Efficacy of Apitherapy in the Treatment of Neurological Patients

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This Russian team has been studying bee venom (native, in solution and nanocomposite) and bee products (royal jelly, propolis) in the simulation of various pathologies (diabetes, cancer, ionizing radiation).

The objective of this research was to study the effectiveness of apitherapy by including bee venom into the therapeutic complex treatment of patients with stage two chronic cerebral ischemia (CCI) by analyzing the clinical profile of patients and the status of some indicators of the blood system including the electrophoretic erythrocytes mobility (EPEM), concentration of malondialdehyde (MDA) and catalase (CAT) activity in the erythrocytes.

Materials and methods:
Two groups were formed totaling a study of 50 patients diagnosed with stage two CCI. The main group of 30 patients received the basic therapy and apipuncture (bee venom therapy used in specific acupuncture points or a combination of acupuncture and bee venom therapy). We used a bee venom preparation for the apipuncture administering it as an injection in germ-form consisting of a pyrogenous solution of bee venom in a volume of 0.2 ml, a dose comparable to a single bee sting (0.1 mg). The criteria for the effectiveness of treatment served as the comparative dynamics of neurological syndromes in the main and control groups of patients. Additionally, a study was conducted on EPEM, concentrations of MDA, and erythrocyte CAT activity during the treatment of patients with CCI.

Results:
It is shown that including apipuncture in the therapeutic complex treatment of patients significantly improved several neurological aspects and indicators of red blood cells as compared to standard therapy. This was demonstrated in terms of improved cognitive functions, cephalgic dynamics (p = 0.04), cochlear (p = 0.01) and vestibulotory atactic (p = 0.04) syndromes as well as more significant EPEM recovery, MDA concentration, and CAT activity to indicators of the physiological norm.

Conclusion:
Research revealed the effectiveness of apitherapy by including bee venom in the therapeutic complex treatment of patients with stage II chronic cerebral ischemia (CCI). The use of apipuncture in neurological patients associated with the activating effect of bee venom on the adaptive mechanisms of an organism. Keywords: apitherapy, chronic cerebral ischemia. Chronic cerebral ischemia (CCI) refers to chronic diseases of the nervous system, and throughout its course can lead to serious negative health and social outcomes such as strokes and vascular dementia [1].

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From the Editor

In thinking about how fast this summer came and went I have to think about how much of a difference in my quality of life that apitherapy has made for me personally in the last few months. Last fall and into winter I was doing a lot of kayaking (one of my favorite sports) in the Pacific ocean. On one particular day, my husband and I ventured out farther into the ocean than we had ever been and after that day I developed extreme pain in my right elbow to the point where I could no longer go kayaking because if I did I suffered with the pain sometimes not even being able to sleep at night. My right arm at the elbow joint then started to not only be painful night and day but became weak to the point where I could not carry a bag of groceries with my right arm and it was impossible for me to lift anything using my right arm including a bag of groceries that may have only weighed a few pounds. I thought for many months that I needed to sting my elbow joint and hesitated in doing so because my body has extreme reactions to bee stings including swelling, itching and loss of mobility which interferes with my ability to do my job at American Airlines. I often thought about planning a sting just preceding my days off from work, and again, hesitated because I did not want to ruin my days off! This past spring at CMACC 2015 in New York I volunteered to be stung and a mini sting was done on my elbow. A mini sting involves pulling the stinger out almost immediately after it penetrates the skin in order to minimize the reaction to the venom. I did not want to do a full sting just a few days prior to traveling back to Los Angeles and I was skeptical as to whether or not this mini sting would really make a difference. I experienced a minimal reaction to the mini sting which was great and a few weeks later my elbow hurt a lot less and I thought I would do another mini sting to bring it to 100 percent. Again I procrastinated but a few weeks later I realized my elbow was and still is completely pain free in addition to the strength having come back in my arm. I am thankful for the astoundingly powerful medicine of the bees and the simple fact that less can be so much more.
From the President
Contact: Frederiquekeller25@gmail.com

Dear AAS Members,

Fall came calling under a magnificent full blood moon and a total eclipse last weekend. You know that summer has finally ended when you see the honeybees feasting on the waning Japanese knot weed, sedum, and ragweed. It is soothing to the soul to embrace the continuity and predictability of the changing seasons.

It is a time also when we at the AAS reflect on where and how we want to continue being an educational and reliable source of apitherapy knowledge as we move forward into the future. It is important that we remain a steadfast voice to be trusted amidst all of the bombardment of “new” ideas regarding apitherapy and its integration as a whole health system while bridging the gap between “lay” people and health care professionals. This needs to be a cooperative effort respecting each others experiences and knowledge without maligning any one individual or group in particular. Once again on a social media site, one of our board member’s character and professional career was publicly attacked and posted for all to see. This was totally inappropriate, unacceptable and venomous, so to speak. There is plenty of room for differences of opinion while working harmoniously towards a common goal. We all need to foster cooperation instead of derisive behavior.

The motives of the AAS are crystal clear and that is to provide the best source of apitherapy education worldwide at no profit to any individual and to do no harm to others. As an acupuncturist for 21 years practicing apitherapy for as long as I can remember with countless patients, I can tell you from experience that I NEVER allow myself to get complacent in how I treat a patient receiving BVT for any number of conditions. I regularly start by doing a thorough intake/history on each person, and I individually customize the supportive treatments for BVT through nutrition, herbs, etc. I have had patients experiencing strong reactions to bee venom in my office with some happening right at the beginning of treatment, and others happening even months down the road after the treatment. After all these years, I still find it to be a precarious moment when that person starts to feel itching in the groin and armpit areas, when hives break out, when they become cherry red or their lips or tongue swells, etc. As a practitioner you must remain calm, know what to do, and support that patient who is relying on you. You are responsible! I have to wonder what support system all those virtual patients giving themselves BVT have in place, especially if an emergency situation were to occur. I imagine many of these people are home alone while doing BVT. They deserve better than that! What ever happened to the voice of common sense and reason? It’s so easy to do the right thing and not put anyone in unnecessary harm’s way. All of my patients receiving BVT eventually sting themselves at home after having received a complete education on BVT and I make sure that they know that I give them my full support in doing so. Some of my patients take the bees home rapidly because they feel comfortable while others wait until they feel more confident and ready. My point here is that everyone is different every time and that’s OK. You are dealing with someone’s illness and everything that comes with that, and it is a privilege as a practitioner to have the opportunity to help others. I want to stress that this is not a game, it’s someones life. I totally feel people should be encouraged to do their own stings provided they have a truly supportive on site system in place. I also cannot stress enough that more stings is not necessarily better, in fact, quite the contrary is true. Any given sting session should not exceed 20 stings. I have observed personality changes, heightened aggression, and combativeness resulting from the use of excessive venom. The homeopathic proving of bee venom speaks for itself.

I find this an appropriate time to mention that I myself have had an extreme reaction to bee venom several years ago even after 20 years of beekeeping and practicing BVT. It took me quite by surprise! This was an absolutely frightening and sobering experience especially since my anaphylactic reaction was triggered by only one mini sting. Thank-goodness I happened to be in the company of calm and very experienced people who supported me through this vulnerable time. I then did and followed my own desensitization protocol so that I could continue working with honeybees and helping others.

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Known difficulties in treating patients with CCI dictate the need for new effective methods and a means to improve the condition of the body. One such tool can be apitherapy, specifically bee venom therapy. Apitherapy has a long and successful history of use in neurology [2]. It is known that bee venom being a natural adaptogen in small doses, has a pronounced multimodal therapeutic effect related to the development of adaptive reactions of the organism [3]. Bee venom actively works on the hemostatic system, reducing blood clots, the aggregation of red blood cells, thereby improving microcirculation [4]. We point out that the rheological properties of the blood and antioxidant systems play a significant role in the development and progression of many neurological diseases, in some cases, being a marker of the pathological process.

Objective:
To study the efficacy of apitherapy by including bee venom into the therapeutic complex treatment of patients with stage II CCI by analyzing the clinical profile of patients and the condition of certain indicators of the blood system: Specifically EPEM, and the concentration of MDA and CAT activity in the erythrocytes.

Materials and Methods:
Fifty-five patients diagnosed with stage II CCI were treated. The average age of the patients ranged from 47.7 plus or minus 5.6 years. Patients were divided into two groups matched by age and gender, the clinical profile of the disease. The main group comprised of 30 patients and contained the basic therapy (neuroprotective and vasoactive drugs) and apitherapy. We used a bee venom preparation for the apipuncture using a germ form injection of an apyrogenous solution of bee venom in a volume of 0.2 ml and a dose comparable to a single bee sting (0.1 mg). Bee venom, satisfying the requirements of the RF 42-2693-96 “bee venom” was dissolved in a 0.9% of saline and sterilized by filtration through a bacterial filter (0.22 micron). Before treatment, the patients underwent a biological test of tolerability [5] using point total exposure (tsu-san-li, show san-li, Qu-Chi, Yang Chuan-lin, san yin jiao da chzhuy) and local points of the cervical area in increasing doses from 0.2 to 2.0 mg per procedure. The course of apipuncture included 5-7 procedures (one procedure every two days). The control group consisted of 25 patients treated with the basic therapy only.

Results and discussion:
The study of the neurological status of patients with CCI showed that the inclusion of apitherapy (apipuncture) in the treatment of standard therapy in patients with CCI had significantly improved the effectiveness of the treatment. This was demonstrated in the form of improvements in a number of neurological syndromes significantly (P <0.05) different from the control group. The main study group showed significant differences from the control group in the cephalgic (p = 0.04) dynamics, cochlear (p = 0.01) and vestibulatory atactic (p = 0.04) syndromes. With the observed decrease of tinnitus in 62% of the patients, the average score of severity of the cochlear syndrome decreased by 0.72 points, but was not found to influence the degree of Gipoakuzija. The reduction of cephalgic syndrome was noted in 90% of the cases, and the average score of cephalgic severity was decreased by 0.55 points. Also, the study succeeded in reducing the vestibular atactic syndrome by 1.42 points. In the study of cognitive function the patients of the main group noted more pronounced results in the positive dynamics in relation to neurodynamic disorders and oral-aural memory (P<0.05) than the control group did.
The addition of apitherapy by including bee venom in the therapeutic complex treatment has led to more pronounced changes in the studied indicators of red blood cells that characterize the improvement of the rheological properties of blood.

### Table 1
Change in electrophoretic erythrocytes mobility (EPEM), the concentration of malondialdehyde (MDA) and erythrocyte catalase (CAT) activity in the treatment of patients with CCI (M ± m)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Physiological norm</th>
<th>Plus apitherapy</th>
<th>Traditional treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prior to</td>
<td>After</td>
<td>Prior to</td>
</tr>
<tr>
<td>EPEM, mcm cm B⁻¹ s⁻¹</td>
<td>1.28±0.04</td>
<td>0.89±0.05*</td>
<td>1.08±0.04#</td>
</tr>
<tr>
<td>MDA, nmol / ml</td>
<td>1.09±0.20</td>
<td>4.10±0.46*</td>
<td>2.53±0.30#</td>
</tr>
<tr>
<td>CAT, pcs. / min * gHb</td>
<td>177.41±0.70</td>
<td>318.00±0.74*</td>
<td>189.30±0.40#</td>
</tr>
</tbody>
</table>

*Note: * statistically significant differences (P ≤ 0.05) from the physiological norm, # - a statistically significant difference (P ≤ 0.05) than before treatment.

The results indicate that the additional use of apitherapy has a more effective impact on patients with CCI as compared with traditional treatment. During the discussion of the obtained results it should be noted that in the traditional approach to therapy CCI fulcrum of therapeutic measures is the brain, nervous tissue, and blood vessels that provide blood supply to the brain and spinal cord. However, be aware that any disease can be considered as a long-acting stressor, so the feasibility of using bee venom should be associated with a non-specific action aimed to increasing the adaptive capacity of the organism. It must be assumed that the identified effects of apitherapy can be realized directly through the blood and through the indirect impact on the neuroendocrine system of the body. Earlier experiments on animals have shown that bee venom causes an increase in the effective negative charge of red blood cells, reducing their aggregation, improving blood rheology [4, 6]. Equally important is the impact of bee venom on the neuroendocrine regulation. We point out the changes of EPEM in patients with CCI carried out with earlier studies [7]. We have shown that EPEM changes are associated with stress and the activity of the stress implementing systems on emergency action stimuli. This provision was proven in our previous experiments on animals. It has been shown that the change in EPEM in rats under stress has the same type of two-phase nature: EPEM is reduced in the beginning and EPEM increased with cancellation of stress [8]. Increased EPEM is associated with activation of the 2nd phase of the stress response and an increase in blood levels of glucocorticoids [9]. Accordingly, the effect of bee venom in the treatment of patients with CCI can be explained by the development of compensatory reactions in the body (2nd phase) and increased levels of circulating glucocorticoids, which limit the stress. In particular, it was found that corticosteroids cause an antioxidant effect and is likely to cause a lowering of the concentration of MDA and CAT in CCI patients with the use of apitherapy.
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The use of apipuncture on patients with neurological disorders is effective by activating the influence of bee venom on the adaptive mechanisms related to the action of glucocorticoids. Using apipuncture causes the development of the adaptation processes in the body, providing the adaptation is at its functional state at all levels, that is to increase EPEM, indirect evidence of the improvement of the rheological state of the blood and reducing the destructive changes in the erythrocyte membrane as evidenced by normalization of pro- and antioxidant systems.

Meet the Authors: The Department of Biology traditionally held physiological and biochemical studies of the effect of bee venom and bee products (propolis, wax, honey, pollen, royal jelly) on animals. Study of the effects of bee products on animals is associated with the development and introduction of products based on them as medicines. Collaborative research biologists and medical doctors determine the possibility of introducing bee products for the treatment of human diseases. Modern studies on apitherapy include collaborations between the Department of Biology and the regional Semashko hospital.

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References:
Since ancient times people have speculated about honey’s curative properties. The ancient Greeks, Romans, Chinese, and Egyptians used honey to heal wounds and cure disease of the gut (Zumla and Lulat, 1989). Until recently there was little scientific evidence to support therapeutic use of honey. Lately, however, many studies have shown that honey has valid medical use because of its antibacterial activity.

**Treating Burn Wounds and Skin Ulcers with Honey:**

Subrahmanyam (1991) conducted a study comparing a conventional method of burn treatment (silver sulfadiazine) with topical application of honey. Burn patients of a variety of ages were divided into two groups. The burns of patients in group 1 were cleaned with saline solution and pure, undiluted, unprocessed honey was applied daily. Burns of group 2 (control) were cleaned and covered with gauze that was soaked in 5 percent silver sulfadiazine which was changed daily. Results showed that within seven days, 91 percent of the infected wounds treated with honey were free of infection, compared to less than 7 percent of the silver sulfadiazine treated burns. Within 15 days, 87 percent of the honey treated wounds were healed, whereas only 10 percent of the control group wounds were healed. Patients treated with honey experienced less irritation, more relief of pain and no allergic reactions or side effects.

Subrahmanyam (1991) suggests that honey is effective for treatment of burn wounds because: It prevents infection due to its antibacterial or bacteriostatic properties (i.e. inhibits the growth of both Gram-negative and Gram-positive bacteria); it provides a viscous barrier to fluid loss and wound invasion by bacteria, thus preventing infection; it contains enzymes which may aid the healing process by promoting tissue formation; it absorbs edema fluid (pus) thereby cleaning the wound; it reduces pain and irritation and eliminates offensive odor.

Efem (1988) showed that various types of wounds and skin ulcers which had not responded to conventional methods of treatment, such as antibiotics and medicated dressings, responded favorably to a topical honey treatment. Wounds and ulcers treated with honey included: Fournier’s gangrene, burns, topical ulcers, bed sores and diabetic ulcers. After the wounds were cleaned with saline, honey and clean bandages were applied daily. Infected wounds that had not responded to conventional treatments were free of infection within seven days of the first honey application. Following treatment with honey, dead tissue was quickly replaced with healthy granulation tissue. In some cases, diabetic ulcers were successfully treated with honey and skin grafts, thus preventing amputation. Apparently, the antibacterial properties of honey allow it to work on wounds and skin ulcers in the same manner that it works on burns.

**The Antibacterial Activity of Honey:**

The antibacterial activity of honey is partially due to its osmotic effects (Molan 1992a). Honey is a saturated of supersaturated solution of sugars and is said to have osmotic properties (i.e. water-withdrawing). Water molecules strongly react with the sugars in honey leaving little water available for microorganisms. The bacteria that cause infection are unable to survive in honey because they become dehydrated. Molan (1992a) compared the antibacterial activity of natural honey to artificial honey solutions (i.e. supersaturated solutions of sugars of the same proportions as those in honey). Results showed that these artificial honey solutions did not have the same degree of antibacterial activity as natural honey, indicating that while the removal of water from bacteria is important, other factors are operating to provide the observed antibacterial effects.

The presence of hydrogen peroxide generated by the enzymatic activity of glucose oxidase in dilute honey also contributes to its antibacterial activity (Molan 1992a).

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As hydrogen peroxide decomposes, it generates highly reactive free radicals which react with and kill bacteria. (Note: Prior to chemical identification of hydrogen peroxide, it was often referred to as inhibine in the literature.)

“Treatment of Infant Gastroenteritis and Stomach Ulcers Using Honey”, a paper by Haffejee and Moosa (1985), studied the effects of orally or intravenously administering dilute honey for the treatment of gastroenteritis compared with a usual treatment of glucose solution (control). Gastroenteritis is acute diarrhea caused by human rotovirus (Tallett et al. 1977). This disease is highly contagious and mainly affects young children, but can also occur in adults. The disease is characterized by diarrhea accompanied with fever and vomiting at the onset. Gastroenteritis is a major health problem that has been found in all continents and amongst all races. Haffejee and Moosa (1985) found that the honey treatment shortened the duration of diarrhea in patients with bacterial gastroenteritis. Patients with bacterial gastroenteritis who were treated with honey had a mean recovery time of 58.00 hours as compared with 93.13 hours for the control patients. Improved treatment of gastroenteritis with the use of honey can be explained by it antibacterial properties.

Laboratory experiments conducted by Somal et al. (1994) have shown that Manuka honey successfully inhibits Helicobacter pylori (H. pylori), the organism responsible for upper gastrointestinal dyspepsia of stomach ulcers. Honey produced from Manuka nectar, a common floral type in New Zealand, contains a phytochemical component that is antibacterial to H. pylori. A clinical trial is necessary to determine if Manuka honey is effective in the treatment of dyspepsia. Treatment with honey is much less expensive and appears to need less time than conventional antibiotic treatments which can have serious side effects.

Skin for Grafting Stored in Honey:
Subrahmanyam (1993) provides experimental evidence of successful storage of skin for up to 12 weeks in sterile, undiluted, unprocessed honey. The storage of skin in honey is useful for burn patients with multiple wounds, all of which cannot be grafted at the same time due to infected areas. Grafts for total wound area can be taken at one at a time. Non-infected wounds can be grafted immediately and the extra skin stored in honey until the remaining areas are free from infection. Subrahmanyam (1993) showed 15 cases in which there was 80 percent uptake of grafts in honey for seven to twelve weeks. Because of its antibacterial properties, honey provides a simple and inexpensive means of storing skin for grafting.

Summary:
A consistent problem with studies investigating the application of honey as an antibacterial agent is that little attention is paid to the type of honey being utilized. The floral source, season and location of harvest are seldom mentioned. In ancient times different illnesses and infections were treated with honey collected from specific floral sources, whereas recent studies have largely ignored honey types. A New Zealand study (Allen et al. 1991) attempts to shed some light on the varying antibacterial activity of different honey types. A comparison of the antibacterial activity of 345 samples of honey from various mono floral sources in New Zealand was made using the agar well diffusion assay method. This technique requires that a small quantity of honey be applied to a nutrient agar plate which is inoculated with a bacterial culture. If the honey has antibacterial properties, cultures will not develop during incubation and a clear zone will be seen around the point at which the honey was applied. The size of the clear zone is a measure of the antibacterial activity of the honey. Floral sources of the samples tested included clover, dandelion, gooseberry, Manuka, Spanish heather and willow. It was found that honeys from different floral sources varied greatly in their antibacterial activity.

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These findings were attributed to the following factors: 1) Honeys from some floral sources contain unidentified substances that intensify the sensitivity of antibacterial substances to denaturation or breakdown by light (Dustman 1979 cited by Allen et al. 1991); 2) Honeys differ in their antibacterial activity due to varying levels of hydrogen peroxide. Variations in the hydrogen peroxide level of honeys from different floral sources is attributed to plants having different levels of catalase, an enzyme in honey which breaks down hydrogen peroxide (Molan 1992b). 3) Processing and handling of honey can also affect its antibacterial activity. Exposure of honey to light and high temperatures (as used in pasteurization) will decrease its antibacterial activity (Molan 1992b). Samples of honey from the same hive and same floral source can exhibit different antibacterial activity if treated differently.

Scientific evidence indicates that honey has antibacterial effects, but due to a number of factors, it is difficult to predict that a particular honey will have a consistent antibacterial activity prior to medical testing. Honey that is to be used as an antibacterial agent in medicine should, therefore be assayed to determine its level of antibacterial activity.

Postmes van den Bogaard (1993) point out that honey used for medical purposes may contain residues of pesticides or drugs used to treat bee disease and should therefore be used with caution. They suggest that honey for medical use be obtained from pathogen and drug free hives in areas where no pesticides are used. Honey for human consumption is frequently tested for residues but higher quality standards are necessary if honey is to be used for medicinal purposes.

Honey has proved useful in the treatment of burns, wounds, gastroenteritis, stomach and skin ulcers because of its antibacterial properties. Further laboratory and clinical analysis of its curative properties is necessary in order to clarify its currently known therapeutic uses and to discover other potential uses.

References:


About six years ago, my wife and I were on our way to Padre Island, Texas. We decided to stay over in Denton, Texas and visit a huge flea market. We checked into a motel and were to spend the whole next day buying all the stuff we didn’t need. Starting out that morning as planned, we went to the flea market, however, I did not feel well but continued on.

At this time in my life I was 69 years old and my wife Pat was 68 and we were both in good physical shape, but on this particular day I couldn’t go on. I was physically not able to walk anymore. I hurt, my joints ached and I was in an awful mood because of the limits the pain was putting on my body that I had not been faced with before. I almost didn’t make it up to the 2nd floor of our hotel room. I had trouble driving a car, opening car doors, putting my shoes and clothes on, as well as doing a myriad of little things we take for granted every day.

I was scared because I knew in my mind that something was terribly wrong. We got to Brownsville, Texas and I went to a pharmacy and asked if they could get me a doctor. They fixed me up immediately and tests were started. After four days we went back and I was told I had the worst case of Rheumatoid Arthritis (RA) they had ever seen. They prescribed several prescription drugs to help me with the pain so I could try to live a normal day. They recommended that I see an RA doctor as soon as I got home for additional testing. Needless to say, that is the first thing I did when I got home and my doctor confirmed what the doctor in Texas had found. My physician prescribed additional medications including Methatroxxe and Hydro chlorine. The medication helped a little but I was still in constant pain which resulted in sleepless nights. The pain combined with the sleepless nights left me in a perpetual bad mood. The pain I was enduring combined with my limited daily mobility left me thinking that it was all over and sometimes I wished it were.

After being on all of my medications for a year, I heard a lady speak on Bees and how she had crippling RA and had accidentally gotten into a swarm of honeybees. She was stung over 200 times and nearly died. She went to the hospital and her live was saved in more ways than just surviving from the honeybee stings.

After leaving the hospital she started feeling great! She had zero symptoms of RA and it was confirmed by her doctor that she no longer had the disease. The best proof of course was that she could function on a daily basis without the excruciating pain that she had been used to living with. After listening to her story, I started going to a beekeeper friend of mine and began getting stung by the bees. People ask me, “How can you do that?”, “Doesn’t that hurt?”, but the truth of the matter is I hurt so bad already that I would have tried anything if I thought it might give me just a little relief. The result was that I started feeling better! I continued to get stung and decided on my own to take my medications every other day as opposed to daily. Eventually I stopped taking my RA medications completely. I told my RA doctor who had some doubts but he agreed to investigate on his own. Upon my next visit, he told me that when a honeybee stings you there is a natural cortisone that is emitted into your body. He said that when you are stung, do not pull the stinger out until a count of 30 seconds or more allowing the cortisone to get into your system.

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Well, I decided to get into the honeybee business for myself and so now I get stung quite often. I am still doing well and I am completely off of any medications. This may not work for everyone and I know there are people out there who are allergic to bee stings so this would be very harmful and possibly fatal to them. However, it worked so well for me that I feel that it is important for me to pass it on to others in helping others to become pain free and medication free. If I can help just one person, it would be a blessing to me.

The purpose of my story summarized in a booklet is in hopes to help someone else. There are other stories similar to mine, there are facts, and there are nutritional benefits of honey, and photos of my beekeeping friends, and recipes. I hope you will enjoy this as much as I enjoy being able to give it to you. I have found beekeeping to be a very exciting hobby; the honey is very good, good for you and is best described as “Nectar of the Gods.” So peruse through this and hopefully you will find something helpful.

I pray that you will find the relief that I have found. “My son eat honey for it is good, yes the honey from the comb is sweet your taste.” Proverbs 24:16

This testimonial was taken from a booklet that was gifted to us by Jack Edel with his permission to share it with as many people as possible. If you would like to obtain this booklet, feel free to contact him.
INFORMED CONSENT TO APITHERAPY
The American Apitherapy Society, Inc.
Revised 2015

APITHERAPY is the art and science of making therapeutic use of products of the honey bee hive, including honey, pollen, propolis, royal jelly, bees wax, and bee venom. To be most effective this treatment requires a relationship of trust and confidence between the Apitherapist and the RECIPIENT of APITHERAPY. Both parties must recognize the need to cooperate and work together.

I ________________________________________________________the RECIPIENT, understand that:

1. APITHERAPY is not a procedure approved by the US Food and Drug Administration, the American Medical Association, or any other regulatory agency in the United States of America.
2. APitherapy addresses the whole body, including mind and spirit in a holistic way.
3. There are no clearly established protocols for APITHERAPY.
4. Complications or side effects of APITHERAPY can include itching, swelling, bruising, temporary discomfort and allergic reactions ranging from skin irritation or rash to anaphylactic shock which can cause difficulty breathing, loss of consciousness, and even death if not treated appropriately.
5. The Apitherapist will take all precautions reasonable and necessary to protect the health and safety of the RECIPIENT.
6. Alternatives to APITHERAPY may include surgery, medication, massage, spinal manipulation, medical treatment and advice, and a regimen of diet and exercise. All have been considered or tried and I have chosen to pursue APITHERAPY for relieving pain, enhancing my well being and/or improving my physical condition.

I have given the Apitherapist a clear, candid, and complete disclosure of my medical history including problems, treatments, and medications. I am not on Beta-blockers. Should I begin to exhibit signs of a significant allergic reaction, I authorize the Apitherapist to administer Epinephrine and/or an antihistamine.

The Apitherapist has advised me of the procedure planned. I have received a clear, comprehensive explanation of the risks inherent to APITHERAPY procedures and their possible consequences including death. I have discussed these matters with the Apitherapist, and I am satisfied that the answers have been understandable, thorough, and have adequately addressed my concerns. I am confident that I have the information necessary to understand the risks and benefits of the procedure so I may give this informed consent. I understand that I am entitled to receive a copy of this consent form when it is executed.

I ________________________________________________________the Apitherapist, state that I have fully and frankly explained the risks and benefits of APITHERAPY, and pledge my best efforts to administer it in a proper manner based on my training, experience, and best judgment.

We, the Apitherapist and RECIPIENT, understand the cooperative nature of this treatment and understand our individual and each others responsibilities. We have read and understood this document, affirm the statements made above, and evidence our acceptance of the above terms by signing below.

Signed this __________ day of ______________, 20____, at ______________________.

_____________________________   ________________________________
RECIPIENT                                       Apitherapist
APITHERAPY NEW CLIENT INTAKE FORM
The American Apitherapy Society, Inc. 2015

Please complete this questionnaire carefully. The information you provide will assist us in creating a complete health profile for you. All of your answers are confidential. If you have any questions, please ask.

Name___________________________________________________________________________________________

Date__________________ Email Address______________________________________________________________

Gender M   F Birthdate______________________Phone number___________________________________________

Address_______________________________________________________ City_______________________________

State or Provence__________________________ Zip______________ Country________________________________

Physician’s name_____________________________________________Phone________________________________

In Case of Emergency Notify_________________________________________________________________________

Phone_________________________________________Relationship________________________________________

MAIN COMPLAINT (symptoms, diagnosis, duration of condition, etc.)

________________________________________________________________________________________________

SURGERIES (Please include date of procedure)

________________________________________________________________________________________________

SIGNIFICANT TRAUMA (auto accident, fall, psychological, abuse, etc.)

________________________________________________________________________________________________

ALLERGIES (drug, food, chemical, environmental)

________________________________________________________________________________________________

PRESCRIPTION MEDICATIONS (Please attach additional page if necessary)

________________________________________________________________________________________________

VITAMINS, SUPPLEMENTS, HERBS (Please attach additional page if necessary)

________________________________________________________________________________________________

HIVE PRODUCTS (honey, pollen, propolis, royal jelly, bee venom, bees wax)

________________________________________________________________________________________________

DIET: VegetarianY/N _____ Meals per day _____ Snacks _____ Caffeinated drinks/day _____ Alcoholic drinks/day _____

EXERCISE: Days per week_______ Length of workout_______ Type of activity_________________________________

TEST STING GIVEN? Y    N Response to Test Sting____________________________________________________

DO YOU HAVE A PRESCRIPTION FOR EPI-PEN?  YES    NO

Proposed Treatment Plan: _______________________________________________________________________

________________________________________________________________________________

Patient Signature______________________________________________                     Date_____________________

________________________________________________________________________________

_________________________
APITHERAPY FOLLOW-UP FORM

Name:

Date  # Stings  Location of Stings

Full  Mini  Micro  Stings

Local Reaction:

Systemic (general) Reaction:

Date  # Stings  Location of Stings

Full  Mini  Micro  Stings

Local Reaction:

Systemic (general) Reaction:

Date  # Stings  Location of Stings

Full  Mini  Micro  Stings

Local Reaction

Systemic (general) Reaction:
New Members

Arkansas
Cheryl Golden

Alabama
Patricia Smith

California
Dana Stewart
Nagwa Kassem
Harry Li Zou, L.Ac.
Karen Carlo
Ruben Castillo
Dawn Scheurer
Sara Hurley
Stephane Cabrera

Florida
Laura Pravs
Aubrey Hoagland
Sandy Holstead

Georgia
Dr. Jongil Lee, D.C.
Virginia Webb

Illinois
Lyle Puzey

Kansas
Shannon Burnett

Massachusetts
Hank Lisciotti
Charles Nichols

Michigan
Glenn Strausser

North Carolina
Danielle Wallace

New Hampshire
Nancy Thomas

New Mexico
Leonard Roper
Linden Belancik

New York
Karen Quiros
Chris Piazza
Ariella Morris, LCSW

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John Rowe

Oregon
Josephine Warden

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Carrie Evans
Raymond Rains
Marc Sanders

Utah
Jared Brown
Jeff King

Virginia
Connie Armentrout

Washington
Drden Burns

Australia
Deborah Flehr

Canada
Martin Machacek

Ukraine
Dr. Nikolai Geveliuk

Tools from the Field
To obtain a PDF of the Informed Consent to Apitherapy or the Apitherapy Follow-Up Form email the AAS office at aasoffice@apitherapy.org.
We also plan to have these available in the members only section of the website soon.

Network List
Share your experiences with Apitherapy with other AAS members, Join the Network List! Click on Members Only tab, choose My Profile and opt in or email the AAS office at aasoffice@apitherapy.org and we will do it for you.

Apitherapy Bees
Call the Allens
We provide bees for those using apitherapy. The practical way to go.
Get BEE VENOM THERAPY BEES
Delivered by mail. Year round delivery.
Can be scheduled weekly, monthly, or as needed.
ED ALLEN - 19150 Smith Lane, Redding CA 96002
CALL (530) 221-1458
From the President

News Flash:
Three of my wonderful Apitherapy patients were interviewed by Healthi Nation about their experiences and their personal journeys to appear shortly online after the editing is completed. They were so eloquent and passionate in recounting their stories and will surely be an inspiration to others thinking about pursuing the apitherapy path to health and wellness. In the interviews you will hear about Lyme disease, rheumatoid arthritis and shingles. You will also see a demonstration of BVT treatment on each one of them. In addition there will be some awesome footage of the bees taken in my own back yard! Thank-you to my patients and the fantastic producers & crew! Visit them at www.healthination.com.

Lastly, I am sure that you all know by now that our Facebook page was inexplicably taken down and I personally ask each and every one of you to go to our new page and hit the “LIKE” button so that we can re establish our over 5,000 followers who were lost. We welcome any apitherapy related videos and pictures that were also deleted to repopulate our page. Visit our facebook page at:

https://www.facebook.com/apitherapy.org?fref=ts

Thank-you so much and enjoy the harvest season!
Peace, Bees & Great Health.

Frederique Keller L.Ac, AAS President