

Parasitic infection treatment: evolving strategies and future directions.

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Introduction

Parasitic infections remain a major global health concern, especially in low- and middle-income countries. Despite considerable progress in diagnostics and therapeutics, the management of parasitic diseases continues to face significant challenges, including drug resistance, limited access to healthcare, and inadequate vaccine development. This perspective article highlights current treatment modalities for parasitic infections, evaluates therapeutic gaps [1, 2, 3, 4], and explores promising advances in drug development, personalized medicine, and immunotherapeutic strategies that may redefine future treatment paradigms. Parasitic infections caused by protozoa, helminths, and ectoparasites impact billions globally, with diseases such as malaria, schistosomiasis, leishmaniasis, and filariasis leading to high morbidity and mortality. Traditional treatment regimens have relied heavily on chemotherapeutic agents; however, increasing reports of drug resistance, adverse side effects, and lack of broad-spectrum activity have necessitated the search for innovative solutions. A holistic and integrative approach to treatment incorporating pharmacological, immunological, and molecular interventions—is now more critical than ever [5, 6].

Current Therapeutic Strategies:

Treatment of parasitic diseases has traditionally focused on mono- or combination drug therapies, often species-specific. Some of the commonly used therapies include [7, 8, 9, 10]:

Antiprotozoal drugs: e.g., Artemisinin for malaria, Amphotericin B for leishmaniasis, and Metronidazole for giardiasis.

Anthelmintic agents: e.g., Albendazole, Mebendazole, and Ivermectin for helminthic infections.

Combination therapies: Used increasingly to combat resistance, such as artemisinin-based combination therapies (ACTs) for malaria.

Despite these treatments, challenges persist regarding efficacy, tolerability, and availability, especially in resource-limited settings.

Challenges in Treatment:

Drug Resistance: Resistance to frontline drugs, particularly in malaria and leishmaniasis, threatens treatment efficacy.

Toxicity and Side Effects: Many antiparasitic drugs have a narrow therapeutic window, leading to complications.

Lack of Universal Drugs: No single drug offers pan-parasitic activity, necessitating disease-specific regimens.

Healthcare Access: In endemic regions, logistical and financial barriers hinder timely and adequate treatment.

Innovations and Future Directions:

Novel Drug Development

New targets in parasite metabolism and replication are being explored to develop next-generation antiparasitics with fewer side effects and reduced resistance potential.

Host-Directed Therapies

Modulating host immune responses and targeting host-parasite interactions offer a novel therapeutic frontier, especially for chronic or relapsing infections.

Vaccine Development

Although still underdeveloped, vaccines for malaria (e.g., RTS,S/AS01) and other parasitic diseases represent significant progress in preventive treatment strategies.

Nanotechnology and Drug Delivery Systems

Nanocarriers and lipid-based formulations improve drug solubility, target specificity, and sustained release, reducing toxicity and enhancing therapeutic outcomes.

Genomic and Precision Medicine

Advances in genomics may enable tailored treatment strategies based on host genetics and parasite genotypes, ensuring better response rates and reduced adverse effects.

Integrated Disease Management

Combining treatment with preventive measures—such as vector control, sanitation, and education—offers a sustainable strategy to reduce disease burden.

Conclusion

The treatment of parasitic infections is at a critical juncture, balancing the legacy of effective but limited therapies with the promise of innovative and integrative solutions. Addressing current challenges through a multidisciplinary lens—encompassing molecular biology, immunology, pharmacology, and public health—will be essential for

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developing more effective, accessible, and sustainable treatment options. As research advances, global collaboration and equitable access will be vital in translating innovation into impact.

References

1. Amaral FU, Zorzi NR, Soveral LF, et al. Molecular diagnosis of abdominal angiostrongyliasis by PCR using serum samples. *Parasitology Research*. 2023;122(2):381-5.
2. Chappuis F, Sundar S, Hailu A, et al. Visceral leishmaniasis: what are the needs for diagnosis, treatment and control? *Nat Rev Microbiol*. 2007;5(11):873-82.
3. Flaspohler J, Forness M, Bye M, et al. Molecular surveillance detects the zoonotic nematode parasite *Toxocara* in soils from public spaces in a Minnesota community. *Bios*. 2023;93(4):124-31.
4. Google Scholar
5. Hotez PJ, Bottazzi ME, Strych U, et al. *Neglected Tropical Diseases: Diagnosis, Clinical Management, Treatment and Control*. CRC Press; 2021.
6. Huggins LG, Koehler AV, Gasser RB, et al. Advanced approaches for the diagnosis and chemoprevention of canine vector-borne pathogens and parasites—Implications for the Asia-Pacific region and beyond. *Adv Parasitol*. 2023;120:1-85.
7. Keiser J, Utzinger J. Efficacy of current drugs against soil-transmitted helminth infections: systematic review and meta-analysis. *JAMA*. 2008;99(16):1937-48.
8. Knapp J, Lallemand S, Monnier F, et al. Real-time multiplex PCR for human echinococcosis and differential diagnosis. *Parasite*. 2023;30.
9. Maciver SK, Abdelnasir S, Anwar A, et al. Modular Nanotheranostic Agents for Protistan Parasitic Diseases: Magic bullets with tracers. *Mol Biochem*. 2023;2:111541.
10. Sow D, Sylla K, Dieng NM, et al. Molecular diagnosis of urogenital schistosomiasis in pre-school children, school-aged children and women of reproductive age at community level in central Senegal. *Parasites & Vectors*. 2023;16(1):1-0.