

The Artemisia Programme has continued to grow, sometimes as if with a life of its own. Two streams are now developing separately; the original (village level) one as used by anamed and the new plantation-scale one.

### 1. ANAMED APPROACH.

ANAMED (Action for Natural Medicine) have been supplying us with seeds of their anamed A-3 hybrid, together with their instruction kits and other means of help. PT KUB in Kalimantan was the pioneer Subud organisation for growing artemisia in this way, followed by Imron Comey's initiative in East Timor (Timor Leste). Bachrun and Daniela Bustillo of KUB grew their first successful crop at Rungan Sari last year, and are now growing another. They are 'socialising' the use of artemisia in their local area, and seeking farmers who will grow and harvest the herb for use in the Tangkiling area (which has the highest incidence of malaria in Kalimantan). The pilot project was funded by the Kalimantan Support Group (KSG), and \$4,730 is being sought for a continuation programme. This is expected to come from an integrated proposal involving LPKB (successor to TSLICK, with the same personnel under Didiek Surjanto), and IRDN to be submitted to the Susila Dharma national bodies.

Imron (Luke) Comey, while working for the UN in East Timor, approached the President of this new nation with a plan to grow artemisia to cure the prevalent malaria there. He was given the use of an area of land behind the Palace at Dili for this purpose, and started growing the A-3 strain with the help of the international charity CARE and local health professionals. He also applied for funding to big donor organisations like the Global Fund. Initially his proposal was accepted, but the donors then demanded extensive clinical trials - which we were unable to pay for. Imron has now returned to Kalimantan at the end of his UN contract, leaving CARE in charge of the project.

### 2. PLANTATION-SCALE PROGRAMME.

Ruslan Morris, a Subud entrepreneur in Indonesia granted the use of extensive Government land in West Java, has set up a technical team and planted the A-3 seeds. He used the first crop to provide thousands of cuttings for the second stage. These grew very successfully, and Ruslan was able to send 50 kilos free to Aceh as part our post-tsunami efforts there. He says he can supply any quantity anywhere at very low cost-price; so he is now seeking possible users.

### 3. TECHNICAL DEVELOPMENTS.

Hailed as the front-line treatment for malaria, artemisia is now in huge demand. About 550 million people are estimated to be affected, with millions of children dying from it each year. All the main drug treatments have been rendered virtually useless by the capability of the malarial parasite to mutate in a way that bypasses their effects. Artemisia has been used to cure malaria for over 2000 years by the Chinese, without any such resistance occurring, so it obviously presents a great source of hope. Several uses are being investigated in the race to prevent malaria becoming the world's biggest health problem. The favoured approach of the chemists is to extract the artemisinin, one of the active ingredients, and to combine it with a drug in a

pharmaceutical product. Other methods being worked on include vaccines and the manufacture of synthetic artemisinin. All these have many problems to overcome, but there are strong hopes of an eventual worldwide defeat of this great scourge of humanity, when mass production of ACTs and/or vaccines comes into effect.

However, there are indications that our A-3 approach can provide a ready alternative, both in the interim and long-term. Making 'tea' with the dried leaf introduces many other curative compounds related to artemisinin which extend the power of the cure and also protect it from resistance build-up. It has been found that a cure is obtained by use of artemisia leaf from which all the artemisinin has been extracted.

Research has further shown that all the compounds in the whole leaf work together in a dynamic equilibrium, enhancing efficacy while preventing resistance. A further advantage is that people can make their own cure for low or nil cost - millions of the poor would not be able to buy the pharmaceutical products.

#### 4. FUNDING.

IRDN, LPKB, SD Britain and Dr. Rachman Mitchell are working together on a new proposal to the other SD Nationals, notably SD Australia, SD NZ, SD Germany, SD Netherlands, SD France, SD USA and SD Canada, plus SDIA itself. Dr. Mitchell is starting a TB/malaria project, but is addressing malaria first. This proposal will try to close the malaria ring by including other measures such as insecticide-impregnated mosquito nets, spraying open water where the insects can breed - and possibly also spraying a mosquito-killing fungus onto walls and ceilings, as a newly developed resource. SDB has additionally just sent a two-page concept paper to Sir Richard Branson's Charity Sponsorship office.

#### 5. CONGRESS, SEMINARS ETC.

There will be an Artemisia Workshop at the Subud World Congress in Innsbruck, scheduled for the 1st of June. Dr. Keith Lindsey of Anamed hopes to come, but at a later date. Keith, with experience of over 500 Anamed projects in Africa, has guided us through many difficulties in setting up our own efforts in SE Asia. If he can be fitted in, his talk will include references to the other medicinal herbs that can be used against malaria in conjunction with artemisia, maximising even further the curative and resistance-preventing effects. But he is more keen just to meet and chat with as many as possible of those involved in the projects.

Anamed are hoping to hold a seminar later in Indonesia in the context of our projects there. There will also be a seminar in England on September 9 to 11th at a venue near Bromsgrove. Please email Sachlan for the forms for this at: [sachlan@susiladharm.org.uk](mailto:sachlan@susiladharm.org.uk).

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