored an own goal! We are against the "purification" of the artemisia leaves, because that is in truth a "poorification"! The plant *Artemisia annua* has produced a whole arsenal of 245 substances (ten of them are directly effective against malaria) to defend itself against its enemies building up resistance to it. If, in its evolution, the artemisia plant had followed the WHO recommendations for monotherapy (Artemisinin) or duotherapy (Artemisinin plus antibiotic), it would have long since died out!!

4.2.8. WHO quote on page Z-0: *Affordable and efficacious treatments for malaria are available.*

Answer anamed: Haha, dear WHO, that's what happens when malaria conferences are always held at the Hilton Hotels in the capitals of Africa and Asia. Just today 3000 people have died of malaria again because a few kilometres away from your hotel, these chemical drugs are NOT available, are TOO EXPENSIVE, are FAKE, or DO NOT WORK. And above all, they have died because the WHO also recommends that the countries of the "Third World" take away their own traditional medicines, which then leads to corrupt rulers and the punishments of patients who have gone to a healer in desperation. The example of Chad is proof that today's WHO policy consciously promotes death instead of life! (25). The WHO's own staff member, Dr. Merlin Willcox, visited anamed groups in Kenya in Nov 2009 and reported (22). Quote: "*Artemisia annua* is a valuable alternative when Coartem is out of stock / patients cannot afford Coartem / inadequate doses of Coartem are being prescribed because of shortages / patients (especially adults) prefer to take tea rather than tablets".

4.2.9. WHO quote on page D-V: *To achieve high efficacy rates, sufficient levels of artemisinin need to be administrated and absorbed over seven days.*

Answer anamed: Right! And that is why the WHO policy is wrong! Because in the ACT preparations recommended by the WHO, 2 different drugs are combined, with extremely different half-lives! ACT tablets are taken for 3 days. The first component is an artemisinin derivative with a half-life of 1 to 2 hours. The second component is e.g. lumefantrine with a half-life of 5 days, or mefloquine with a half-life of 3 weeks! In other words: Anyone taking the combination artemisinin-derivative plus lumefantrine, really has 2 active substances in the blood for 3 days, but from day 4 to 9 has only lumefantrine. With the combination artemisin derivative plus mefloquine, the patient has only mefloquine in the blood from day 4 to day 25, and subtherapeutic levels of it many weeks longer! ACTs are therefore not combinations, but double resistance generators:

Reason NUMBER ONE: If a patient is bitten in this second period (which is all too often a daily occurrence in the tropics), the plasmodium only meets a MONOTHERAPY. The plasmodium now has weeks to develop resistance to this substance. We quote "As soon as the combination artemether-lumefantrine was introduced in Zanzibar, failures occurred with genetic evidence that lumefantrine-resistant parasites were selected" (16).

Reason NUMBER TWO: If the now lumefantrine-resistant patient is treated again with ACT, in reality they only receive artemisinin for 3 days, which inevitably leads to artemisinin resistance, thanks to the WHO!

4.2.10 Quote WHO on page D--1: *In 1967, China launched ... a project aimed at finding new drugs for the treatment of malaria....Professor Tu Youyou (was) awarded the Nobel Prize in Medicine 2015...*

Answer anamed: What the WHO is hiding here: Prof Tu Youyou discovered *Artemisia annua* for the Vietcong, the communist military! Starting in 1968, the malaria-weakened soldiers from North Vietnam were able to chew *Artemisia annua* leaves and therefore became stronger than the malaria-weakened American soldiers. Thus, in the years up to the end of the Vietnam war in 1975, the Americans suffered their first world-wide defeat and were forced to retreat. In other words, yes WHO, here a "non-pharmaceutical preparation" (!!!), namely the direct chewing of the leaves, settled a war! Does this war (with 5 million deaths) have to be repeated because the Vietcong soldiers did not follow the WHO guidelines?

4.2.11 Quote WHO on page D-4: *For severe malaria, injectable artesunate is recommended.*

Answer anamed: But this is exactly what is unattainable or unattainably expensive in most countries! Artemisinin as a single injection of 60 mg costs about 200 Euro in Germany, the same amount of artemisinin in tea leaves costs only 2 Euro approximately: a 99% saving!

4.2.12 Quote WHO on page D- 7: *Some go so far as to suggest administering the tea rectally as an enema for patients who are unconscious (www.anamed.org/en/).*

Answer anamed: We are grateful that employees in the WHO do seem to read our literature after all! Concerning *artemisia* tea enemas (which seem incredible to you), our colleague from Mizoram/Northeast India writes: "A teenaged boy was brought into the Christian hospital at Lunglei. He was unconscious having had symptoms of cerebral malaria for several days. They expected him to die within hours. It looked hopeless. Dawnga remembered learning at the seminar that with babies they administered the tea via enema. It seemed too late, however in desperation, they tried this. Within 3 hours the lad came out of his coma and three days later he was well and able to return to his village". Does this young man have to apologize to the WHO for still being alive?

4.2.13 WHO quote on page D-10: *In general, the few clinical studies (for herbal forms of artemisia) have often been of relatively low quality...*

Answer anamed: Wonderful: The WHO prefers to use its money to support the development of patentable chemical drugs rather than non-patentable medicinal plants. This means, of course, that the research money does not go to biology but to chemistry. But without money, no large "biological" studies can be carried out; now the WHO reproaches "biology" that its studies are of low quality: Well, that's a vicious circle, isn't it?

Chapter 5 Conclusions and applications

In view of this dramatic situation, our association has submitted the following ten applications:

- 1)** To the WHO Director-General asking him to withdraw this WHO document because of the threat to millions of lives.
- 2)** To the World Health Assembly, the WHO's controlling body, to close the department responsible for this unacceptable document.
- 3)** To the WHO as a whole, to declare that this document on "non-pharmaceutical forms of artemisia" has no meaning for our association. Our association was founded by Dr. Hans-Martin Hirt, a pharmacist with a doctorate in pharmacy, and after 20 years of cooperation with pharmaceutical and medical experts all over the world, he has produced a monograph on the (thus pharmaceutical) forms artemisia tea, artemisia leaf powder, artemisia ointment, etc., which is freely accessible on the Internet.
- 4)** To the EU and its parliamentarians to declare that "Artemisia annua" has been an important food since ancient times and therefore does not need to be registered as "Novel food" any more than apples, pears, camomile tea etc.
- 5)** To the EU and its parliamentarians to declare that the tea "Artemisia annua anamed", further developed by us, due to its careful anamed monograph, can be used as a foodstuff worldwide, for disaster relief too, and freely imported, exported and utilized. And that exactly the same global freedoms apply to anamed as to products such as TCM (Traditional Chinese Medicine).
- 6)** To the EU and its parliamentarians to declare that for the 60 medicinal plants described in the book "Natural Medicine in the Tropics" and studied worldwide for 30 years as "TTM" (Traditional Tropical Medicine) exactly the same freedom apply as for TCM.
- 7)** If the EU rejects one of these demands from us, we will request that the Novel Food Regulation be abolished and replaced by a "Novel Product Regulation". Because the chemical industry develops a lot of new chemicals every day that are transferred into food and never tested. A plastic bottle for table water can consist of 200 chemicals. Nobody knows how the substances that pass into table water react with each other and what these reactions trigger in the body. It is therefore high time that biological products will no longer be isolated and treated with suspicion!
- 8)** To the Federal Republic of Germany and its representatives to ensure that at least 50% of future development aid is used to help people help themselves, for example with medicinal plants, instead of financing the European-American vaccination and pharmaceutical industry...
- 9)** To all governments in countries plagued by malaria to protect their primeval forests as a reservoir of local medicinal plants and to obtain local remedies from them. These can then be used in their own country and exported, rather than poisoning their landscapes for all eternity through mining for the extraction of minerals.
- 10)** To all levels of civil society, i.e. associations and initiatives, to intensify the research and appreciation of their own medicinal plants. This is the only way to prevent the worldwide development of resistance, for example to life-threatening malaria parasites.

Chapter 6 Summary and discussion

Our work would be made a lot easier now...

- A.** if African governments did not see themselves as rulers, but as servants of their people: If an expensive medicine is imported, the government receives a high registration fee, high import taxes, and a high value added tax. If "natural medicine" is produced in the country itself, the government receives (almost) nothing, but healthy citizens. Examples: A clinic that produces Chilli ointment for rheumatism and artemisia tea for malaria, serves the people more than the African government. The latter only profits financially if it recommends that Africans use German Voltaren ointment against rheumatism and Swiss Coartem against malaria!
- B.** if the WHO could free itself from the clutches of industry by financing its administrative costs through tax revenues and not with donations from the pharmaceutical industry. What the world needs is an independent WHO, not a "WIO", a World Industrial Organisation! The WHO is apparently so poor that for just one year, it receives one million USD as a "fee" for the mediation of "Coartem" from Kenya alone, according to the "Daily Nation" (11). How can the WHO discuss medicinal plants or even do research if it receives so much money for its arguments in favour of industry? And how can doctors around the world be neutral and conscientious in advising their patients when they are legally forced to pass on such strange recommendations to the patient?
- C.** if the universities worldwide could finance their research work through tax revenues in order to work in a problem-oriented way rather than in a product-oriented way and with the interests of the pharmaceutical industry as priority.

Our conclusion is that artemisia tea is now ready for the market, but not as a mono-industry, rather as a project that thousands of small businesses can do themselves! Anamed does not patent anything, it is the only way for tropical countries to build their own production capacity. A European military promised us full funding for our research, but without being allowed to publish our results! We graciously declined! Anamed offers the possibility to all humanitarian organisations worldwide to cultivate suitable artemisia varieties completely royalty-free, to use them completely royalty-free and to distribute our instructions for use completely free of charge or to print them out from the Internet www.anamed-edition.com as a free download. Anamed advises about 2500 A-3 cultivation partners in over 100 countries.

Thank you: We thank all those who have contributed to this publication, especially scientists, doctors, and thousands of patients.

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Chapter 7: Annex

7.1: Letter to the Ministry of Health in Chad (16/10/2019)

REPUBLICQUE DU TCHAD
PRESIDENCE DE LA REPUBLIQUE
MINISTRE DE LA SANTE PUBLIQUE
DIRECTION GENERALE
DIRECTION DE LA PHARMACIE, DU
MEDICAMENT ET DE LA PHARMACOPTEE

وحدة عمل تقدم
Unité-Travail-Progress

جمهورية تشاد
رئاسة الجمهورية
وزارة الصحة العامة
الإدارة العامة
إدارة الصيدلانية والأدوية والأعشاب الطبية



NOTE CIRCULAIRE N° 671 / PR/MSP/DG/DPMP/DP/2019

(Portant interdiction de la promotion, de la vulgarisation, de la vente et de l'utilisation non pharmaceutique des différentes parties d'Artemisia annua sur tout le territoire)

Le Ministère de la Santé Publique fait face à l'apparition sur le marché de plusieurs tisanes à base d'Artemisia annua contre le paludisme. Ce phénomène a pris une ampleur inégalée. La recherche documentaire sur ce produit s'avère infructueuse et appelle à la prudence quant au risque d'entraîner des résistances aux antipaludiques. Il faut rappeler que le traitement du paludisme doit strictement obéir au protocole national élaboré par le Programme National de Lutte contre le Paludisme.

A partir de ce jour, il est formellement interdit de faire la promotion, la vulgarisation et la vente des différentes parties d'Artemisia annua sur tout le territoire national.

La présente note prend effet à compter de la date de sa signature.

J'attache du prix à cette note.

16 OCT 2019

Le Ministre de la Santé Publique



Pr. MAHAMOUD YOUSSEF KHAYAL

Ampliation

- Délégations Sanitaires Provinciales ;
- Agences de Presse ;
- Communes des 10 arrondissements.



Faire Reculer le Paludisme Prix d'excellence

attribué à

PROGRAMME MEDECINE NATURELLE / SUD-KIVU.

*Pour son action remarquable dans la communauté
et son appréciable contribution au partenariat global de*

Faire Reculer le Paludisme

avril 25 — Journée Africaine du Paludisme — 2002.

Gro. H. Brundtland

Dr Gro Harlem Brundtland
Directeur Général OMS

D. J. Alwis

David Alnwick
Administrateur
Faire Reculer le Paludisme





Translation of WHO certificate

Roll Back Malaria Program

Excellency Award

attributed to

Natural Medicine, Anamed South Kivu, Kongo

*for its remarkable activity in the community and its commendable contribution
to the global partnership of Roll back Malaria*

April 25 – African Malaria Day - 2002

Dr. rer.nat. Martin Hirt

Anamed international

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71364 Winnenden, Germany

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7.3 List of *Artemisia annua* components, Database from Dr. Duke

anamed uses a rich whole extract, and not simply "poorified" artemisinin to treat malaria

Why is *Artemisia annua* (whole plant extract) effective?

Because it contains chemicals with.....

Antiplasmodial Activity:

CHRYSOSPENETIN
CHRYSOSPENOL-D
OLEANOLIC-ACID
QUERCETIN

Antimalarial Activity:

ARTEMETIN
ARTEMISININ
ASCARIDOLE
CASTICIN
CHRYSOSPENETIN
CHRYSOSPENOL-D
CIRSILINEOL
EUPATORIN
OLEANOLIC-ACID
QUERCETIN

Analgesic Activity (against fever):

ALPHA-AMYRIN
ALPHA-BISABOLOL
ASCARIDOLE
BETA-AMYRIN
BORNEOL
CAMPHOR
COUMARIN
MENTHOL
MYRCENE
P-CYMENE
QUERCETIN
SCOPARONE
SCOPOLETIN
THYMOL

Anticolitic Activity (against colic):

QUERCETIN

Antidiarrheic Activity:

CAMPHOR

Antiemetic Activity (against vomiting):

CAMPHOR

Antipyretic Activity (against fever):

ALPHA-BISABOLOL
BETA-SITOSTEROL
BORNEOL
MENTHOL

Antispasmodic Activity:

1,8-CINEOLE
ALPHA-BISABOLOL
ALPHA-PINENE
ALPHA-TERPINENE
APIGENIN
BETA-PINENE
BORNEOL
BORNYL-ACETATE
CAMPHOR
CARVACROL
CIRSILINEOL
GERANIOL
ISORHAMNETIN
KAEMPFEROL
LIMONENE
LINALOOL
LUTEOLIN
MENTHOL
MYRCENE
PATULETIN
QUERCETIN
SCOPARONE
SCOPOLETIN
TERPINEN-4-OL
THYMOL

Diuretic Activity (for cleansing the body):

APIGENIN
FRIEDELIN
ISOQUERCITRIN
KAEMPFEROL
LUTEOLIN

OLEANOLIC-ACID
TERPINEN-4-OL

Immunostimulant Activity:

ASTRAGALIN
COUMARIN
EUPATORIN

Mosquitocide Activity (kills mosquitoes):

BETA-AMYRIN

Sedative Activity:

1,8-CINEOLE
ALPHA-PINENE
ALPHA-TERPINEOL
APIGENIN
ASCARIDOLE
BORNEOL
BORNYL-ACETATE
CARVONE
COUMARIN
CUMINALDEHYDE
GERANIOL
ISOEUGENOL
LIMONENE
LINALOOL
OLEANOLIC-ACID
P-CYMENE
STIGMASTEROL
THYMOL

Antithrombic Activity (avoids blood clotting as in cerebral malaria):

QUERCETIN

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Schafweide 77
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Germany
Web: www.anamed.net

Taken from Dr. Duke's Phytochemical and Ethnobotanical Databases on 2nd November 2006:
http://sun.ars-grin.gov:8080/npgspub/xsql/duke/pl_act.xsql?taxon=120

N₂

Dr JÉRÔME MUNYANGI À PARIS



Le Dr Jérôme Munyangi est arrivé à Paris le 18 juin avec un visa qui lui permet de demander l'asile politique en France. De nombreuses personnes nous ont aidés à le faire sortir de République Démocratique du Congo (RDC), où il a été emprisonné dans des conditions indignes par une procédure inique initiée par l'entreprise Shalina, leader de la vente de médicaments chinois et indiens en Afrique Centrale. L'OFPRA (Office Français de Protection des Réfugiés et Apatrides) doit l'accompagner dans ses démarches.

Chapter 8: Bibliography

1. <https://www.who.int/news-room/detail/10-10-2019-the-use-of-non-pharmaceutical-forms-of-artemisia>. Document that we abbreviated as "NPA"
2. <https://www.who.int/publications-detail/the-use-of-non-pharmaceutical-forms-of-artemisia>
3. Süddeutsche Zeitung, 21.12.2004, "Ein Kraut gegen den Killer" page 3
4. see www.anamed-edition.com
5. Wiegand, Ralph, Arba Minch , Ethiopia, and Ettlting, Maike, Musoma/Tanzania, personal communications, April 2006
6. Mueller, Markus et al, Journal of Ethnopharmacology, 73 (2000), 487-493
7. Hirt, Hans-Martin: Report of the travel to Bokungu-Ikela, Congo, 12/2003
8. Melillo, Pedro, University of Campinas, Letter to RITAM , 11.03.2006
9. Afonso, A et al, (2006). Malaria parasites can develop stable resistance to Artemisinin...Antimicrobial Agents and Chemotherapy 50: 480-489 cited in "The world of Artemisia", Royal Tropical Institute, Netherlands, 2006
10. Hannelore Klages, "Bei den vergessenen Kindern Burundis", www.amazon.de/review/R9ZWUS2ZEN6VU
11. Daily Nation, Newspaper in Kenia, April 14, 2005:"Factions differ over drug tender" "But pharmaceutical sources accuse WHO of pushing Coartem because as a procurement agency for the country it will be paid a three per cent agent fee by the buying country. Kenya will use a total of \$ 34 million a year for purchasing the drug and therefore WHO will get approximately \$1 million."
12. Gathura, Gatonye, (2005), "Counterfeits hit new malaria drugs", The Daily Nation newspaper, Kenia, 17.Nov. 2005
13. Duke, James R, (2005), Chemical and Engineering News, May 2, Vol. 83, No 18, pp4-5. (James Duke is a wellknown author of the "Duke Phytochemical and Ethnobotanical Database".)

14. Heide, Lutz, (2006), "Artemisinin in traditional tea preparations of Artemisia annua", Trans. Of the Royal Society of Tropical Medicine and Hygiene, Vol. 100. Issue 8, p 802.
15. Newton, Paul et. al., (2006), "Manslaughter by Fake Artesunate in Asia - Will Africa Be Next ?", Plos Medicine, Vol.3, Issue 6, p. e197, www.plosmedicine.org.
16. Duffy, Patrick E and Mutabingwa Theonest K, (2006), Artemisinin Combination Therapies, The Lancet, 367, pp 2037-2039
17. Willcox, Merlin et al (2004) "Artemisia annua as a Traditional Herbal Antimalarial" in "Traditional Medicinal Plants and Malaria", CRC Press Washington, 43-59
18. WHO, (2000) "Economic costs of Malaria....", Press Release WHO /28, 25.April 2000
19. <https://www.anamed-edition.com/de/download.html>, see „evaluations“
20. <https://www.welt.de/gesundheit/article112282508/Arznei-Pflanze-wirkt-besser-als-ihr-Medikament.html>
21. <https://www.anamed-edition.com/de/download.html>, see order number 202 (German), 203 (French), 204 English)
22. Malaria and Artemisia tea, email by Merlin Willcox
23. "The efficacy of Artemisia annua anamed tea", studies by Markus Müller, in anamed documentation "A-3:from Research to experience", order Nr 220, page P-5
24. <https://www.trafikantenzeitung.at/trafikantenzeitung/neuer-chef-der-who-gewaehlt-145839>
25. Letter of health ministry Tchad, see attachment 7.1
26. Prix d ´excellence see attachment 7.2
27. Round letter Sept 2019 in www.maison-artemisia.org; see attachment 7.4
28. <https://docitinfo.net/2019/09/16/communique-necrologique/>
29. <https://www.heise.de/tp/features/Bill-Gates-zwischen-Schein-und-Sein-3378037.html?seite=all>
30. <https://www.infosperber.ch/Gesundheit/Malaria-Novartis-WHO-und-Stiftung-Bill-Gates-mitschuldig>
31. Yearly report of the organisation Bye-bye Malaria, Document available at anamed office.
32. <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0436-8>
33. Zeitungsartikel „Daily Nation (Kenya)“ Ausgabe 14.04.2005, page 25+26
34. <https://www.tagesspiegel.de/wissen/gentherapie-mittel-zolgensma-die-2-millionen-dollar-spritze/24387956.html>
35. Book „anamed Teacher`s resource kit!“, anamed oder number.113, page P3 - P5
36. List of Artemisia annua components, Database from Dr. Duke, see attachment 7.3
37. Constitution of WHO <https://www.admin.ch/opc/de/classified-compilation/19460131/201405080000/0.810.1.pdf>
38. WHO Traditional Medicine Strategy 2014- 2023 https://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/
39. <https://www.filminstitut.at/de/das-fieber/>
40. http://ec.europa.eu/food/safety/novel_food/catalogue/search/public/index.cfm#