Propolis is a sticky resinous substance that the honeybee (Apis mellifera) collects from various botanical sources such as sap from trees and tree buds. Honeybees take propolis back to the hive to seal up cracks and undesirable open spaces. The bees do this not only to protect and reinforce the hive, but also, through propolis’s antibacterial activity, to prevent parasites and diseases from contaminating the hive. Depending on the season and propolis’s botanical origin, it varies in composition and color, ranging from dark brown to black, green, dark yellow, and red.

Historically, because of its numerous biological properties, propolis has been used in ointments and creams for wound healing and as an anti-fungal, antimicrobial, anti-herpes, anti-HIV, and antitumor agent.

Recently much attention has been given to the propolis collected from Baccharis dracunculifolia (Asteraceae), green propolis, and Populus sp. (Salicaceae). In contrast, little scientific information has emerged concerning red propolis from Dalbergia Ecastophyllum (L.) Taubert. It is also known as Coirwine.

This perennial bush grows along the seashore, on sand dunes, and in river estuaries, coastal forests and lagoons, and mangrove swamps. Frequently found where there is an abundance of salt spray, it is native to Florida, Mexico, Puerto Rico, the Virgin Islands, the Lesser Antilles, Trinidad, Cuba, South and Central America, and western Africa.

In folk medicine, Native Americans crushed the bark and roots containing a paralytic chemical to stun and catch fish. In Senegal, the leaves were used in baths and put into inhalations to treat various conditions. A variety of herbal extracts were also used as a diuretic, emetic, and vermicide.

The unique flavonoids of red propolis gathered from beehives along the coastline of northeastern Brazil were investigated using reversed-phase high-performance thin layer chromatography (RPHPLC) and reversed-phase high-performance liquid chromatography, determining the origin to be from Dalbergia ecastophyllum (L.) Taub. It was also observed that the honeybees (Africanized) were actively collecting the brilliant red propolis oozing from holes in the bark and storing it on their hind legs. (See pictures here and on p. 6.)

The chemical constituents of the red propolis were identified by RPHPLC and contained dalbergin, liquiritigenin, isoliquiritigenin, daidzein, formononetin, and biochanin A; the latter three are isoflavonoids (see Table 1, p. 4). These particular isoflavonoids have also been previously isolated in Cuban red propolis. D. ecastophyllum showed higher concentrations of these isoflavonoids and a higher antimicrobial activity than samples of propolis collected from other botanical origins. Isoflavonoids are highly common in the plant kingdom and occur primarily in Leguminosae family, which includes chickpeas, lentils, and soybeans. Consuming foods containing isoflavonoids

Continued on page 4
From the Editor
Contact: BeeEditor@aol.com

For many of us it has been a long, difficult winter. Now, with the arrival of March—and the advent of honeybee swarm season—the American Apitherapy Society is springing forth. As this issue goes to press, representatives and friends of the AAS across the country are sharing their knowledge of the healing properties of the honeybee.

Reyah Carlson, a longtime member and former board member, is speaking at a Missouri State Beekeepers Association meeting on “the medicine chest known as the beehive,” while new board member Kristine Jacobson is offering an Apitherapy workshop and presentation at the South East Michigan Beekeepers Association Beekeeping Conference. And AAS president Frederique Keller is giving two Apitherapy talks at the Sonoma Bee Symposium in Sebastopol, California.

Also addressing the Sonoma symposium, in presentations titled “socialized medicine in honeybee colonies” and “bee health and breeding,” is University of Minnesota entomologist Marla Spivak, whose work was described in the last issue of this Journal. To mitigate the threats to honeybees—now understood to result from the accumulated effects of parasitic mites, viral and bacterial diseases, and exposure to pesticides—Dr. Spivak is studying genetically influenced behaviors that can help entire colonies become resistant to disease. In response to her findings, beekeepers are establishing local breeding programs that increase the frequency of these hygienic traits in the general bee population. She is also investigating the antimicrobial effects of bee-collected plant resins and exploring ways to limit honeybee disease transmission and improve their health.

Onward to the summer! We hope that those of you in the Northeast, if not elsewhere, will consider attending the Eastern Apicultural Society’s summer meeting in Warwick, Rhode Island (see back page of this issue). As part of the EAS conference, the AAS is holding an Apitherapy Day on Thursday, July 28.

And for the super-organized: be aware that plans for our next Charles Mraz Apitherapy Course and Conference, or CMACC, are proceeding apace. That meeting is scheduled for late October in New Orleans. We look forward to seeing you there.

With my good wishes,

Patsy McCook
Dear AAS members,

Happy spring, everyone! It is a most welcome experience to see the snowdrops emerging from under the deep blanket of snow that has covered us here in the Northeast since December. The honeybees are also stirring with the promise of new buds to forage.

The AAS, however, has not been dormant this winter. We are bursting with exciting ideas about how to promote Apitherapy across the United States, and we have lots of new projects on the horizon. Many of these ideas and projects were discussed at our dynamic AAS board meeting last month. Here are some highlights.

One of our new board members, Molly Romero, has developed an original project, to be sponsored by the AAS, that will raise awareness about honeybees and Apitherapy. She is planning a motorcycle journey with her husband, Felipe, traveling to various locations across the U.S., where they will connect with businesses, health food stores, garden clubs, and other establishments to educate local people about the medicinal properties of honeybee products along with bees’ vital relationship to our personal health and the health of the planet.

The first segment of the trip will consist of visits to Oregon, California, Nevada, Utah, Colorado, New Mexico, Arizona, and Idaho. It would be extremely helpful if AAS members in those states could help out with liaisons and venue options where Molly and Felipe could give an Apitherapy presentation, promote the AAS, encourage membership, answer questions, and distribute our brochures. We also encourage those in other states to consider how we can participate in this journey and host Molly and Felipe along the way. Media and press exposure will be indispensable for creating maximum visibility and outreach in this great adventure, while supporting the AAS mission and vision.

A group that I’ve had success connecting with in New York is the Slow Food USA movement, a grassroots group whose tagline is “Supporting good, clean, and fair food.” Slow Foods has chapters in most states, which hold farm tours, seasonal feasts, film festivals, and other events. In my presentation to a local chapter I showed the documentary Vanishing of the Bees, followed by an hour-long Apitherapy presentation. At this standing-room-only event, the wonderfully engaged audience focused on the environment and the honeybees as an integral part of our food and medicine.

Another idea is to approach Waldorf schools and offer to speak about Apitherapy. Waldorf schools are based on the anthroposophic teachings of Rudolph Steiner, an Austrian writer and philosopher who believed that to comprehend the inner mechanisms of the universe, it is necessary first to grasp a deep understanding of humanity. Children are encouraged create their own toys out of natural materials and draw with beeswax crayons tinted with plant-based pigments.

Along these lines, we urge parents to encourage their kids to participate in science fairs and choose Apitherapy as an original topic. Recently one of my young patients, William Benjamin, who is in the sixth grade, decided to do just that—and he won first place! His parents, Elizabeth and Steve, have received bee venom therapy for sports injuries and use all the beehive products. They have taught their two children not to be fearful of bees, but rather to love and respect them and the health they make possible. I provided Will with an “Apitherapy, Rx for health” PowerPoint presentation, which he used as the basis for his own poster presentation. He created it entirely on his own! A child can reach a community in a powerful way, and Will sets a great example for others to follow. The possibilities are endless.

Recently, Cary Hooper, who has helped the AAS advertise our CMACCs over the years with national media network lists, suggested approaching mosques in our local communities. Muslims as a focus group are enthusiastic proponents of honeybees and their healing gifts, with many references in the Quran.

Also discussed at our February board meeting was the question of how we can assist AAS members who would like to offer a presentation in their communities. We plan to produce an outline as a template for creating a professional presentation or an already created 30-minute-to-one hour AAS Apitherapy PowerPoint presentation. Members could use this in its current format or customize it with their own photos. It would serve to organize and standardize the Apitherapy material disseminated while providing an enjoyable and professional presentation at a workshop. Please get in touch if this is something you would like to consider and participate in. We would love to hear from you!

We also ask that you communicate to share your ideas, projects, Apitherapy stories, and other anecdotes.

Finally, please mark these dates:

- CMACC 2011 in New Orleans, late October. Official dates and location to be posted soon on the AAS website. Come learn about Apitherapy and support New Orleans. “Laissez les belles abeilles rouler!”—Let the beautiful bees roll!

Peace and good health,

Frederique Keller
Red propolis  Continued from page 1

brings a host of health benefits, including relief of menopausal symptoms such as hot flashes, mood swings, osteoporosis, and ovarian cancer. One of the other extracts isolated, isoliquiritigenin, inhibits the growth of prostate cancer, while both isoliquiritigenin and liquiritigenin inhibit xanthine oxidase, which increases the serum xanthine oxidase levels shown to be beneficial in the treatment of brain tumors and hepatitis.

In addition, these isoflavonoids have a unique naturally occurring composition that lacks a glucose ring (aglycone), making them highly absorbable and bioavailable to the human body and, according to one study, five times more efficient than glucosides. Blood levels also showed the natural isoflavonoids were still present four weeks later. Other isoflavonoids that contain a glucose ring such as soy need a special fermentation process to remove that ring.

Isolevflavonoids like the ones found in Brazilian red propolis are phytoestrogens, which by definition are plant substances whose chemical structure is similar to human estrogen but with weaker potency. When the body’s estrogen levels start to decline, menopausal symptoms may appear. Hot flashes, night sweats, low back pain, muscle aches and spasms, palpitations, mood swings, anxiety, irritability, depression, melancholy, changes in sleep patterns, vaginal dryness, dry skin, and constipation are among the symptoms that can be naturally alleviated with red propolis as the phytoestrogens gently balance and regulate the estrogen levels in the body. The phytoestrogens in red propolis also protect cells from the negative estrogens that can cause forms of other cancers.

According to the Five Element Theory in Chinese Medicine, propolis has a primary action on the Lung and Large Intestine channels, with a secondary action on the Liver and Kidney channel. These channels are responsible for many of the above menopausal manifestations and respond well to custom Chinese herb formulas incorporating red propolis according to individual constitution and syndromes. A balanced synergistic formula takes into account the body’s biochemical requirements and nutritional needs and is most beneficial when taken in raw honey before bedtime. The recommended dosage of red propolis is 2 grams per day.

Table 2, on p. 3, presents a Traditional Chinese Medicine (TCM) chart depicting six differentiations of menopause conditions and the corresponding herbal formulas in Pin Yin and English. All these formulas can be modified and safely and effectively taken with red propolis and raw honey. Royal jelly (2g/day) and fresh pollen 1-2 tbsp/day may also be taken for additional benefits.

Another unique attribute of Brazilian red propolis is its powerful antioxidant profile, higher than any other propolis now known. A scientific test (DPPH) measuring free radical scavenging ability showed that the red propolis was 84.3% effective against free radicals, a very high score. Recent research also finds that certain compounds in red propolis extract displayed 100% cytotoxicity in killing PANC-1 (pancreatic cancer) cells, which are usually resistant to most chemotherapies. Initial studies of the antioxidant, antimicrobial, cytotoxic, and isoflavonoid factors present in Brazilian red propolis show promise as powerful therapeutic agents for menopause, women’s health problems, prostate cancer, pancreatic cancer, brain tumors, and hepatitis. Further investigation is needed to identify the still unknown compounds in red propolis from *D. ecastophyllum* L. Taub.

Table 1. Flavonoids and other chemical constituents of propolis(y) (other botanical source) and propolis from *D. ecastophyllum*

<table>
<thead>
<tr>
<th>Retention Peak time (min.)</th>
<th>Propolis(y) Compound (mg/g)</th>
<th>D. ecastophyllum Content (mg/g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 13.42 Rutin</td>
<td>0.7</td>
<td>1.3</td>
</tr>
<tr>
<td>2 16.99 Liquiritigenin</td>
<td>1.8</td>
<td>7.1</td>
</tr>
<tr>
<td>3 20.63 Daidzein</td>
<td>0.3</td>
<td>3.5</td>
</tr>
<tr>
<td>4 22.35 Pinobanksin</td>
<td>1.7</td>
<td>6.0</td>
</tr>
<tr>
<td>5 23.84 UV 251, 292 nm</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>6 24.59 Quercetin</td>
<td>0.5</td>
<td>1.9</td>
</tr>
<tr>
<td>7 28.40 Luteolin</td>
<td>1.2</td>
<td>2.1</td>
</tr>
<tr>
<td>8 30.46 UV 241, 272, 282 nmz</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>9 32.15 Dalbergin</td>
<td>0.4</td>
<td>0.9</td>
</tr>
<tr>
<td>10 34.62 Isoliquiritigenin</td>
<td>4.8</td>
<td>12.1</td>
</tr>
<tr>
<td>11 36.97 Foromononetin</td>
<td>10.2</td>
<td>19.5</td>
</tr>
<tr>
<td>12 39.28 UV 235, 263 nmz</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>13 40.08 Pinocembrin</td>
<td>3.3</td>
<td>7.1</td>
</tr>
<tr>
<td>14 42.30 Pinobanksin-3-acetate</td>
<td>1.7</td>
<td>2.6</td>
</tr>
<tr>
<td>15 46.45 Biochanin A</td>
<td>0.5</td>
<td>1.5</td>
</tr>
<tr>
<td>16 55.96 UV 238, 260, 269 nmz</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>17 60.53 UV 233, 249, 329 nmz</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>18 63.43 UV 233, 256 nmz</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

y  Quantity of constituents in mg/g of propolis and *D. ecastophyllum*. Symbols: + means present, but not quantified.

z  Unidentified constituents represent only UV spectral absorption maximum.
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Clinical manifestation</th>
<th>Herbal formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Yin Deficiency</td>
<td>Delayed menstruation (scanty in amount or ceased completely); hair loss; scanty vaginal discharge; dryness of vagina; dizziness; tinnitus; hot flashes; night sweats; heart fire irritable heat (heat and irritable sensation in the chest, palms and soles); hot flashes; insomnia; increased dreams; itchy skin or formication (tactile hallucination with feeling of insects crawling on skin); soreness and weakness of lower back and knees</td>
<td>Anemarrhena phellodendron &amp; rehmannia formula (zhi bai di huang wan) and artemisia &amp; turtle shell decoction (qing hao bie jia tang)</td>
</tr>
<tr>
<td>Liver Qi Stagnation</td>
<td>Irritability; nervousness; hypochondriac distention; constipation; palpitations; insomnia; emotional instability; generalized weakness</td>
<td>Bupleurum &amp; dragonbone combination (chai hu jia long mu tang) and bupleurum &amp; peony formula (jia wei ziao yao san)</td>
</tr>
<tr>
<td>Blood Deficiency</td>
<td>Dizziness; hot flushes; sweating; insomnia; dryness of skin; sallow complexion; emotional instability; myalgia</td>
<td>Tang kuei four combination (si wu tang) and ginseng &amp; longan combination (gui pi tang)</td>
</tr>
<tr>
<td>Uprising Deficiency Heat</td>
<td>Hot flushes; bone-steaming sensation; irritability; dizziness; nervousness; emaciation</td>
<td>Artemisia &amp; turtle shell decoction (qing hao bie jia tang)</td>
</tr>
<tr>
<td>Kidney Yang Deficiency</td>
<td>Heavy menstrual bleeding; metrorrhagia or complete ceasing of menstruation; soreness and weakness of the lower back and knees; edema of the face and limbs; cold limbs; cold appearance; loose stools; polyuria; urinary incontinence</td>
<td>Eucommia &amp; rehmannia formula (you gui wan) and ginseng &amp; ginger combination (li zhong tang)</td>
</tr>
<tr>
<td>Kidney Essence (Jing) Deficiency</td>
<td>Weakness and soreness of the lower back and legs; inability to stand for a prolonged period of time; decreased bone mass density</td>
<td>Testudinis &amp; cervi formula (gui lu er xian jiao)</td>
</tr>
</tbody>
</table>

Continued on page 6
Red propolis  Continued from page 5

References


Studying bee venom for its role in contraception, HIV protection

Last November, Washington University in St. Louis announced that a scientist affiliated with the university’s School of Medicine has obtained funding to develop a contraceptive, antiviral gel containing trillions of nanoparticles that will target HIV and sperm and deliver a bee venom toxin that will incapacitate both of them. Sam Wickline, M.D., a professor of medicine, cell biology, physiology, and biomedical engineering, has received a grant from the Bill + Melinda Gates Foundation for this work.

Noting that sperm and HIV resemble each other in the way they transmit their genetic material (DNA and RNA, respectively), Dr. Wickline plans to use this mechanism as a way of destroying the two targets. He has created a lipid nanoparticle (typically around six millionths of an inch in diameter) that will carry a synthetic version of melittin, a component of bee venom.

Dr. Wickline reports that cells readily take in melittin—which then creates holes in cell membranes to destroy the cells. A challenge is to target the melittin to the sperm and HIV without harming other cells in the body. He is working on nanobees (nanoparticles that sequester melittin so that it does not harm healthy tissues), which he and a colleague developed in 2008. He is also able to add agents to the nanobees to cause them to aim for specific target cells.

This technology holds potential for helping women—particularly in sub-Saharan Africa, a region that has the world’s highest fertility rate and that recently accounted for 68 percent of new HIV infections among adults. In some countries women’s and girls’ HIV infection rates are four times higher than men. This technique could also enable women to protect themselves without having to suggest that a male partner use a condom. The concept is supported by a recent trial of vaginal gel-based anti-HIV drugs in South African women.

Introduction

One day, my body no longer obeyed me.

It happened just like that one day in May 1999. That morning, I went jogging with the family. Suddenly: Horror! My body did not obey me anymore. My right leg became stiff, and the left one seemed to have forgotten the instructions that allowed it to automatically perform its movement on the trail. In a split second I no longer knew how to run; my muscles no longer obeyed me! It was as if the wires had been disconnected from between the command center (my brain) and the machine (my body). Subsequently, the medical visits came one right after the other, starting with an MRI of the brain in Montpellier ending with a visit to the hospital in Beziers, where the diagnosis fell like a bombshell: "Multiple Sclerosis (MS)."

The doctor spoke to me about the various treatments that could slow down the "flare-ups," a completely new word for me at this point but one that I would soon learn to understand. I especially learned that no drug could dramatically cure my illness. Since nothing could cure me, I chose not to take anti-inflammatory drugs, in order to avoid the unnecessary side effects. In 2004 I began using a wheelchair and in 2005 I decided to seek treatment uniquely with Apitherapy using bee venom and all other hive products: honey, pollen, royal jelly, and propolis.

Apitherapy to treat my MS

Why?

My parents, who were beekeepers, practiced Apitherapy without knowing it. My mother took care of our scraped knees by cleaning them with honey, while my father helped out people in the village with arthritis by regularly stinging them with our bees. The arthritic folks showered warm accolades of appreciation, which more than sufficiently rewarded our parents. They were so proud of their bees! So naturally I took an interest in the scientific research in Apitherapy done around the world to treat multiple sclerosis. I did extensive research with French specialists and specialists abroad.

Currently, there is no Apitherapy organization issuing a formal degree. Some organizations do provide some workshops where practitioners share their knowledge.

The American Apitherapy Society organizes an annual training seminar for three days. In the U.S., Bee Venom Therapy (BVT) is practiced in specialized clinics by trained and qualified health professionals where they treat various diseases including multiple sclerosis. Such clinics also exist in Asia (China, Japan, Korea, Taiwan) and Europe (Germany, Italy, Austria, Bulgaria, Romania, Poland, Spain, Hungary, Switzerland), Russia, Mexico, and Canada. Do I dare hope that such clinics may one day exist in France?

How?

My Apitherapy treatment is divided into two parts:

1) Consumption of beehive products
2) Bee Venom applied directly by the bee on certain acupuncture points (Apipuncture).

• Apipuncture.

The venom is injected directly into the skin through the sole intermediary of the bee's stinger applied to acupuncture points on the legs, arms, etc. Unlike other beehive products, fresh venom injected directly by the bee can cause severe allergic reactions.

TESTIMONIAL

The bee heals my multiple sclerosis (MS)

Translation from French by Marilyn Keller Graham, Executive Director, American Apitherapy Society, Inc.

To all patients with MS, I quote the inspiring message of the famous French sailor Maud Fontenoy: “Never let anyone tell you it’s impossible!” Here are some excerpts of my experience, not yet published.

Maryse Pioch-Prades
Vias Plage - Languedoc Roussillon, France
E-mail: pioch2@hotmail.com

My parents, who were beekeepers, practiced Apitherapy without knowing it. My mother took care of our scraped knees by cleaning them with honey, while my father helped out people in the village with arthritis by regularly stinging them with our bees. The arthritic folks showered warm accolades of appreciation, which more than sufficiently rewarded our parents. They were so proud of their bees! So naturally I took an interest in the scientific research in Apitherapy done around the world to treat multiple sclerosis. I did extensive research with French specialists and specialists abroad.

Currently, there is no Apitherapy organization issuing a formal degree. Some organizations do provide some workshops where practitioners share their knowledge.

The American Apitherapy Society organizes an annual training seminar for three days. In the U.S., Bee Venom Therapy (BVT) is practiced in specialized clinics by trained and qualified health professionals where they treat various diseases including multiple sclerosis. Such clinics also exist in Asia (China, Japan, Korea, Taiwan) and Europe (Germany, Italy, Austria, Bulgaria, Romania, Poland, Spain, Hungary, Switzerland), Russia, Mexico, and Canada. Do I dare hope that such clinics may one day exist in France?

How?

My Apitherapy treatment is divided into two parts:

1) Consumption of beehive products
2) Bee Venom applied directly by the bee on certain acupuncture points (Apipuncture).

• Apipuncture.

The venom is injected directly into the skin through the sole intermediary of the bee's stinger applied to acupuncture points on the legs, arms, etc. Unlike other beehive products, fresh venom injected directly by the bee can cause severe allergic reactions.
Specialists warn: Have an allergy test performed by a physician (allergist) before getting stung by a bee voluntarily. Stay in touch with your doctor during therapy.

The decision to use this type of treatment cannot be done without the advice of a beekeeper, nor without the supervision of one’s doctor. The ideal is to know a doctor who is also a beekeeper!

Organization of sting sessions

The good organization of my bee venom treatments required the collaboration of several people to ensure the duration of the treatment. I had to call upon the good graces of our close community. This entailed organizing a team of volunteers. Volunteers must learn to grab the bee gently by the thorax with long tweezers and place her abdomen on the area of the skin to sting.

Photo: Collection of bees before a session

You can see the bees clustered on the frame inside the hive through the hole.

Program:
- Micro-stings
- Mini-stings
- Complete stings
- Sting points
- Reactions
- Maintaining a log and recording increases in number of stings, progress notes, etc.

What science says:

Nothing differs among the explanations of different French and foreign scientific specialists contacted:

“The venom would act on all of my central nervous system and my motor fibers and it would act equally as an antibiotic, antibacterial, anti-fungal and bacteriostatic.”

“The melittin amongst others would have a very important anti-inflammatory effect stimulating the natural production of cortisol secreted by my adrenal glands.”

“Cortisol”—finally a word within my reach! A word that I immediately liked because it had a known familiarity. I often heard it spoken by allopathic doctors, specialists in MS: “Cortisone, Corticosteroids, Hydrocortisone.” ... I was reassured to know that thanks to her venom, the bee had transformed me into a laboratory. According to their explanations, I’d be able to produce my own cortisol “in collaboration” with the bee where it injects its precious venom into my skin. I then understood the calming and relaxing almost immediate effect of the venom in my muscles!

Results

Three months after beginning the complete Apitherapy treatment in 2005, I noticed a gradual improvement in my health and thereafter I have had no further new aggravations of my MS to this day. All my symptoms gradually disappeared. My husband also disappeared, more interested in exotic travel than a “wheelchair-bound wife” and her Apitherapy myths. To each his own path.... So I continue along my own.

Conclusion

Today, I do not pretend to be healed. Through my perseverance to progressively increase the number of stings, the various symptoms and flare-ups of my MS decreased little by little, having disappeared completely.

June 2007. Results of the follow-up brain MRI at the Lapeyronie Hospital in Montpellier:

“No demyelinating lesions are apparent. No evidence of active MS.”

I specify that Apitherapy was my sole form of treatment since the beginning (year 2005) and that ever since, my MS is at zero. Still persisting are tendon and muscle contractures that I hope to ease through the rehabilitation method of “Influxconnexions.” This unusual method of rehabilitation falls under the category of natural therapies, and the results are encouraging, with the hope of finding some freedom (independence) soon!

Live life!

* www.Apitherapie.info (MS Testimonial)
Pollen-honey mixture may relieve allergies

Until recently the effectiveness of complementary medical treatments for allergic disorders had been rarely investigated. Now, researchers at the South Karelia Allergy and Environment Institute in Finland have conducted a randomized controlled investigation of the use of birch pollen honey and regular honey on allergy symptoms.

The study, conducted during five months of the 2009 birch pollen season, included 44 patients (59% female, mean age 33 years) who had physician-diagnosed birch pollen allergy. They consumed either birch pollen honey or regular honey daily in increasing amounts during the study period. The control group consisted of 17 patients (53% women, mean age 36 years) who continued with their usual allergy medication. In the following two months all the patients recorded their daily rhinoconjunctival and other symptoms and their use of medication. A total of 50 patients completed the study.

Compared with the control group, patients consuming birch pollen and honey reported:

- A 60% lower total symptom score
- Twice as many days without symptoms
- 70% fewer days with severe symptoms
- A 50% reduction in the use of antihistamines.

Although the differences between the two honey groups were insignificant, the patients consuming birch pollen and honey used fewer antihistamines than did the patients consuming regular honey. While cautioning that these results are preliminary, the investigators suggest that birch pollen added to honey could serve as a complementary therapy for birch pollen allergy.


Bee pollen’s possible effect on blood thinner

A man seen at a Michigan anticoagulation clinic for the routine monitoring of his blood thinner (warfarin), prescribed to prevent blood clots, showed an unusually high International Normalized Ratio (INR) of 7.1 (the therapeutic range is 2.0-3.0). In his treatment for atrial fibrillation, high blood pressure, high blood lipids, diabetes, and obesity, he had taken many other medications as well as herbal supplements. Dosages of all had been stable for the previous nine months.

One month before the visit, the patient had started taking one teaspoon a day of bee pollen granules, as a means of improving his overall health. He reported no use of alcohol or tobacco, no change in his drug regimen, and no acute illnesses or digestive problems.

Warfarin was withheld, and three days later the patient was seen at the clinic, where his INR level was 3.7. After the fourth day the warfarin was restarted, but the weekly dose was decreased by 11%. The patient continued to take bee pollen, and for the next seven months all INR values were within or near the therapeutic range.

Recent donors

Tracy Middlebrooks Jr., MD, PC
Georgia

Faith Knowles
Rhode Island

New members

Hungary
Dr. Janos Kormendy-Racz, c/o Hungarian Apitherapy Society

Alabama
Alan Shockey

Arkansas
Donna Perkins

California
Han Shin Aplusvita
John Haedrich
Otis Hendricks
Boyd Horner
Katherine Oneal
Ron Sherman

Delaware
Andrew Rose

Florida
Gloria Moreira

Georgia
Norma Ankass

Illinois
Helen Hodges

Iowa
Gopal Krishnan

Massachusetts
Marilyn Strong

Nevada
Sako Sarkisian

New York
Gabriel Cansino
Fatima Kinana
Kathlyn Palopoli

North Carolina
Jeri Senor

Pennsylvania
Ellen McGlynn
Carol Ann Todmann

Tennessee
Beth Edwards

Texas
Elizabeth Bustamante
Ileana Harrison

Virginia
Shafiq Shabazz-Bey

Board member profile
Molly Romero

Raised in southern Oregon on a farm where her father kept beehives, new AAS board member Molly Romero, L.A., says that honeybees and their products have always been a part of her life. While at the University of Oregon, she studied the medicinal properties of the Neem tree in association with the School for International Training in Tanzania. During her time there local residents reminded her about the importance of honeybees. She later worked with the Danish International Development Agency on a beekeeping survey in Tanzania.

After completing her undergraduate degree with a major in biology and a minor in chemistry, in 2004 Molly returned to Africa, as a Peace Corps volunteer teaching biology, chemistry, and physics to rural schoolchildren in Malawi. Two of her students were the grandchildren of beekeepers and themselves the next generation of beekeepers. Their grandfather, the eldest beekeeper in the village, showed Molly his beekeeping supplies and taught her how to use the resources provided by the hive. Armed with this knowledge, she was inspired to help create beekeeping classes for the development of cooperative apiaries in the neighboring villages.

In a subsequent teaching stint in the Biological Sciences Initiative of the University of Colorado, Boulder, she developed five programs to help K-12 children understand honeybees’ vital role in our environment. Then it was back to Oregon, to the Oregon College of Oriental Medicine, where she studied acupuncture, Chinese herbs, shiatsu therapy, and Qigong. She constantly looked for ways to incorporate her love of bees into the equation.

Now an Oregon-based board-certified acupuncturist, urban beekeeping instructor, Qigong practitioner and teacher, urban farmer, and backyard beekeeper, Molly offers free health seminars on various subjects.

Welcome, Molly!
Mark your calendars:
Apitherapy Day at
Eastern Apicultural Society convention
July 25–29, 2011

On Thursday, July 28, the AAS will be holding a full day of workshops during the EAS summer 2011 meeting in Rhode Island

Eastern Apicultural Society convention
Crowne Plaza Hotel
801 Greenwich Avenue, Warwick, Rhode Island (near Providence)
401-732-6000

Group rate: $119 Use Group Code: bee

More details to come. Please check the AAS website and the April-June issue of this Journal.