

Additional educational resources

Willcox ML, Bodeker G, Rasoanaivo P. *Traditional medicinal plants and malaria*. Boca Raton: CRC, 2004—book contains detailed systematic reviews and guidelines for further studies in malaria control

The Research Initiative on Traditional Antimalarial Methods (www.who.int/tdr/publications/publications/ritam.htm)—features a report of the inaugural meeting of RITAM

World Health Organization Essential Drugs and Medicine Policy (www.who.int/medicines/organization/trm/orgtrmmain.shtml)—details WHO Traditional Medicine Strategy 2002-5

Competing interests: None declared.

- 1 Bodeker G, Willcox ML. Conference report: the first international meeting of the Research Initiative on Traditional Antimalarial Methods (RITAM). *J Alternative Complementary Med* 2000;6:195-207.
- 2 Leaman DJ, Arnason JT, Yusuf R, Sangat-Roemantyo H, Soedjito H, Angerhofer CK, et al. Malaria remedies of the Kenyah of the Apo Kayan, East Kalimantan, Indonesian Borneo: a quantitative assessment of local consensus as an indication of biological efficacy. *J Ethnopharmacol* 1995;49:1-16.
- 3 Willcox ML, Bodeker G, Rasoanaivo P. *Traditional medicinal plants and malaria*. Boca Raton: CRC, 2004.
- 4 Willcox ML. A clinical trial of 'AM', a Ugandan herbal remedy for malaria. *J Public Health Med* 1999;21(3):318-24.
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- 13 Mueller MS, Runyambo N, Wagner I, Borrmann S, Dietz K, Heide L. Randomized controlled trial of a traditional preparation of *Artemisia annua* L. (Annual Wormwood) in the treatment of malaria. *Trans R Soc Trop Med Hygiene* 2004;98(5):318-21.
- 14 Benoit-Vical F, Valentin A, Da B, Dakuyo Z, Descamps L, Mallie M. N'Dribala (*Cochlospermum planchonii*) versus chloroquine for the treatment of uncomplicated *Plasmodium falciparum* malaria. *J Ethnopharmacol* 2003;89:111-4.
- 15 Yao-De W, Qi-Zhong Z, Jie-Sheng W. Studies on the antimalarial action of gelatin capsule of *Artemisia annua*. *Clin J Parasitol* 1992;10(4):290-4.
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as a springboard for further research rather than a definitive product.

The IVmal system is one way of prioritising plant species for future research. Plants that are used to treat malaria in several different areas are more likely to be effective.² There are some drawbacks though. Plants may be prepared in many ways; so it might be more useful to discuss the IVmal of a particular remedy rather than of a plant species. The IVmal is also limited by the geographical distribution of plants and by the extent of ethnobotanical studies. In many areas no ethnobotanical study has been undertaken, and research in these areas is a priority. Traditional medicines are being forgotten with the death of healers who have no successors to their knowledge.

Clinical observations on traditional remedies are feasible and useful. Some herbal remedies may be safe and effective for the treatment of malaria, as shown by the studies reviewed here. Nevertheless, better evidence from randomised clinical trials is needed before herbal remedies can be recommended on a large scale. As such trials are expensive and time consuming, it is important to prioritise remedies for clinical investigation according to existing data from sociological, ethnobotanical, pharmacological, and preliminary clinical observational studies. In remote settings with poor resources where modern antimalarials are not steadily available, research can provide an evidence base for traditional medicine, to inform local treatment choices.

Preventing children's deaths is the key objective of any malaria control programme. Once a remedy has been shown to be safe and effective for uncomplicated malaria in adults, studies on mortality in children would be the necessary next step. It has already been shown that mortality can be reduced in the under 5s by training mothers to recognise malaria and to give early treatment.¹⁶

The evidence summarised in this article, together with the guidelines proposed, should not only assist researchers already working in this specialty but also inspire other researchers and funding bodies to give serious consideration to the potential of traditional remedies for malaria.

Contributors: GB initiated this work, and MLW conducted the systematic reviews and wrote this article with his guidance. MLW is guarantor.

Funding: The inaugural meeting of the Research Initiative on Traditional Antimalarial Methods (RITAM) was funded by Tropical Disease Research, the Rockefeller Foundation, and the Nuffield Foundation. The subsequent reviews were conducted on a voluntary basis.

Corrections and clarifications

UK legislation on analgesic packs: before and after study of long term effect on poisonings

A word was inadvertently deleted from table 1 during the authors' final revision of this Primary Care paper by Keith Hawton and colleagues, and this deletion may have confused readers (6 November, pp 1076-9). The first two column headings suggested that the numbers cited were totals for each of the four year groups, whereas in fact they were annual rates. The headings should therefore read: "Annual mortality before legislation" and "Annual mortality after legislation."

Early contact with patients is beneficial

The title and content of this summary for This Week in the BMJ, reporting on the Learning in Practice article by Tim Dornan and Chris Bundy ("What can experience add to early medical education? Consensus survey") in the same issue (9 October, pp 834-7) may have misled readers about the message of the article. A better title would have been "Students favour early clinical contact with patients." The summary should have made clear that the medical students interviewed in the study had not had early experience with patients and that the staff were being interviewed about how they felt early experience might affect the course. There was no evidence that early contact could generate, for example, motivation and confidence as it was a speculative qualitative study.