Congress in France spotlights latest findings on apitherapy
by Theo Cherbuliez, M.D.

The international beekeeping organization, Apimondia, comprises seven standing commissions, including one on apitherapy. At Apimondia’s 2009 congress, held in September in Montpellier, France (and attended by five AAS staff and board members), 38 papers on apitherapy were presented. Edited versions of eight of the presentations appear below, on the following topics: two distinct approaches to scientific thinking, the popularity of propolis in China, lactic acid bacteria in honeybees, and advances in treating cancer, alcoholism, psoriasis, anaphylaxis, and wounds.

Linking the empiricism of apitherapy with modern molecular medicine
by Eberhard Bengschs (Germany)

Biomedical medicine has developed a large body of knowledge about the origin, evolution, and metabolic details of the world’s major pathologies: tumors, cardiovascular diseases, infections, neurodegenerative diseases and dementia, psychiatric disorders, allergies and autoimmune disorders, and diabetes mellitus and insulin resistance. Yet conventional medicine has failed to heal them. According to the medical paradigm, diagnostics are perfect, but healing possibilities are either poor or unavailable.

In contrast, apitherapy—the application of classical bee products (honey, royal jelly, propolis, pollen, venom, waxes) and new preparations (larvae extracts, bee bread)—can in many cases prevent, heal, or at least positively affect these pathologies.

Put simply, apitherapy heals but cannot explain, whereas molecular medicine explains but often cannot heal. The logical consequence is to bring together both disciplines—to consider them complementary, not competing, therapeutic approaches.

Propolis’s popularity in China
by Chen Lihong (China)

Propolis is a widely used honeybee product in China, with demand far outstripping supply. Propolis research is also increasing, notably studies of its antibacterial, anti-inflammatory, antioxidant, and antitumor properties and its role in softening blood vessels, improving blood circulation, enhancing immunity and anesthetization, and promoting tissue regeneration. The past decade has witnessed major growth in using propolis in health care products and folk medicine for treating diabetes, cardiovascular diseases, neurodegenerative disorders, and certain cancers. Propolis is also widely applied in animal husbandry, plant protection, and the food industry. The new Chinese Pharmacopoeia includes propolis in its descriptions of apitherapy’s medical applications.

Continued on page 6

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From the Editor

Contact: BeeEditor@aol.com

As this issue goes to press, the AAS is thoroughly engrossed in preparations for the celebration of our 20th anniversary. We’re delighted that the birthday events are coinciding with this year’s Charles Mraz Apitherapy Course and Conference (CMACC), in Queens, New York. In addition to the customary course and conference, the AAS is holding a special dinner featuring presentations by four people—including two current board members—who have been active with the Society at various periods over our 20 years. Detailed information about the entire CMACC weekend will appear in the January-March 2010 issue.

The AAS’s activities and achievements that began in November 1989 and continue to the present have involved far too many people to identify in this column. But we do want to acknowledge these efforts elsewhere in the Journal:

- A summary of our history, as well as short biographies of current officers, board members, and staff (pages 4-5)
- Testimonials from the 1970s and 1980s (page 10)
- A recent news story with an antecedent from 50 years ago (pages 8-9).

This past fall marked a glorious event held in France—Apimondia 2009. In addition to reporting some of the scientific findings and apitherapy developments presented there, we offer reflections on the congress by Marilyn Graham.

As 2009 draws to a close, Frederique Keller applies her customary creativity to her President’s letter, where she presents several ideas about what may lie ahead for the AAS.

Another future item: As noted on page 11, this issue of the Journal is the last one that will be automatically sent to you by regular mail. It will be tremendously helpful if you will register your e-mail address on the AAS website. That way we can send you the Journal electronically, as a PDF attachment.

Onward to 2010!

My best wishes,

Patsy McCook
A highlight of 2009 for me was the chance to attend Apimondia in Montpellier, France, where the worlds of apitherapy and apiculture world came together. The event attracted well over 6,000 participants from all corners of the planet to hear about scientific research and enjoy regional artisanal products of the beehive.

Every two years the apitherapy commission of Apimondia organizes a global apitherapy event known as Apimedica; the next one is scheduled for September 2010 in Slovenia. Interested countries are invited to submit a bid to host Apimedica, and I would like the United States to be in contention for this event—in 2014 at the earliest, or in 2016. To make such a bid, the AAS must attract major sponsors to pay for the venue, speakers, advertising, promotional materials, and other expenses—all of near-Olympic proportions.

Indeed, hosting such an international event, where attendees share significant scientific advances in the field of apitherapy, is a huge undertaking. Other nations are forging full speed ahead. The AAS would like the United States to demonstrate that this country is receptive to apitherapy and eager to participate with the rest of the world. As a result, I’m asking AAS members to come forward with ideas and connections, to help us jump-start this effort. The first step is for each of us to build relationships and to encourage friends and colleagues to recognize the value of apitherapy in their lives by joining the AAS.

Another exciting possibility is the idea of our holding next year’s CMACC jointly with the BioTherapeutics Education and Research Foundation, or BTER. Such a joint undertaking would attract a large professional audience and bring attention to the AAS and the honeybee. As the AAS pursues this prospect, I encourage you to check our website for new developments.

As I write this, CMACC 2009 and our 20th anniversary celebration are about to start. We’re expecting record numbers and anticipating reconnecting with many past participants and meeting new ones.

With the approach of the holiday season, don’t forget to do your shopping on our website, where we receive a small percentage from vendors. And in the spirit of giving, please note the AAS’s continued need for donations—toward improvements in our website and the development of our store.

As a final vignette, I direct you to a lovely piece written by my sister, Marilyn, about Apimondia (see page 7). I hope you enjoy the sentiment. I also wish each of you an enjoyable holiday season, one filled with much love and good health.

Frederique Keller
A brief history

In the 1980s two pharmacologists, Dr. Jurgen von Bredow and Dr. James Vickwere, assessing the physiological effects of certain drugs for arthritis. Intrigued by the numerous anecdotal reports of the benefits of bee stings, they began trials of bee venom on arthritic dogs. The dogs’ improvement encouraged Drs. Von Bredow and Vick to collaborate with others to form the North American Apitherapy Society (NAAS). The society’s annual symposia in the Washington, DC-Baltimore, MD area brought together researchers studying the health benefits of bee venom. In the 1980s venom research declined as a topic of scientific study, and the NAAS ceased its operations.

Yet interest in bee venom and other products of the hive did not come to an end. The year 1989 marked the establishment of a nonprofit membership organization, the American Apitherapy Society, whose mission was to promote and teach “the use of honeybee products to maintain and improve health, and to alleviate pain, suffering, and disability.” Like its predecessor, the AAS held scientific symposia, as well as workshops and annual meetings.

One of the AAS’s founding members was Charles Mraz, a world-famous beekeeper and the pioneer of bee venom therapy in the United States. Charlie initiated clinical research with scientists at the Sloan-Kettering Institute and the Walter Reed Army Institute of Research. He also worked for the U.S. Food and Drug Administration to establish the standard for purity for dried whole venom, and he was the supplier of venom to pharmaceutical companies throughout the world.

In its early years the AAS began promoting not only bee venom therapy but also the use and study of other honeybee products. Noteworthy events of the 1990s included substantial publicity surrounding Charlie Mraz’s work; several AAS members’ trip to China to visit apitherapy clinics and meet with local practitioners; the launch of a website and a quarterly newsletter, Bee Well (successors were Bee Informed and the current JAAS); and the creation of an annual apitherapy training course (subsequently supplemented by a conference), the Charles Mraz Apitherapy Course and Conference, or CMACC, held in cities around the United States.

More recently the AAS has revised its website, integrating modern technology in the effort to educate about and promote apitherapy to the general public, to health care professionals and scientists, and to our members. CMACC is now a one-day basic apitherapy course, followed by a day and a half of a more advanced curriculum. The event is providing an increasingly thorough, scientific examination of apitherapy and coverage of new topics, including propolis and cancer, sports injuries, and veterinary apitherapy.

(Thanks to Ann Harmon, who helped organize the AAS in 1989, and current Susan Cherbuliez, the AAS’s current treasurer.)

The AAS from past to present

Officers and board members

Frederique Keller, L.Ac., DOM, AAS president since 2008, holds a master’s degree in Oriental Medicine and is a licensed acupuncturist and medical herbalist in Long Island, NY, where she has been a beekeeper for 20 years. She uses bee venom therapy for a variety of disorders and incorporates the products of the hive in her treatment protocols. She also works in an office that specializes in sports and spinal injuries. She has traveled extensively and has done postgraduate studies in China and India in the fields of Traditional Chinese Medicine and classical homeopathy.

Theo Cherbuliez, M.D., AAS vice president since 2008, is a native of Switzerland and a practicing psychiatrist. During his ten years as AAS president, he developed the organization’s teaching curriculum and oversaw the creation of CMACC. A beekeeper for 40 years in New York and Maine, he is an active apitherapist and is now president of the Apitherapy Commission of Apimondia, the international beekeeping federation. He also works with a Belgian company, Api-Ar International, that specializes in the creation of health-related bee products with aromatic oils.

Kate McWiggins, AAS secretary for the past year, has a longstanding love of plants, which led her to obtain a degree in botany from the University of Washington. She has worked for nearly 20 years as an environmental consultant specializing in freshwater wetlands. A practicing apitherapist and a resident of Washington state since the 1980s, she devotes her energies to promoting apitherapy on the West Coast.

Susan Cherbuliez, AAS treasurer since 2003, is a landscape architect who has practiced in New York City, Westchester County, and Maine in urban and suburban environments. Although not an apitherapist, she contributes to the organizational aspects of the AAS, as well as holding the necessary fiduciary responsibility. She spearheaded the recent upgrading of the AAS website.

Andrew Kochan, M.D., AAS past president, has been in private practice in southern California since 1984. For 20 years he has used apitherapy, especially bee venom therapy, to treat chronic and acute pain. He conducts research on integrative pain medicine, combining conventional and proven complementary approaches for pain relief, and presents his findings at national meetings. Once a year he travels to Honduras to provide pain treatments free of charge for indigent patients.

The AAS in 2009: a snapshot

Andrew Kochan, M.D., AAS past president, has been in private practice in southern California since 1984. For 20 years he has used apitherapy, especially bee venom therapy, to treat chronic and acute pain. He conducts research on integrative pain medicine, combining conventional and proven complementary approaches for pain relief, and presents his findings at national meetings. Once a year he travels to Honduras to provide pain treatments free of charge for indigent patients.

(Thanks to Ann Harmon, who helped organize the AAS in 1989, and current Susan Cherbuliez, the AAS’s current treasurer.)
**Moisés Asís, Ph.D., M.S.W., J.D.**, our newest board member, works for the Florida welfare system. Since the 1970s he has written six books on apitherapy (the most recent: *Apiterapia 101 Para Todos*, 2007). He founded and heads Bees for Life: World Apitherapy Network (www.beesforlife.org), a nonprofit educational organization. Among his many contributions to the AAS are his columns in Spanish, “El rincón de la abeja curandera.”

Board member **Donald Downs** has been a beekeeper in Ohio for more than 45 years, doing so without using pesticides or herbicides. In his apithrapy practice he is known for treating people with unusual health conditions. His hives are a source of numerous products, including propolis tincture and beeswax hand creams.

Board member **Jim Higgins**, president of the Highland County (Ohio) Beekeepers Association, has a degree in animal science. He has practiced and promoted apitherapy for 30 years. He also trains practicing bee venom therapists, gives lectures in the United States and Canada, and writes articles on the subject for publications concerned with honeybees.

Board member **Chris Kleronomos, DAOM, R.N.**, received his doctorate in Apitherapy and Oriental Medicine from Bastyr University and is an NCCAOM diplomat in Oriental Medicine and a registered herbalist through the American Herbalist Guild. Based in Oregon, he has a clinical focus on chronic disease management and biotherapeutics and is working toward a nurse practitioner degree at Seattle University.

Board member **Glenn Perry** is a beekeeper, apitherapy practitioner, and lecturer in New York State and the owner of GlenHeaven Propolis. In addition to being internationally recognized for pioneering a method to produce water-soluble propolis, he lectures worldwide on propolis and its application for human and animal health.

Board member **Vetaley Stashenko, Ph.D.**, has been trained as a naturopathic doctor and in apiculture in his native Ukraine and in the United States. A Florida resident, he is noted for his knowledge of the scientific properties of the hive, a subject on which he lectures internationally.

**Staff members**

Executive office manager **Marilyn Graham** joined the AAS staff in 2009. For more than 15 years she has worked in airline operations and passenger services, gaining expensive experience with computer systems, customer service, and office management. She is fluent in Spanish. An apitherapy practitioner, early this year she set up her first two beehives in her yard.

Director of public affairs **Priscilla Coe** works in food public relations in northern California, where most of her clients focus on organic, biodynamic, sustainable practices. A hobbyist beekeeper, she has taken classes on alternative healing (including medical herbalism and aromatherapy) and works with a local honeybee “sanctuary” (www.themelissagarden.com), a home where bees are afforded a natural life.
Lactic acid bacteria in the bee
by Tobias Olafsson and Alejandra Vásquez (Sweden)

We have identified a large, unique lactic acid bacterial (LAB) flora that originates in the honey stomach of honeybees and is involved in producing honey and bee bread. This flora is composed of LAB of genera Lactobacillus and Bifidobacterium. LAB are found in healthy organisms and are used in dairy products and probiotics. Members of the LAB flora originating in Apis mellifera and their metabolites are able to strongly inhibit human pathogens and food-spoiling organisms.

The existence of LAB flora within the honey stomach and the honey varies according to nectar source, diet, and health of the bee colony. This in turn explains the variation in antibacterial activity between different types of honey and bee bread. It may also explain the health benefits of honey, bee pollen, and bee bread. In sum, our finding identifies an additional layer of complexity in the hive, thus offering a new perspective on honeybees.

Treating cancer patients with propolis
by Osamu Mizukami (Japan)

Among propolis’s anti-cancer properties are its direct, immunity-enhancing, and antioxidant effects. For 15 years I have used Brazilian propolis to treat cancer patients—most undergoing surgery, chemotherapy, and radiation—and have found it to be highly effective.

In many patients with advanced cancer, tumors have grown slowly; other patients have experienced tumors that have shrunk and even disappeared. And many patients, after surgery for stage II and III cancer, had no recurrence or metastasis. Nearly all the patients have reported an improved quality of life and satisfaction with propolis. And other than mild skin rash, they have observed no side effects.

Using apitoxins to normalize alcohol’s effects
by Igor Krivopalov-Moskvina (Russia)

In 1995 we launched a program that enables patients suffering from alcohol abuse and alcoholism to drink in moderation while restoring their damaged functions. We use apitoxin (bee venom), which, by eliminating alcohol cravings, affects the main mechanism of alcoholism’s development. Our goal is to reduce the body’s need for alcohol and help patients take responsibility for deciding on a reasonable amount of alcohol consumption.

Over 10 years we observed 679 men, dividing them into two groups: 412 with alcohol abuse and 267 with alcoholism. Treatment effectiveness was estimated by the absence of alcohol excess after 6 months, 1 year, and 3 years following completion of the program.

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<th>6 months</th>
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<td>84.9%</td>
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<td>Alcoholism</td>
<td>79.9%</td>
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Honey as a preservative in producing amnion grafts to cover wounds
by N.Z. Khismatullina (Russia)

A common skin disorder, psoriasis is a systemic disease that affects the skin, nervous system, and certain organs. Acute episodes are difficult to control, event with sophisticated treatments.

Our complex treatment for psoriasis includes bee products—bee venom, bee bread, pollen, royal jelly, propolis, beeswax, and a polysaccharide found in the cell walls of bees—all compatible with medicinal preparations and not addictive.

In 2008-2009 we studied 12 patients who underwent treatment that included these bee products in combination with api-reflexotherapy, medicinal clays, thermal baths, music therapy, and psychotherapy. On days 2 and 3 of the first treatment course, in the fall, all patients reported a clearing of plaque-affected skin and improved sleep, appetite, and gastrointestinal functioning. In the second treatment course, in early spring (when acute attacks typically occur), 83% reported only common plaques and no acute attacks. Not one patient was treated with medication!

Api-reflexotherapy and bee products
In treating psoriasis
by N.Z. Khismatullina (Russia)

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Apitherapy for preventing and treating allergies to bee products
by Stefan Stangaciu (Romania)

The classic allopathic treatment of allergies implies the use of antihistamines, corticosteroids, and, if necessary, adrenaline. An alternative approach relies on the bioflavonoids (including quercetine, chrysine, and luteonin) contained in propolis, bee pollen, bee bread, honey, and beeswax.

As a result, allergic reactions can be treated, even prevented, by a diet rich in bioflavonoids; by healthful habits, including adequate sleep; by a healthy vertebral column; and by the regular use of such practices as acupressure, honey massage, and Shiatsu.

Postcard from Apimondia

I doubt that there could have been a more appropriate, more beautiful place to host Apimondia 2009 than Montpellier, in the south of France. From the moment we stepped off the all-too-convenient airport shuttle in the midst of a festive yet genuine welcome from the local society, it was evident that this small, quaint city was nothing short of enchanting.

We watched as the vividly colored flower-printed light-rail train passed by, and then the blue train with the white seagulls, which raised the question: which train would bring us closer to our hotel? We approached one of the locals on the platform. This poised and ever-so-friendly elderly woman explained the light-rail system to us. We hopped on the train with the seagull print on it—which all the Apimondia participants soon discovered—as it delivered attendees from around the world at the steps of the congress where this great event was about to unfold.

The congress was situated in a park at the very heart of Montpellier, where white-tented booths stood in a promenade-like fashion leading up to the majestic entrance that was soon to become everyone’s favorite place to gather. The park bordered a large plaza where restaurants converged, offering a plethora of some of the finest cuisine in the world under a mesmerizing Mediterranean blue sky. It was here that people the world over gathered to share and celebrate the “sentinel of the environment”: the honeybee. Vendors from every country imaginable had gathered here to share the bounty brought to them by honeybees. Even the bees themselves gathered in large numbers at the nougat stand, a reminder of who all this really belonged to. Inside the congress, representatives of various countries sported their cultural costumes, in a final attempt to have the privilege of hosting a future Apimondia gathering. Among them, covering every inch of floor space, was a labyrinth of countless vendors and exhibitions epitomizing the popularity of apiculture on a global level.

Though demanding, the daily schedule of classes was inspiring and rewarding, as presenters from all walks of life delivered a wealth of information and intensity attainable only at such a venue.

The AAS was fortunate to have had a significant representation by four of our board members: Frederique Keller, Theo Cherbuliez, Susan Cherbuliez, and Glenn Perry. Many of us made new friends, while others reunited with old friends from the past—all with the common interest in that we must help guarantee the future of humanity.

Marilyn Graham
Draper, UT
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From a new book
Another alternative remedy for MS that works!

In an article in the June 2006 issue (volume 13, no. 2, p. 6) of this Journal I reported on a novel protocol for multiple sclerosis—intramuscular injections of vitamin B1, liver extract, oral vitamins, and a high-protein diet. In that article I also noted that the author of the protocol, Dr. Frederich Klenner, has hypothesized that MS is caused by vitamin and nutrient deficiencies.

Since then I have found another potential cause of MS. Kathryn R. Simpson has written an invaluable book, The MS Solution: How I Solved the Puzzle of My Multiple Sclerosis, which details her experiences in getting her MS to go into remission. As a clinical researcher, she was able to synthesize all the science that showed how her MS was being caused by hormone deficiencies and that identified the way to correct this problem: through bio-identical hormones, which can be applied by patches.

Two of my clients were assessed by their doctors (not neurologists) and tested positive for hormone deficiencies using a simple blood test. After following this hormone protocol as described in Kathryn Simpson’s book, they both began to see improvements within a month. They continue to show progress. One client uses both a venom therapy, the other does not.

One who is administered BVT has seen faster results, but her MS symptoms were slightly less to begin with. Patch therapy costs a few hundred dollars a month. It is not covered by insurance.

Kathryn Simpson’s research also indicated that hormone deficiencies may be responsible for other neurodegenerative diseases—rheumatoid arthritis, fibromyalgia, and ALS (Lou Gehrig’s disease)—so it makes sense to check for hormone deficiencies with these types of ailments, too. Her book offers chapters dealing with essential female and male hormones in addition to estrogen, progesterone, and testosterone, with which we are familiar. She describes practical, affordable methods for testing for deficiencies. In no way is she advocating traditional hormone replacement therapy (drugs like Premarin), which has caused problems for patients.

After reading The MS Solution, I encourage everyone who is suffering from neurodegenerative diseases to get their hormone levels checked for deficiencies.

Alan Lorenzo
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Case study from Iran
Using bee venom therapy to treat Guillain-Barré syndrome

In December 2006 a 36-year-old woman came to me from Kuwait. She had been diagnosed with GBS (Guillain-Barré syndrome) four years earlier with numbness and paralysis in her legs and arms. Severe fatigue and prolonged confinement in bed at a regional hospital in Kuwait had caused her to become disabled and unable to continue her work as a teacher. During her stay in the hospital she had taken several medications, such as intravenous immunoglobulin and chemotherapy with drugs to inhibit or prevent the growth and spread of tumors.

After performing routine tests, we started bee venom therapy with live honeybees and assessed the results. Because of her limited stay in Tehran, we followed an abbreviated program for achieving the most possible acceptable results (see www.apitherapy.ir).

Bee venom therapy can cause nausea, chills, increased body temperature, and sleep disturbance: systemic reaction of the patient’s body to the antigens of bee venom. In this way it resembles the reaction to a routine vaccination. The symptoms can last from several hours to as long as 72 hours. During this period, the patient should drink plenty of water. (We performed several tests, including creatinine clearance, an indication of kidney function.) After the initial treatment, the patient needs a complete rest without BVT for a week.

The following results were obtained after BVT and gradually improved since the patient’s first visit:
• Increased sensation in her legs and arms: she feels warmth and can feel blood flowing
• Increased ability to move her legs
• Decreased fatigue
• Increased appetite.

The patient is now fully active and able to resume her work in Kuwait.

Dr. Benham Kaviani
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Targeting cancer with bee venom

The September 28 issue of the Wall Street Journal reported that researchers at Washington University in St. Louis have found a way to deliver melittin, a small protein and a component of bee venom, to seek out and destroy cancer cells in tumors. (Their work was published in the Journal of Clinical Investigation, September 1, 2009, volume 119, issue 9, pp. 2830-2842.)

The technique uses “nanobees”—tiny, synthetically manufactured spheres that are imbedded with the melittin compound—and suspends them in a solution for injection into the bloodstream. (Nano-sized particle research is also used in cutting-edge microelectronics.)
FROM THE FIELD

Nanobees are so small that about 180 of them would fit on a one-micron sphere. Each nano is 0.1524 um (microns), or six millionths of an inch, in diameter: small enough to easily pass through the bloodstream and attach to cell membranes. At the same time, they are large enough to carry thousands of active compounds.

Preliminary results indicate success in halting growth and shrinking breast cancer and melanoma tumors in mice and in reducing precancerous lesions. Melittin is well known as an antibacterial and antifungal agent that is able to destroy living cells. However, when coating the particles with a lipid layer, it was found that the nanobees selectively attacked only the cancer cells; they largely shielded the healthy cells. Much more research and human clinical trials are needed, but this targeting the delivery of drugs directly to tumors is a good and promising start.

The father of apitherapy research in the U.S. was the late Charles Mraz of Middlebury, Vermont. Recognized internationally for his queen breeding, beekeeping management, and inventions, he shared his knowledge with the famous Brother Adam of Buckfast Abbey in the United Kingdom. Charlie taught and promoted the use of honeybee venom to treat the symptoms of arthritis, MS, and many other diseases. For more than 60 years, patients from around the world came to him for help in treating conditions that baffled mainstream physicians.

Charlie developed the technique to collect honeybee venom from his hives and package it for supplying to pharmaceutical laboratories. This is the serum currently used by allergists for sensitivity testing. In 1950 Charlie found anecdotal evidence of tumor reduction through the use of bee venom.

During one of many visits with Dr. Chester Stock at the Sloan-Kettering Institute in Port Chester, New York, Charlie obtained test mice implanted with “sarcoma 180 tumors.” In experiments, he treated the mice with various therapeutic products from the hive, including pollen, royal jelly, and venom. He was able to use honeybee venom to shrink and remove the tumors in all the mice. He then revisited Sloan-Kettering to demonstrate the amazing results of his success. Researchers there admired his work, which they described as “very interesting.” However, this casual treatment was familiar to him: he obtained a similar reaction when demonstrating his successful treatments to medical researchers in the fields of arthritis and MS.

Charlie would have been glad to know that at long last—after nearly 50 years—researchers are recognizing the benefit of honeybee venom in cancer treatment.

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Or call direct at:
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1-800-875-0096
Honey helped my finger heal

Excerpted from the August 9, 2009, edition of the online newspaper, the Orlando Beekeeping Examiner. (Googling that will take you to the article.)

As a beekeeper and organic-honey producer, I've heard about honey's astounding healing powers from several customers. One woman was bitten by a dog, causing her forearm to become shredded. A doctor at the local emergency room cleaned and dressed the wound, but not before a serious infection set in. None of the ointments prescribed by her doctor was as effective as raw, unfiltered honey. The wound healed within a few days, and today the scars are barely visible.

I recently had my own experience with honey. After inadvertently slicing off a piece of my index finger, I rushed to the emergency room to see if the finger could be sewn back on. No such luck; all the staff could do was apply antibiotics and wrap the wound. I left the hospital without being treated.

Back home, I decided to try honey. After dipping my bloody nub in a small cup of raw, unfiltered honey, I felt some stinging, but only for a short time. I soaked the finger for 10 minutes, rinsed it with water, and wrapped it in a bandage. I continued this twice daily for three more days until a good scab formed. I kept it bandaged for another week. Two weeks later the damage was almost invisible.

One month later there is a slight scar and it is still a little sensitive. The fingerprint is missing, but I am using it to type! 

Jean Vasicek
Orlando, FL
jean@winterparkhoney.com

BVT for rheumatoid arthritis

My wife, Marian, and I stopped at Champlain Valley Apiaries in the early 1980s to talk to master beekeeper Charles Mraz for advice, as I was just starting to keep a few hives.

When Charles noticed Marian's shoulder posture he immediately commented on her arthritic condition and offered to help whenever she was ready. He touched her shoulder blade, and she responded as expected to the pain she had been hiding. No, she was not ready for any bee stings during that visit.

About a month later she asked to drive to Vermont to visit our two daughters living there, but her real reason was “let's go visit that friend of yours who said he could help my arthritis.” For several years the pain in the knuckles of her right hand was so bad that she was taking pain medicine daily and visiting a couple of doctors who were not able to provide relief of swelling or soreness. Her right shoulder became involved, and also the right knee. The knee became much worse after she tripped over Clementine, our cat, and required arthroscopic surgery on her knee. Marian’s hand was so bad that there were times when she could not close her fingers or hold a pencil to write.

After the first visit to Charles’s home, where he first checked Marian’s sensitivity, he then proceeded with his regular therapy and gave me instructions. He cautioned me thoroughly about sensitivity and showed me collection and application techniques developed over the years. It took about two weeks of follow-up apitherapy, which I conducted with my own bees, and the pain and swelling gradually improved. Without Charles' apitherapy treatment for Marian’s rheumatoid arthritis, she would have become essentially a crippled shut-in, unable to function with the equality of life that she has been able to enjoy.

Apitherapy works! The careful procedure and technique taught by Charles Mraz is a tremendously valuable therapy and should be recognized for its benefits that can be provided to those suffering from arthritis.

Jean Vasicek
Orlando, FL
jean@winterparkhoney.com

BVS for my horse

In the late 1970s, after rescuing a horse from being euthanized, I volunteered him for bee venom treatment by pharmacologist Jurgen von Bredow. The horse had been brought to the U.S. for the Olympic team—he was that talented—but shortly after arriving here he slashed his leg above the hoof. The leg became deformed and he developed arthritic bones and joints in and around the damage.

With a combination of good shoeing plus BVT from my own hives, the arthritic accumulations resolved and he went on to be my mount for many years on the riding trails around my home. My horse served as my introduction to apitherapy, and I’ve been interested in all aspects of it ever since.

Ann Harmon
Flint Hill, VA
AhworkerB@aol.com

TESTIMONIALS...
A warm welcome to our new members

Bolivia
Ruben Conde, M.D.

Canada
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CMACC December 4-6, 2009
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