

EBOLA: Save yourself if you can, rather than waiting for the WHO, the EU and the US.

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PLEASE TRANSLATE THIS ARTICLE INTO VARIOUS LANGUAGES AND SEND IT AROUND THE WORLD; THANK YOU!



I Current commentary

Dr Hans-Martin Hirt

About the author: Regarding VIRUSES: Hirt is a pharmacist and completed his PhD from 1975 to 1978 at the Institute of Virus Immunology at the German Cancer Research Centre. Regarding CONGO (then Zaire): Hirt worked from 1985 to 1991 as a coordinator for preventive and curative medicine for a population of 400,000 people, who lived almost entirely without doctors, in western Congo on behalf of a Basel-based mission. Regarding HOSPITALS: Hirt was responsible for production and quality assurance as a hospital pharmacist in Heilbronn from 1979 to 1985. Regarding EXPERIENCE: Hirt was employed from 1992 to 1994 as a Zaire consultant for the Diakonisches Werk (Brot für die Welt), visiting and advising on health projects and clinics run by various churches throughout the Congo (including the Ituri region, which is currently affected).

Regarding Artemisia annua:

Artemisia annua was crowned the 'Queen of Medicinal Plants' because it requires no pharmaceutical processing whatsoever – and is therefore not costly. So it remains accessible to poor patients. This is in contrast to almost all antiviral preparations. Dried Artemisia leaves can still save the lives of terminally ill malaria patients even when artemisinin combination tablets or injections fail

(1). The organisation anamed, whether as an association (2) or as a publisher (3), works with a non-genetically modified, artemisinin-rich cultivar called Artemisia annua anamed (abbreviated to 'A-3'), selected from 11 cultivars by the University of Tübingen in 1998. The reason for this is simple: wild forms sometimes produce little to no artemisinin, which would make their use in life-threatening situations irresponsible. The organisation anamed has supplied 4,000 projects worldwide with these seeds at very low cost or free of charge, but has deliberately excluded commercial suppliers in order to block any patenting and thus ensure that all income from the sale of this plant remains with local farmers in developing countries.

Artemisia annua has antiviral properties:

The internet is full of reports on the broad antiviral spectrum of this plant, including Covid-19, Covid-2 (yes, that exists from 2002!), hepatitis strains, herpes viruses, and the viruses causing AIDS, influenza, dengue, Epstein-Barr, chikungunya and cytomegalovirus. In fact, there is no viral disease against which Artemisia annua, particularly A-3, has proven to be completely inactive.

The emergence of new viruses is deliberately designed to instil fear.

The more dramatic the emergence of a virus, the more people supposedly fall 'incurably' ill and die from it, the more explosively the prices of medicines rise, and the faster impoverished people are thus excluded from preventive or therapeutic medication – see the sad chapter on AIDS in human history.

WHO and the global press, 20 May 2026: "There is no cure for Ebola"

This statement is, unfortunately, a triple lie, and I would have liked to see the African director of the WHO finally serving the African population rather than the pharmaceutical lobby.

1. The internet states: "The WHO actively seeks and requests available vaccines and therapies during Ebola outbreaks." Of course, there are a number of medicinal plants with antiviral properties: the correct statement would therefore be: "Out of deference to the profit interests of the super-rich on the WHO's committees, the organisation avoids verifying the known efficacy of the practically free medicinal plant *Artemisia annua* in vitro and in vivo. Any collaboration with the experts at anamed is not only rejected but actively opposed."
2. Every plant contains antiviral components; otherwise, it would not have survived evolution. However, of around 250,000 plants, only 5,000 – that is, just 2% – have been scientifically studied. In other words: 98% of plants are still waiting for their new active ingredients to be discovered. Just as no cancer patient should be labelled as having exhausted all treatment options, a new viral threat to humanity must not be labelled as impossible to treat! A pupil who scores only 2 out of a possible 100 in an exam is considered a failure. Global health policy is failing in exactly the same way! Not only does the North fail to support the South, but it also blocks the South's right to further develop and market its medicinal plants, as evidenced by the WHO text that was quite obviously initiated by Bill Gates: "The WHO does not support the promotion or use of *Artemisia* plant material in any form for the prevention or treatment of malaria." (5)
3. There is indirect evidence that *Artemisia annua*, or our preferred artemisinin-rich variant A-3, is effective against Ebola. This is because it is reported that the mortality rate of Ebola patients, which is 90% without treatment, could be reduced to 50% through the combination of artesunate and amodiaquine. The authors write: "amodiaquine on its own failed to demonstrate efficacy" (6), so the anti-Ebola effect can only stem from the artemisinin. However, this is easily obtained by taking A-3 tea or dried A-3 leaf powder. And above all: in most cases, A-3 leads to a rapid recovery in patients suffering from malaria who are denied access to bush clinics out of fear of Ebola!

It is tragic to see that not only are my warnings and advice being ignored, but also, as things stand today, my life's work on medicinal plants is being threatened by the federal government with a proposed fine of 250,000 euros. And it is unfortunately the case that the South is expected to supply the North with rare earths for its insane waste of electronics, whilst respect for the human right to health is becoming increasingly rare. Hence my appeal to African governments worldwide: save yourselves if you can; follow the example of the President of Madagascar, who in 2020 decided in favour of his people regarding *Artemisia* and therefore against a capitalist WHO policy.

Export medicinal plants from Africa to the whole world, not mineral resources that endanger the environment and the health of peoples, thereby making them vulnerable to epidemics! In 2023, the late Pope Francis rightly denounced the greed of the elites: "The suffocation of Africa must stop: Africa is not a mine to be exploited, nor land open to plunder. Hands off Africa."

Further reading:

For more on cultivation, harvesting and use, see our *Artemisia* brochure in German (order number 202), English (204), French (203), Spanish (207) and Portuguese (205) under 'Downloads' at www.anamed-edition.com

- (1) <https://pubmed.ncbi.nlm.nih.gov/28732806/> *Artemisia annua* dried leaf tablets treated malaria resistant to ACT and i.v. artesunate: Case reports
- (2) www.anamed.org
- (3) www.anamed-edition.com
- (4) <https://pubmed.ncbi.nlm.nih.gov/26735991/>
- (5) Source: <https://iris.who.int/bitstream/handle/10665/329083/WHO-CDS-GMP-2019.14-eng.pdf>
- (6) <https://pmc.ncbi.nlm.nih.gov/articles/PMC6934550/>

Conflicts of interest: Following a raid against him (in 2022), the author no longer sells Artemisia tea or leaf powder and is therefore free from suspicion!

|| **This first comment** was made in August 2014 and, as expected, was naturally ignored by the WHO, the EU, the Federal Republic of Germany, etc.

“The disciples set out and went from village to village. Everywhere they went, they proclaimed the message of the Kingdom of God and healed the sick.” The Bible, Luke 9:6

Ebola: viral disease, transmitted via blood, sweat, urine and semen. Initial symptoms resemble those of malaria: fever, muscle pain, nausea; after 5–7 days, Ebola-specific internal bleeding sets in. AIDS viruses remain infectious outside the body for only 30 minutes; Ebola viruses remain infectious for several days! Men who have recovered from Ebola can still transmit the virus via their semen for up to 7 weeks (Wikipedia).

Defence: Through non-specific immunity / specific immunity / antiviral drugs

1. Immunity: The body combats viral infections through soluble antibodies (humoral immunity) and lymphocytes (cellular immunity)
2. Antiviral drugs inhibit the replication of viruses in the body

Situation: The cordoning off of slums, closure of borders, etc. lead to famine, which in turn leads to reduced immunity, thereby exposing the isolated population to an even greater risk of infection. Frequent bouts of malaria weaken the body, cause anaemia and consequently reduce immunity. AIDS also leads to reduced immunity.

Malaria and AIDS reinforce each other and make the body even more susceptible to further infections such as Ebola. The frequent lack of domestic pharmaceutical production leads to ongoing shortages and disruptions in the treatment of malaria and AIDS patients. Africa suffers from a brain drain: medical professionals are trained and then leave Africa due to low earning potential. This places an even greater burden on the few remaining medical professionals. The obligation on medical professionals to care for Ebola patients is further depleting this already scarce workforce: . According to the World Health Organisation (WHO), at least 225 doctors and nurses have been infected in West Africa over the past six months. 130 of them have died.

Proposals:

1. Countries worldwide should prioritise the expansion of healthcare systems rather than armaments.
2. The WHO should recognise phytotherapy (i.e. self-help), for example in the fight against AIDS and malaria, as equivalent to chemical (patentable, addictive) medicine
3. Training of volunteer herbalists as ‘primary healthcare workers’ in the prevention of malaria, AIDS, Ebola, etc., would relieve the burden on (expensive) hospital operations. In particular, volunteers who have recovered from Ebola should be trained to care for Ebola patients
4. Supporting the immune system by administering 5 g of moringa powder daily to at-risk or sick people, with children receiving a correspondingly lower dose. To this end, the government must establish moringa fields covering square kilometres (Moringa oleifera, first harvest one year after sowing).
5. Antiviral and immunostimulatory therapy is possible through the daily administration of 5 g of Artemisia annua (A-3) powder for adults; children should receive a correspondingly lower dose. Fields covering several square kilometres are also required for this.
6. Global support for long-term research into these and other plant-based antiviral agents.

7. An absolute ban on hunting or eating animals that transmit Ebola ('bushmeat': wild boar, forest antelopes, monkeys, fruit bats, bats)

OUR CONTRIBUTION FROM ANAMED:

Anamed provides the following free of charge to any head of a Ministry of Health or an ecumenical church council in the affected countries upon official request:

- 1 humanitarian Artemisia kit for the large-scale cultivation of Artemisia annua anamed containing 5,000 seeds and a further 15,000 seeds, with a total value of 200 euros
- Three places on one of the upcoming anamed seminars worldwide (worth 750 euros) for training in the cultivation and use of plants with antiviral properties
- 1 kilo of A-3 tea

WHY WE ARE DOING THIS:

-A country does not first have to go through the lengthy process of convening ethics committees, as Moringa and Artemisia annua have been used successfully in many countries for many years to treat infections (Artemisia) and malnutrition (Moringa).

-In Artemisia annua, the compounds artemisinin, sitosterol and stigmasterol are classified as antiviral, whilst astralgin, coumarin and eupatorin are classified as immunostimulants. Artemisinin is patented as a virus-inhibiting substance.

-The immune-boosting and antiviral compounds in Moringa oleifera are present and have been partially researched.

-There is a wealth of other virus-inhibiting plants: aloe vera, chamomile, grapefruit seeds... but no other plant in the tropics can produce such high yields of virus-inhibiting substances so quickly as Artemisia annua anamed.

- It is important that every patient complaining of fever, headache and nausea is immediately provided with sufficient Artemisia and Moringa (suggestion: a country produces sachets containing 5g of Artemisia powder and 5g of Moringa powder. The patient takes half of this in the morning and half in the evening, either mixed directly with some food, or by pouring 500ml of boiling water over it each morning and evening and then drinking the mixture in full once it has cooled down).

III Proposed immediate measures

Reason: During an Ebola epidemic, more people die of malaria than usual. The reason is that, out of sheer fear, clinics no longer admit patients with a fever; these patients then die, for example, a miserable death by the fence from malaria. Doctors and nursing staff fall ill themselves or flee their workplaces, as the funds for protective clothing have gone into shady channels. Patients who have a fever because they are suffering from parasites (malaria), viruses (dengue, etc.) or bacteria (typhus, etc.) hide in their homes and huts and avoid going to hospital so as not to be infected with Ebola as well, for example in dirty toilets.

Here, traditional medicine offers a solution: a 'tent camp' consisting of tents or mini bamboo huts, each accommodating one patient. A special area is reserved for traditional toilets, where a ventilation pipe leads upwards from the covered pit through the roof, which is covered at the very top with a piece of mesh; flies rise upwards and die there.

I call the sprawling tent camp (in villages or on the outskirts of towns) a 'Mal-ebo' camp, because it is home to patients in whom it is difficult to tell for a long time whether they are suffering from malaria etc. or from Ebola. Only when bleeding occurs all over the body does the patient realise they have Ebola and, in the best-case scenario, find refuge in a WHO station; before that, they burn their 'tent'.

Ideally, the nursing staff are housed in an oversized "garage" and distribute artemisia tea plus, where available, malaria tablets, clean water, soap, etc. ... and, in the best-case scenario, food, WITHOUT coming into contact with the patient.

This has the advantage that ALL patients with a fever receive treatment and the risk of Ebola spreading among them as a 'hospital-acquired infection' is ruled out.

Warning regarding this document: The author, Dr Hans-Martin Hirt, is a pharmacist and not a medical doctor. Hirt has worked in virology for 3 years. Hirt has travelled to Africa 60 times and worked in the Congo for 6 years, but he is not an expert on Africa – only Africans themselves are! **Warning:** No medicinal plant is free from potential side effects; therefore, this text is no substitute for advice or treatment from medical professionals!!! Attention please, the author has experience only with the A-3 cultivar; counterfeits found online can be fatal!

Enquiries from governments/journalists: Please contact us by email **only** at anamedmh@yahoo.de. For more infos see www.anamed.org and go there to downloads

Sincerely yours, Hans-Martin Hirt