PROPHYLATIC EFFECTS OF SOME NIGERIAN HIGHER FUNGI ON MALARIA PARASITE, *PLASMODIUM BERGHEI BERGHEI* IN BALB/C STRAIN ALBINO MICE.

ABSTRACT

The preventive abilities of some Nigerian higher fungi; *Pleurotus pulmonarius, Fomes lignosus, Lentinus subnudus, Termitomyces robustus, Pleurotus tuber-regium* collected from wood substrates, and the combined extracts (40mg/mL) were studied against malaria parasite, *Plasmodium berghei berghei* to exploit them as medicinal agents. The fruit bodies were extracted with ethanol using soxhlet apparatus. Six hundred and twelve 4- 5 weeks old BALB/c mice (average weight 21g) were assigned into 30 groups of twelve mice each. They were orally treated with 0.1mL extracts of 4, 0.4, 0.04, 0.004, 0.0004mg/mL before infecting with 0.2mL of 5x10⁶ parasitized erythrocytes. Chloroquine,CQ (20mg/kg) served as controls. Liver and kidney were examined for histological changes. Parasitemic level, packed cell volume (PCV) and weights of animals were checked using standard methods. Descriptive statistics and ANOVA (at p= 0.05) were used for data analysis. *Lentinus subnudus* produced the highest decrease of parasitemia (30%), and recorded the least loss of PCV (27%), while *Pleurotus tuber-regium* produced the least weight loss of 26.5%. All the mushroom extracts produced same effect as CQ at concentrations 0.4 and 0.04mg/mL. The tissues of infected animals without extracts had abnormalities. There were no histological damage in tissues of uninfected animals. Pre-infection treatment produced mild abnormal conditions from severe periportal infiltration and marked sinusoidal congestion. The extracts could be formulated into drugs against malaria however, appropriate dosage must be known.

Keywords: Prophylactic, Plasmodium berghei berghei, Albino mice, mushrooms, malaria.

1. INTRODUCTION

Malaria is the world's most devastating human parasitic infection (1) that causes death of their victims especially children and pregnant women (2,3). It is one of the major health challenges that is endemic in West Africa, and African countries including Nigeria (4,5).

Malaria is caused by species of *Plasmodium*, in which *P. malariae*, *P. vivax*, *P. ovale*, *P. falciparum* and the species responsible for malaria in humans (6). Untreated malaria in tropics caused by *Plasmodium falciparum* can lead to lethal effect. Malaria characterized by fever, anaemia, splenomegaly and some complications vary considerably, depending on the species of *Plasmodium* causing the infection and the stage of development of the parasite (7,8).

Plasmodium berghei is one of the four Plasmodium species described in African murine rodent, and infect mammals other than humans (9,10). P. berghei berghei had sensitized the development of new drugs or vaccine through their resistance and susceptibility potentials (11,12). Mushrooms are fleshy fungi, known to possess antimicrobial and immunodulatory properties (13,14). Examples of Pleurotus species include Pleurotus tuber-regium, P. pulmonarius; Termitomyces and Lentinus species. Reishi medicinal mushroom had reduced the amount of malaria parasites in infected mice (15).

The treatment of malaria is becoming difficult and challenging due to the occurrence of drug resistant to parasites causing infections. Also, many antimalarial drugs are ineffective (16). Many local antimalarial plant species had been reported to be useful in treating malaria and fevers, but there are limited information on antiplasmodial potentials of mushrooms. This study therefore investigated the antiplasmodial potentials of some higher fungi in Nigeria.

2. MATERIAL AND METHODS

Fungi samples and preparation of extracts

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Samples of Pleurotus tuber-regium, P. pulmonarius, Termitomyces robustus and Lentinus subnudus were collected from Bodija market, Forestry Research Institute of Nigeria (FRIN), Iwo road market, University of Ibadan campus, all in Ibadan (Longitude 3.9°E, Latitude 7.4°N) in Oyo state and Bowen University, Iwo (Longitude 4.1° E, Latitude 7.6°N) in Osun state, Nigeria respectively. The extracts were prepared by cleaning the samples using cotton swab, cutting into small pieces before oven-drying the fresh fruit bodies at 40°C, and extracting with ethanol using a soxhlet apparatus (17). Combined extract was prepared by combining equal proportion of each of the fungi before extraction.

Grouping of Experimental mice and Parasite inoculation (Passaging)

Twenty-two (22) grammes of 4-5 weeks old of BALB/c strain albino mice (Mus musculus) were divided into 30 groups. One millitre (1ml) parasitized blood was withdrawn from mouse infected with *Plasmodium berghei berghei* (NK-65 strain) and injected into an uninfected mouse.

2.3 **Prophylactic Experiment**

0.1ml of ethanol extract from the higher fungi were prepared into different concentrations of 4mg, ml, 0.4mg/ml, 00.4mg/ml, 0.004mg/ml and 0.0004mg/ml, and were orally administered to the mice separately for 4 consecutive days. This was followed by the intraperitoneal injection of the animals with 0.2ml of 5x10⁶ parasitized blood on the 8th day after extract administration. The percentage parasitemia, PCV (Packed cell volume) and the weight loss of the albino mice were monitored for 12 days.

The livers and kidneys of the dead animals were removed and kept in 10% formalin before carrying out histological studies. Animals used for chloroquine (CQ) experiment were indicated as standard, and orally administered at the dosage of 20ma/ka.

2.4 **Histological studies**

The excised livers and kidney kept in the formalin (10%) were studied for abnormalities using the procedures described by Yoshida et al. (18)

2.5 **Statistical Analysis**

The effects of concentration of the extracts, extract types and their replicates were deduced from Analysis of variance (ANOVA) using SAS version (2.0), while the means were separated by Duncan's Multiple Range Test (DMRT) at P <0.05.

3. RESULTS AND DISCUSSION

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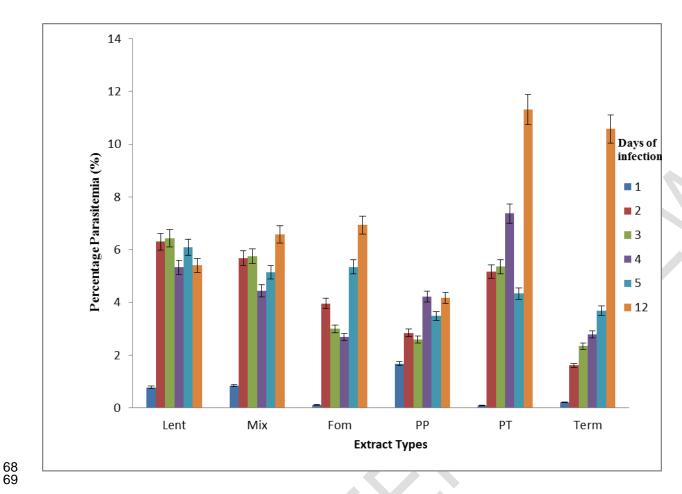


Figure 1: The effects of mushroom extracts types on parasitemia in mice infected with *Plasmodium berghei*

KEY:

FOM = Fomes lignosus, PT = Pleurotus tuber-regium, PP = Pleurotus pulmonarius, Term = Termitomyces robustus, Lent = Lentinus subnudus, Mix = Combined extract, I= Standard error

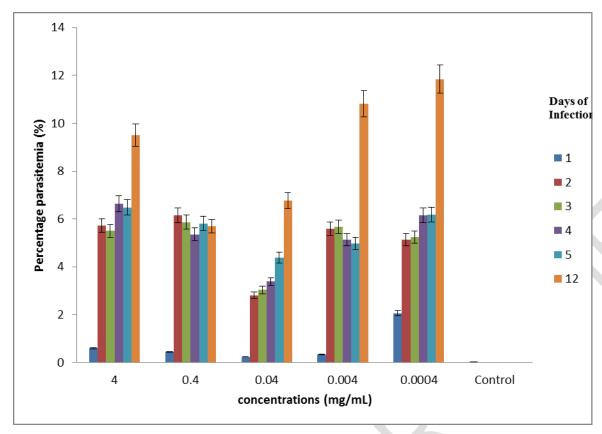


Figure 2: The effects of different concentrations of mushroom extracts on parasitemia in mice infected with Plasmodium berghei berghei.

KEY: FOM = Fomes lignosus, PT = Pleurotus tuber-regium, PP = Pleurotus pulmonarius, Term = Termitomyces robustus, Lent = Lentinus subnudus, Mix = Combined extractl= Standard error

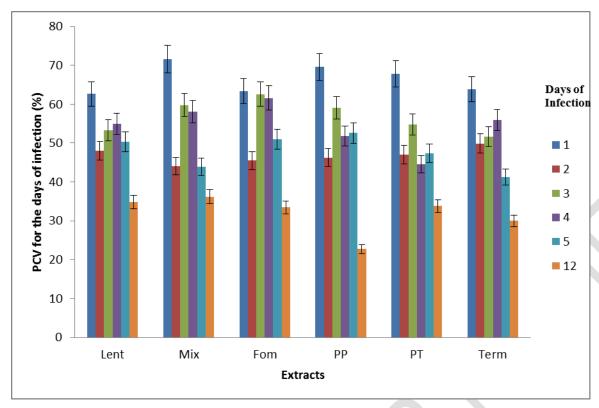


Figure 3: The effect of mushroom extracts on packed cell volume (PCV) of mice infected with *Plasmodium berghei*

KEY: FOM = Fomes lignosus, PT = Pleurotus tuber-regium, PP = Pleurotus pulmonarius, Term = Termitomyces robustus, Lent = Lentinus subnudus, Mix = Combined extract, I= Standard error

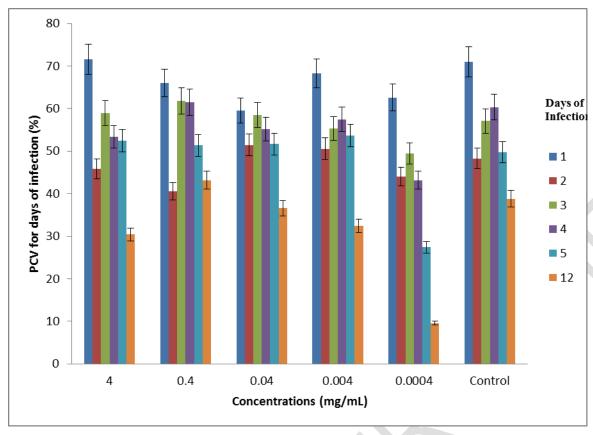


Figure 4: The effects of different concentrations of mushroom extracts on packed cell volume (PCV) of the mice infected with *Plasmodium berghei*

KEY: FOM = Fomes lignosus, PT = Pleurotus tuber-regium, PP = Pleurotus pulmonarius, Term = Termitomyces robustus, Lent = Lentinus subnudus, Mix = Combined extract, I= Standard error

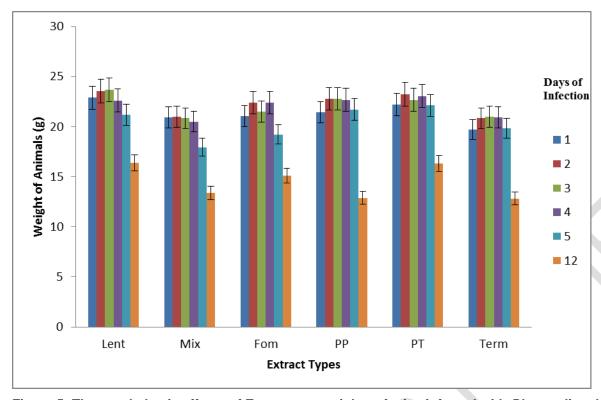


Figure 5: The prophylactic effects of Extracts on weights of mice infected with Plasmodium berghei berghei

KEY: FOM = Fomes lignosus, PT = Pleurotus tuber-regium, PP = Pleurotus pulmonarius, Term = Termitomyces robustus, Lent = Lentinus subnudus, Mix = Combined extract, I= Standard error

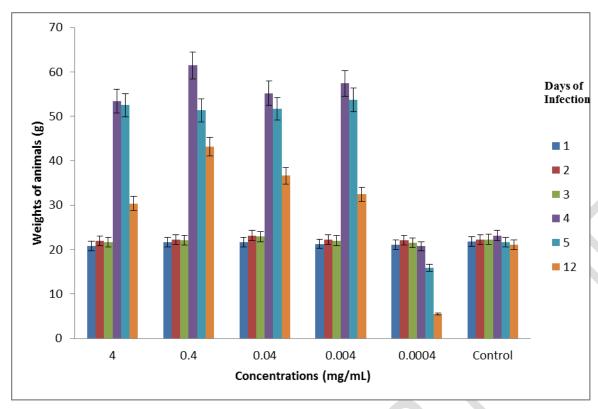
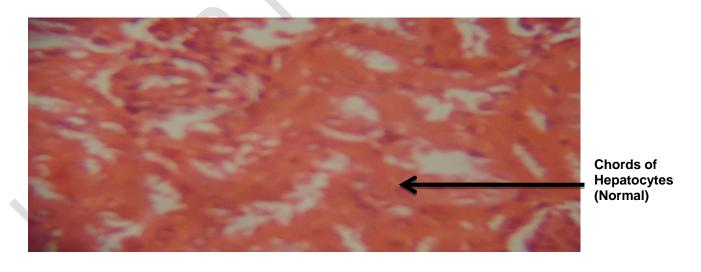
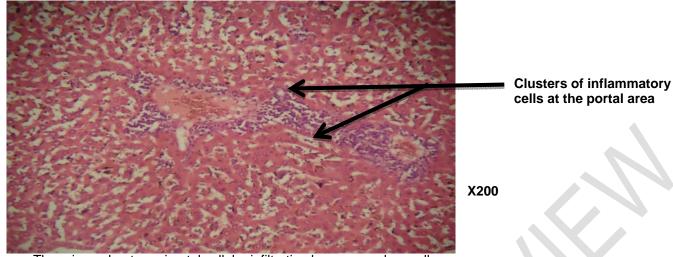


Figure 6: The prophylactic effects of different concentrations of Extracts on weights of mice infected with Plasmodium berghei berghei

KEY: FOM = Fomes lignosus, PT = Pleurotus tuber-regium, PP = Pleurotus pulmonarius, Term = Termitomyces robustus, Lent = Lentinus subnudus, Mix = Combined extract, I= Standard error



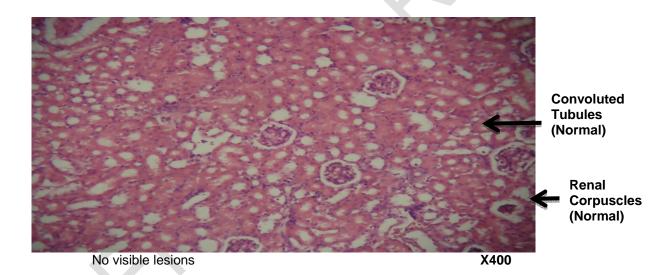
A No visible lesions X400

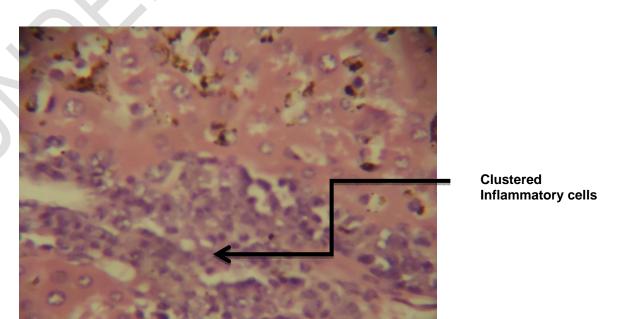


B There is moderate periportal cellular infiltration by mononuclear cells.

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Plate 1: Photomicrograph of the kidney of mice infected with *P. berghei berghei* and administered with *L. subnudus* (0.4mg/mL) with no visible lesions (A) and the liver with moderate portal congestion and periportal infiltration by mononuclear cells (B).

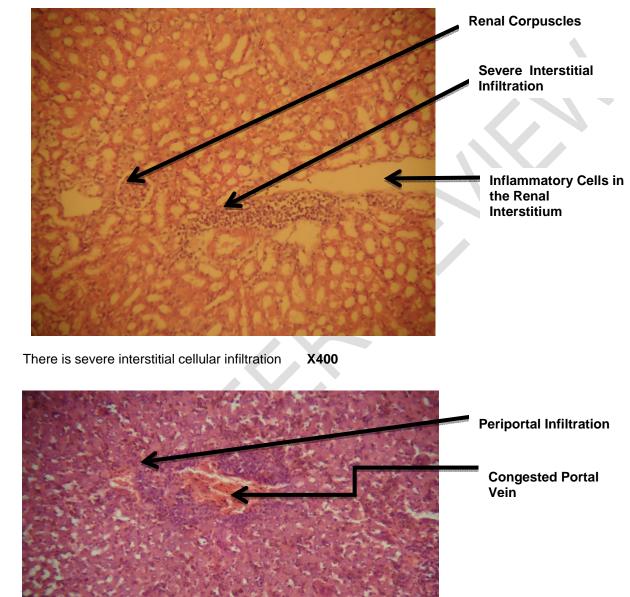




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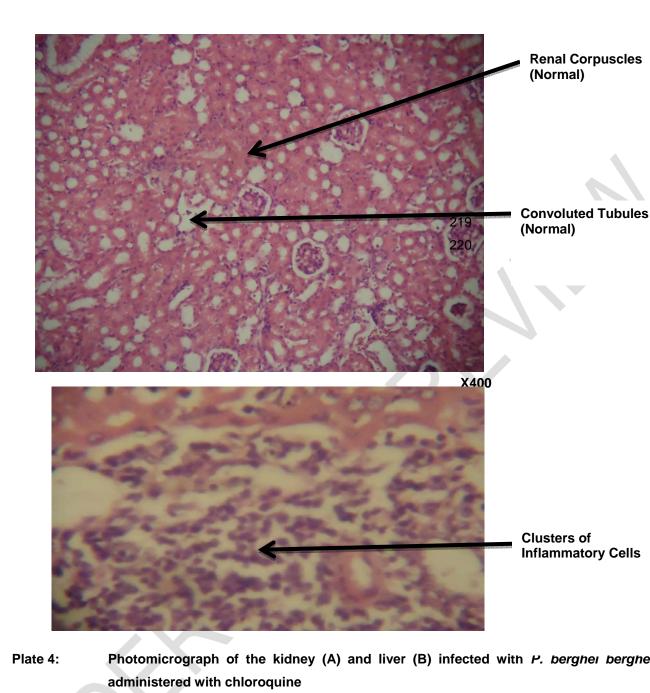
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Plate 2: Photomicrograph of the kidney of mice infected with *P. berghei* with no visible lesions (A) and the liver with severe periportal infiltration after oral administration with *L. subnudus* (0.04mg/mL)



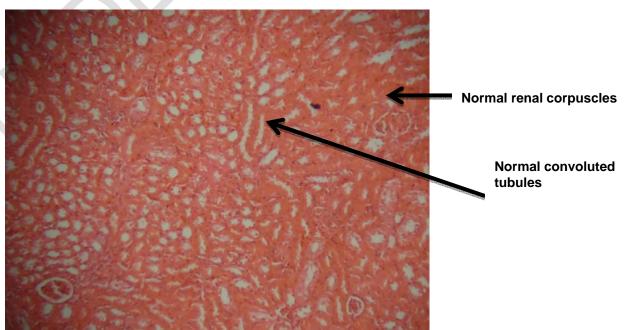
There is severe periportal infilration and marked sinusoidal congestion

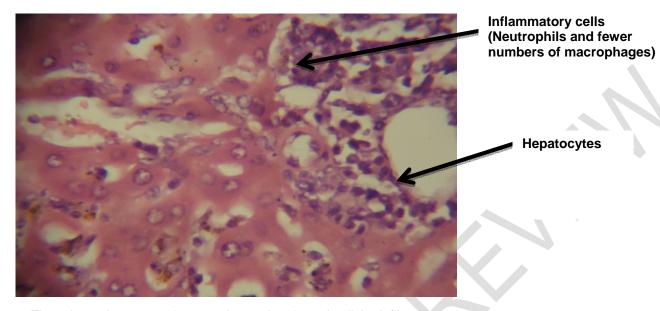
Plate 3: Photomicrograph of the kidney (A) and liver (B) of mice infected with *P. berghei berghei* without extract (Control Experiment).



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Photomicrograph of the kidney (A) and liver (B) infected with P. berghei berghei and





B There is moderate portal congestion and periportal cellular infiltration

Plate 5: Photomicrograph of the liver of mice infected with *Plasmodium berghei* after oral administration of *Lentinus subnudus* (4mg/mL) (A) and the liver with no visible lesions (B)

The prophylactis of the higher fungi extracts had significant effect (p<0.05) on the parasitemia throughout the days of infection in the albino mice (Fig 1).

The percentage parasitemia infection was generally low with all the extracts on the first day of infection. The parasitemic effect of *Plasmodium berghei* was reduced by *Pleurotus tuber-regium* (0.09%) followed by *Fomes lignosus* (0.11%), *Termitomyces robustus* (0.22%), *Lentinus subnudus* (0.78%), combined extract (0.84%), while the least parasitemic effect was in *Pleurotus pulmonarius* (1.68%).

The low parasitemic effect could be due to the efficacy of the fungi extracts in the blood of the animals after the infection (19). On the second day, there was an increase in the parasitemic level with highest percentage in *L. subnudus* (6.3%) and the least in *T. robustus* (1.61%). The increase in the infection level of the animals increased on the second day could be due to rapid multiplication and acclamatization of malaria parasites in the host to develop more resistance potentials to injected fungi extracts. There are profound changes in the parasites morphology which transform into new entities.

There was a decrease in parasitemia at the end of the experiment with *Lentinus subnudus*. This is in contrast to the increase in parasitemia after the administration of combined extracts; *F. lignosus*, *P. pulmonarius*, *P. tuber-regium and T. robustus*, which compared the second, fifth and twelveth days of infection. The decreased parasitemic infection could be due to prophylactic effect of *Lentinus subnudus* (20,21). *Lentinus* species had been reported to contain some pharmacological compunds such as lentinan which can be extracted from the cell wall of the fruiting body of mushrooms (22). Lentinan confers resistance against bacterial, parasitic and viral infections (23). Also, it was reported that the presence of lentinan in *L. subnudus* contributed to the prophylactic potential of the fungi in the treatment of malaria (24).

There are variations in the efficacy of the different concentrations of the extracts on the parasitemia infection in the experimental mice (Fig 2). On the first and twelveth days of infection, the least concentration (0.0004mg/ml) had the highest parasitemic infection of 2.06 and 11.84 respectively. The infection levels of animals administrated with extracts of concentrations 0.4 and 0.0004mg/mL had the least percentage parasitemia value of 3.03, 3.38 and 4.3%, 5.67, 5.13 and 4.97%, between the third and fifth day. Comparing the second and twelveth days of infection, there was a decrease in parasitemia with extracts concentration of 0.04mg/mL. Others had increase in parasitemia with the least percentage of 5.69 at the end of the experiment.

The concentrations of 0.4mg/mL and 0.04mg/mL gave the best prophylactic effects against the malaria parasite in the albino mice, thereby resulting to least parasitemia infection at the end of the experiment compared to concentration 0.0004mg/mL with the highest parasitemia. This is in agreement with the observation that increased dilution of a compounded drug decrease the percentage of the larger particles in the drug (25). Therefore, the efficacy of the extract is determined by the higher dilution of the extract. Also, minimum inhibitory concentrations are important in confirming resistance of microorganisms to antimicrobial agents (26,27). There was virtually no infection in the control animals during the prophylactic assay.

The effect of the prophylactic administration of the extract could be attributed to the low parasitemic infection in the mice on the first day after the seventh day of fungi administration. The fungi extracts which are prophylactically active in the order, *L. subnudus*, combined extract, *P. pulmonarius* similarly conforms to the observation made by **lwalokun 2008**(28). Significant effects of the extract on the PCV of animals were also recorded in the prophylactic experiment. There was a general decrease in the packed cell volume (PCV) of the animals during the experimental period (Fig 3). Though the combined extract had highest PCV values at the beginning and end of the experiment, the least PCV decrease of 27% was observed in *L. subnudus*. The highest PCV loss of 46% was in *P. pulmonarius*.

The general decrease in PCV of animals could be due to the destruction or lysis of red blood cells targeted by the malaria parasite (29,30). They undergo metamorphosis after invasion of the red blood cells leading to the subsequent lysis of the cells and the release of merozoites that invade new cells (31). The mechanisms contributing to malarial anaemia are increased destruction of red blood cells, lowering the level of iron in the body, decreased production of red blood cells, development of badly functioning ones and destruction of uninfected red blood cells. The changes in red blood cells functioning affects the level of iron within the body hence the body begins to show signs of iron deficiency anaemia (29).

The least PCV loss of *L. subnudus* could be attributed to its best prophylactic effect least parasitemia level against the malaria parasite. PCV and parasitemia are interdependently related to each other with respect to invasion of malaria parasites in red blood cells (32). The result from figure 4 shows that concentrations 0.04mg/ml and 0.004mg/ml had similar effects on the PCV of the mice with the highest values of 51.44% and 50.56% respectively on the second day. Both had the least loss of PCV while concentration 0.0004mg/ml had the highest PCV loss and the least PCV value of 49.44% at the end of the experiment.

The effects of the extracts on the weight of the albino mice are shown in Figure 5. There was a general loss of weight in on the weight only on the first, third and fifth days of infections. *L. subnudus* extract on the first day had significant higher weight (22.89g) than other fungi extracts. It maintained the highest weight of mice (23.67g) followed by *F. lignosus* (21.50g), *P. pulmonarius* (22.78g), *T. robustus* (21.00g), while the least weight of 20.83g was observed in mice using combined extract. The least weight loss of 26.5% was observed in *P. tuber-regium* during the experiment. The weight decrease observed at the beginning and end of the experiment had been confirmed by **Homberger et al.** (1999)(33). The highest weight loss was observed in *P. pulmonarius* extract. The effect of the different concentrations of the extracts on the weight is shown in Figure 6. There was a general increase in weight from the first day till the fourth whereas, a loss in weight was 0.0004mg/ml had the least weight while there was no significantly loss of weight in the control animals throughout the experimental period.

The general decrease in weights of the experimental mice could be associated with heavy parasite infection. Though the least weight of 26.50% was recorded with *P. tuber-regium*, there was a minimal weight loss with *L. subnudus* proving as the best prophylactic against the malaria infection. Weight loss is one of the evidences of malaria attack because it often causes loss of appetite leading to weight loss (34). Also, a number of nutritional factors are associated with malaria. In pregnant women, maternal malaria contributes to up to 30% of low birth weight cases (35,36,37).

The pathological changes on the tissues of the mice infected with the malaria parasite after oral administration of extract of *L. subnudus* 0.4mg/mL, 0.04mg/L; and control experiment (without extract) are shown in plates 1, 2 and 3 respectively. In the histological studies, the abnormalities in the infected animals without extract (Plates 3) and the absence of visible lesions in uninfected mice showed the damaging effects of the malaria parasite, *P. berghei berghei* on the organs of the mice. The livers of the mice administered with *L. subnudus* (4mg/mL) before infection with malaria parasite had severe; and mild portal congestion and periportal cellular infiltration (Plate 5). At concentration 4mg/mL, the extract is not as effective as concentrations 0.4 and 0.04mg/mL.

The visible pathological changes on tissues of animals administered with chloroquine (20mg/kg) shown in plate 4 were similar to those treated with extracts of concentrations 0.4 and 0.004 mg/mL. There were mild conditions with two different concentrations and the chloroquine pre-infection experiment. This could be due to the preventive ability of the extract at concentrations of 0.4 and 0.004mg/mL for prophylactic (pre-infective) administration. Plates 2, 3 and 4 revealed that concentrations 0.4 and 0.04mg/mL had the same effect as the chloroquine.

L. subnudus can be considered a good prophylaxis in the prevention of malaria especially at concentrations 0.4 and 0.04mg/mL.

4. CONCLUSION

It is apparent from this study that the higher fungi had prophylactic antiplasmodial potentials and can be formulated into antimalarial drugs. The extracts exerting prophylactic effect within 7 days at such low concentration confirms the potentials of the higher extract against *Plasmodium* species. *Lentinus subnudus* and *Fomes lignosus* produced the

highest antiplasmodial effect against Plasmodium berghei berghei with a decrease of 30% and 36% respectively in parasitemia. These extracts could be potential sources of bioactive compounds and can be suggested as prophylaxis. However, further pharmacological studies are important.

COMPETING INTERESTS

Authors have no competing interest.

REFERENCES

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- 1. WHO (2005). Guidelines for the treatment of malaria fact sheet N' 94
- 2. Guinovar C, Navia MM, Tanner M, Alonso P. (2006). "Malaria: burden of disease" Current Molecular Medicine. 6: 137-
- 3. Vaughan A. M. Aly A.S. I. Kappe S.H.I 2008 "Malaria Parasiite Pre-Erythrocytic Stage Infection: Gliding and Hiding". Cell Host and Microbe. 4: 209-218
- 4. Snow R.W, Omumbo J. A (2006). Malaria. Disease and Mortality in Sub-Saharan African. The International Bank for Reconstruction and Development. The World Bank. pp. 195-213
- 5. Robert W. S, Judy A. O (2006). Disease and Mortality in Sub-sahara Africa. 2nd Edition Washington DC: World Bank
- 6. Jane DE, Olverman HJ, Walkins JC (1994). 'Agonists and competitive antagonists: structure-activity and molecular modeling studies in G.L. Collingridge and J.C. Wartkins (eds) The NMDA Receptor, Oxford: Oxford University Press, pp.
- 7. Ojiezeh T. I, Ibeh N. I, Opedun D. O, Udoh S. J (2010) Malaria Endemicity among pregnant women in urban and semiurban areas in Southwest, Nigeria. American Euirasian Journal of Scientific Research 5(3): 207-213
- 8. Cowman A. F, Berry D, and Baum J. (2012). The cellular and molecular basis for malaria parasite invasion of the human red blood cell. Journal of cell Biology 198 (6): 961-971
- 9. Calton J. M, Angiuoli S. V, Suh B. B, Kooji T. W, Pertea M, Silva J. C, Ermolaeva M.D, Allen J. E, Selengut J. D, Koo H. L, Peterson J. D, Pop M, Kosack D. S, Shumway M. F, Bidwell S. L, Shallom S. J, van Aken S. E, Riedmuller S. B, Feldblyum T. V, Cho J. K, Quackenbush J, Sedegah M, Shoaibi A, Cummings L. M, Florens L, Yates J. R, Raine J. D, Sinden R. E, Harris M. A, Cunningham D. A, Preiser P. R, Bergman L. W, Vaidya A. B, van Lin L. H, Janse C. J, Waters A. P. Smith H. O, White O. R, Salzberg S. L, Venter J. C, Fraser C. M, Hoffman S. L, Gardner M. J, Carucci D. J (2002). Genome sequence and comparative analysis of the model rodent malaria parasite Plasmodium yoelli yoelli. Nature 419(6906): 512-9
- 10. Musila MF. Dossaii SF. Nguta JM. Lukloba CW. Munuvao JM (2013). In vivo anti-malaria activity, toxicity and phytochemical screening of selected antimalarial plants. Journal of Ethnopharmacology 146(2): 557-561
- 11. Bulter SN, Vanghan AM, Harty JJ, Kapper SHI (2012). Whole parasite vaccination approaches for prevention of malaria infection *Trends in Immunology* 33(5): 247-254
- 12. Wallen A, Perlman T (2003). Transcriptional control of dopamine neuron development. Annals of the New York Academy of Sciences. 991, 48-66
- 13. Adhikari MK (2000) Mushroom of Nepal. PU Printers, Kathmandy Nepal PU Printers, Kathmandu, Nepal.
- 14. Mukerji KG, Manoharachary C (2010). Taxonomy and Ecology of India Fungi. I. K International Pvt Ltd 293pgs
- 15. Oluba OM, Olushola AO, Fagbohunka BS, Onyeneke E (2012). Antimalarial and hepatoprotective effects of crude ethanolic extract of Lingzhi or Reishi Medicinal mushroom, G. lucidum (W. Curt. Fr.) P. Krast (higher Basidiomycetes) in Plasmodium berghei- infected mice. International Journal of Medicinal Mushrooms 14(5): 459-66
- 16. Jane A, Ambrose OT, Annette E, Adoke Y, Janes K, Tibenderana Frederick N, Baliraine Philip, JR and Umbrto DA (2011) Quinine, an old anti-malaria drug in a modern world: role in the treatment of malaria Malaria Journal 10: 144
- 17. Redfren J, Kinnimonth M, Burdass D, Verran J (2014) Using soxhlet ethanol extraction to produce and test plant material (essential oils) for their antimicrobial properties. J Microb. Biol. Edu 15(1): 45-46
- 18. Yoshida N, Naito Y, Yagi N, and Yanagisawa A. (2012) Importance of histological evaluation in endoscopic resection of early colorectal cancer. World J Gastrointest Pathophysiol 3(2): 51-59
- 19. CDC (2016): Global Health-Division of Parasitic Diseases and Malaria. 800-CDC-INFO (800-232-4636), TTY: 888: 232-6348.
- 20. Lee SH, Lillehojo HS, Hong YH, Jang SI, Lillehoj EP, Ionescu C, Maziranok L, Bravo D (2000). In vitro effect of plant and mushroom extract in immunological function of chicken lymphocytes and macrophages British Poultry Sciences (Impact Factor). 51(2): 213-221
- 21. Olawuyi OJ. Jonathan SG. Aina DA. Baysah GI (2010). Studies on antibacterial activity of Fomes lignosus, a Nigerian mushroom. Nigeria Journal of Microbiology 24(1): 2153-2159
- 22. Wasser SP (2002). Medicinal mushroom as a source of antitumor and immunomodulatory polysaccharides. Applied 418 Microbiology and Biotechnology. 60: 258-274

- 23. Chihara G (1992). Immunopharmacology of lentinan, a polysaccharide isolated from *Lentinus edodes:* its application as a host defense potentiator. *International Journal of Oriental Medicine* 17: 55-77
 - 24. Zhou H, Wu S, Joo JY, Zhu Y, Siuzhak G, Scholer HR, Duan L, Ding S (2009). Generation of Induced pluripotent stem cells using recombinant proteins. *Cell stem cell* 8; 4(5): 381-4
 - 25. Budai L, Hajdu M, Budai M, Grof P, Beni S, Norzal B, Kleborich I, Antal I (2007) Gels and liposomes in optimized ocular drug delivery: Studies on ciprofloxacin formulations. *International Journal of pharmaceutics*. 343(1-2): 34-40
 - 26. Andrews JM (2001). Determination of Minimum Inhbitation Concentration. Journal of
 - Antimicrobial Chemotherapy. 48 Supp 1: 5-16

- 27. Turnidge J, (2003). Pharmacodynamics and dosing of aminoglycosides. *Infection Disease Clinics of North America*. 17(3): 503-28
- 28. Iwalokun BA (2008). Enhanced antimalarial effects of chloroquine by aqueous *Vernonia amygdalina* leaf extract in mice infected with chloroquine resistant and sensitive *Plasmodium berghei* strains *African Health Science*.8(1): 25-35
- 29. Chang K. H. and Stevenson, M. M. 2004. Malarial anaemia: mechanisms and implications of insufficient erythropoiesis during blood-stage malaria. *Int J. Parasitol* 34(13-14): 1501-16
- 30. Obonyo CO, Vulule J, Akhwale WS, Grobbee DE (2007b). In- hospital morbidity and mortality due to severe malarial anaemia in Western Kenya. *Am J. Trop Med Hyg.* 77(S 6): 23-28
- 31. Baer MM, Bilstein A, Leptin M (2007). A Clonal genetic screen for mutants causing defects in larval tracheal morphogenesis in Drosophila. *Genetics* 176 (4): 2279-2291
- 32. Inyang-Etoh *et al,* (2011). The role of prophylactic antimalarial in the reduction of placental parasitemia among pregnant women in Calabar, Nigeria. *Nigerian Medical Journal* 52(4): 235-238
- 33. Homberger FR, Illgen- Wilcke B, Jacobi K, Kraft V, Kunstyr I, Mahler M, Meyer H, Pohlmeyer-Esch G (1999). Implications of infectious agents on results of animal experiments. *Laboratory Animals* 33 (Supp 1) 49pgs
- 34. Onwuamaegbu ME, Henein M, Coats AJ (2004). Cachexia in malaria and heart failure: therapeutic considerations in clinical practice. *Postgraduate Medical Journal* 80: 642-649
- 35. Yartey JE (2006). Malaria in pregnancy: access to effective interventions in Africa. *Int J. of Gynaecology and Obstetrics* 94(3): 363-373
- 36. Desai M, O ter Kuiler F, Nosten F, Mc Gready R, Asamoa K, Brabin B, Newman RD (2007). Epidemiology and burden of malaria in pregnancy. *The Lancet Infectious Diseases* 7(2): 93-104
- 37. Akanbi OM, Odaibo AB, Ademowo OG (2010). Effect of antimalarial drugs and malaria infection on oxidative stress in pregnant women. *African J. of Repr. Health* 14(3): 209-212.