Abstract: The main objective of this study is to evaluate and apply the use of propolis in the buccal pathologies such as periodontal diseases, caries, endodontic treatments, and full and partial dentures. The second objective is to highlight the antioxidant properties of propolis in the patients’ overall care.

Keywords: propolis, caries, periodontal disease, endodontic, candidiasis.

Summary: The objective of this study was to evaluate the potential applications of propolis in a variety of common oral pathologies such as periodontal disease, caries, endodontic treatment, prosthetics and preventive dentistry. The additional benefits of the antioxidant capacity of propolis and its daily dietary supplementation are also highlighted as a preventive measure for maintaining general patient health.

Introduction: The health industry has always used natural products as an alternative to the conventional allopathic formulations available for the treatment of various afflictions. Propolis is one of the hive products with therapeutic qualities known for thousands of years (2). Propolis is a natural substance like a sticky resin that bees obtain from the bark of some trees and that they mix with saliva and beeswax (2). Propolis is used by bees for many things in the hive, such as a sealant for any kind of small space or breakage. It is accepted that bees produce propolis in order to help protect the bee colony. Besides its role in sealing and repairing breaks, propolis is a great antiseptic to prevent infection in the places where the larvae are reared or where the honey is stored. Bees place propolis where a germ-free zone is needed and it is for this reason that it is said that bees make their own antibiotic. Also, thin layers of propolis reduce water leakage and thus helps maintain the humidity inside the beehive (2).
From the Editor
Contact: aasoffice@apitherapy.org

Last spring I had the pleasure of meeting a most amazing woman named Bernadette Brown while visiting New York. Bernadette had been suffering from what was considered to be a worst case scenario of rheumatoid arthritis for many years and had become dependent on several medications from which she suffered numerous unpleasant side effects. She had gotten to the point where her body was shutting down and she could no longer walk or lead a functional every day life. At one point she had to have her rings cut off because of the swelling in her hands but today she is wearing her rings again and is able to take them on and off. Bernadette had heard about bee venom therapy from others when her daughter finally persuaded her to try it out despite her intense fear of bees. It wasn’t long before Bernadette started to notice positive changes in her condition leaving her doctor fascinated with her progress. She received bee venom treatments in combination with acupuncture for 1 year, twice a week and now she has the bees sent directly to her and has her husband administer the bee stings for her. Several times she wanted to quit but she pushed through the rough moments, stopped taking most medications, and today claims she is pain free and is able to walk 3 miles usually 3 times per week. I extend a very special thank you to Bernadette for sharing her testimonial with us on page 12 of this issue.

Bee Happy, Marilyn Graham

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Dear AAS Members,
As a current, past, or future supporter of AAS, you are well aware of this phrase: Honeybees - Our allies in healing!

Widely recognized in many cultures around the world, the hive products and the treatments that they are used for significantly reduce suffering and improve one's health and well-being. They are often far less costly than conventional medicine, and they usually have fewer side affects. The American Apitherapy Society plays a vital role in increasing the public's access to this information, and you, as members and participants, support us through your memberships, renewals, and simply by participating. Your support enables us to continue our work and maximize our ability to engage others in the practice of Apitherapy.

In our annual appeal, we are asking for you to help us:

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- Provide scholarships to students to attend our future Course and Conference.
- Bring outside speakers to our Course and Conference.
- Organize and sponsor Apitherapy workshops throughout the year in different parts of the country.
- Make necessary updates to our website and create more venues for distributing information via our website.

As a nonprofit organization, the AAS relies on the generosity of its supporters. Your tax-deductible contribution may be given through our website under DONATE on the right side of the home page, via this link, or by check sent to the address below. Either way, you'll enable us to spread the word about honeybees and their integral role in our food and our medicine. Donations of any amount are greatly appreciated and make a huge difference.

With warm greetings for this holiday season,
Frederique Keller, L.Ac.
President of The American Apitherapy Society, Inc.

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Chemical Composition:

The study of the composition of propolis began in the early 19th century. Nicolas Louis Vauquelin, a French pharmacist, described this material as a product obtained by bees through chewing, and as a ductile resin with a slight odor and reddish brown color. This color depends on where it has been collected since it can be lighter or darker and the smell resembles the balsam of Peru (2).

Propolis research is directly linked to the development of chemistry, especially studies of the chemistry of flavonoids that are present in its composition. Flavonoids are a diverse group of phytochemicals produced by a diverse group of plants in large quantities.

Flavonoids are well known plant compounds that have antibacterial, anti fungal, antiviral, antioxidant and anti-inflammatory proprieties. Propolis has been found to be very effective against gram-positive bacteria (Seidel et al., 2008), especially against Staphylococcus aureus (Velazquez et al., 2007) and against gram-negative bacteria like Salmonella (Orsi et al., 2005). The effect of propolis on growth and glucosyltransferase activity of Streptococcus sobrinus, Streptococcus mutans and Streptococcus faecalis was observed in vitro and in vivo (Ikeno et al., 1991) and found that the insoluble glycan synthesis and glucosyltransferase activity were inhibited by multiple actions of propolis. Koru et al., 2007 studied the antibacterial action against certain anaerobic oral pathogens and found it to be very effective against Peptostreptococcus anaerobius, Lactobacillus acidophilus, Actinomyces naeslundii, Prevotella oralis, Prevotella melaninogenica, Porphyromonas gingivalis, Fusobacterium nucleatum and Veillonella parvula. Flavonoids can be classified into 8 groups: flavonols, flavanones, isoflavonones, flavones, isoflavones, nitrates, alcohols and flavanones. The flavones are a class of flavonoids in plants producing usually a red or yellow coloration.

In 1864 Piccard isolated pure crysine from propolis. In 1891, Herzig found quercitin and based on this discovery, the Polish investigator Stanislaw Kostanecki in 1893 found that a natural derivative of crysine is a benzopyrene. Later this researcher discovered the constitution of crysine and gave it the name of flavon (from Latin flavus = yellow) and called these products flavonol ring structure (2). In 1898, Emilewicz, Tambor and Kostanecki announced the crysine synthesis using a series of reactions in reverse hydrolysis (2).

The chemical composition of propolis is very complex and is not fixed, varying according to the region where it is collected and the type of vegetation surrounding the hives, although in each propolis sample there are 80 to 100 compounds that are consistently identified. These components are: 50% vegetable resins and balsams, 30% wax, 10% essential oils, and 5% pollen in addition to minerals, polysaccharides, proteins, amino acids, amines, and about 5% of organic compounds.

The largest component of propolis are flavonoids such as caffeic acid, quercitin, baicalin, pinocembrin, naringenin, galangin and crysin. They are responsible for most of the antimicrobial, antioxidant and anti-inflammatory action of propolis. Dias et al. in a study of propolis in Portugal found that the percentages of phenols contained in propolis varied between 11.1% and 28.2% and flavonoids ranged between 3, 10 and 12%. These concentrations varied depending on the region where the propolis was collected (23). The anti-inflammatory property of propolis is also due to the presence of caffeic acid phenethyl ester (CAPE) in propolis (Borrelli et al., 2002).

Regarding the composition of Uruguayan propolis, it has been found that it contains over thirty different phenols but those characteristics are myricetin and fisetin (40). Kumazawa and colleagues also found that Uruguayan propolis composition is similar to that of European propolis (42) in its chemical composition. Vilma Kaskoniene et al. discovered in studying several samples of Uruguayan propolis that it consists of some volatile components such as alpha and beta-pinen, myrcene, and limonene which are responsible for antibacterial activity (41).
**Applications in Dentistry:**

**Prevention:**
Propolis is very useful for its anti-cariogenic properties in the fight against cariogenic bacteria. The basic microorganisms in the development of dental caries is Streptococcus mutans and Lactobacillus acidophilus to a lesser extent. Streptococcus mutans have the ability to adhere to tooth structure, producing acid and are resistant to a relatively low pH. Hayacibara et al. (2005) evaluated the influence of propolis on Streptococcus mutans viability glycosyltransferases (GTFs) activity and caries development in rats. The data suggested that propolis is potentially a novel anti-caries agent.

The anticariogenic potential of propolis extract has been demonstrated in numerous studies; propolis reduces the incidence of caries and plaque accumulation in vitro and in vivo. In 1991, Ikeno et al. proved that propolis significantly reduced caries in rats by acting in various directions on the bacterial flora, on the synthesis of glucans, and lowering the action of glycosyltransferases (19) (6) (14). Ozan et al. showed that propolis based solutions used as mouthwash does not affect the fibroblasts compared to chlorhexidine mouthwashes (9) .This capacity is directly related to the presence of flavonoids, phenols and esters in propolis (7). Studies in CIO (Dental Research Center, University of the Andes of Venezuela) observed that the growth of Streptococcus mutans is inhibited in the presence of propolis (17).

**Periodontics:**
A periodontal level propolis has shown anti-inflammatory, antimicrobial, anesthetic and healing properties in cases of chronic gingivitis and recurring cold sores and in improving periodontal treatment. Toker et al. (2008) analyzed the morphometric and histopathologic changes associated with experimental periodontitis in rats in response to the systemic administration of propolis. Changes in alveolar bone levels were clinically measured and tissues were histopathologically examined to assess the differences among the study groups. Propolis significantly reduced the periodontitis related bone loss. The findings of this study provided morphologic and histologic evidence that propolis when administered systemically prevents alveolar bone loss in the rat model. Other studies conducted with solutions of propolis have been shown to act at the level of the supra gingival plaque (in gram +) aiding the recovery of tissues and stimulating the local immune response.

As anti-inflammatory, propolis inhibits prostaglandin synthesis and helps the immune system by promoting phagocytosis and stimulating cellular immunity. Some others have created buccal patches for the release of propolis slowly with good results (19). Bruschi et al. found that a mucoadhesive gel containing propolis and applied in periodontal pockets could be used successfully in the treatment of periodontal disease (23). Coutinho et al. also found that a propolis solution used to irrigate an area during periodontal treatment yielded very good results.

Propolis has also been used in the treatment of Herpes simplex virus in solution. Shimizu et al. found that propolis solutions work by stopping the progression of the skin changes in the early stages of the disease in addition to not having cytotoxic effects (31).

**Operative Dentistry:**
Propolis has been successfully used in the regeneration of dental pulp in cases of accidental exposure used for direct pulp capping. It is also in the treatment of dental hypersensitivity with great success (4). Consistent with other studies by Koo et al., Topcuoglu, Ozan, Ozurt, and Kulekci have proposed the incorporation of propolis extract in glass ionomer cement achieving significant reductions in the number of Streptococcus mutans (24). In a study of Ahangari, Naseri et al. it has been found that propolis in comparison with the conventionally used calcium hydroxide, is a very good agent in coating of the dental pulp stimulating the formation of the same. It was found that this material has advantages over the latter because the dentin formed in contact with the propolis was of a much better quality. The dentin formed in contact with the propolis was 100% in form of tubular dentin while the dentin formed in contact with calcium hydroxide was only 14% in form (8) (30). Ahangari et al. demonstrated the high effectiveness of the direct coating of the pulp as compared with calcium hydroxide as controls because propolis not only controls the inflammatory reaction, but also controls the infection, inducing dentin formation of very high quality. According to Ardo Sabir et al. this result is primarily due to the presence of the flavonoids in propolis (36).

Continued on page 6
Propolis is also widely used in the treatment of dental hypersensitivity. The use of propolis gels of 10% and 30% induced an obliteration of the dentinal tubules, thus significantly reducing tooth sensitivity (28) (29).

**Clinical case:**
A 36 year old patient attended our medical office because of gingival pain that occurred when he was eating and or drinking hot and cold food and drinks. At the clinical examination, gingival retraction have been observed in both jaws (picture 1) so we opted for the treatment of hypersensitivity in the affected areas with a solution of 5% propolis (pictures 2 and 3). After the treatment the patient showed great improvement and it was suggested to him to repeat the treatment 6 months later.

**Endodontics:**
Propolis has been shown to have potent antimicrobial and anti-inflammatory properties. The main chemical components present in propolis are flavonoids, phenolics and other various aromatic compounds. Flavonoids and caffeic acid present in propolis are known to play an important role in the decrease of the inflammatory response by inhibiting the lipoxygenase pathway of arachidonic acid. Flavonoids and caffeic acid also aid the immune system by promoting phagocytic activities and stimulating cellular immunity. Propolis also helps in hard tissue bridge formation. This has been attributed to the property of propolis that stimulates various enzyme systems, cell metabolism, circulation, and collagen formation. These effects have been shown to be the result of the presence of arginine, vitamin C, provitamin A, B complex, and trace minerals such as copper, iron, and zinc as well as bioflavonoids. All of these attributes of propolis help in the good healing of wounds. In addition to its wound healing ability, propolis is a good antimicrobial agent preventing bacterial cell division and breaking down bacterial cell walls and cytoplasm (Koo et al., 2000; Khayal, el-Ghazaly et al., 1993). Ardo Sabir et al. (2005) evaluated the response of rat dental pulp to direct pulp capping with propolis.

As intra-canal medication in endodontic treatment propolis is very effective. Comparative studies were performed with CaOH and propolis; propolis (alcoholic tincture to 4%) proved to be much better. In a study by Jahromi, Toubayani and Rezaei it was found that propolis, compared with the calcium hydroxide, is more effective in reducing the colonies of Enterococcus faecalis, an organism that is present in most endodontic failures (22) (20) (12) (37). Propolis has the same effectiveness as an irrigant when compared with sodium hypochlorite (13). The great advantage of propolis is the absence of periapical inflammation and its protective effect on periodontal cells (15).
Clinical case:
A 54 year old patient attended our medical office having an abscess in the vestibular area of his maxilla (picture 4). In the radiography a radiolucent area has been observed corresponding to the apex of the teeth 1.1 (picture 5). We did the classical endodontic treatment by irrigating and medicating the affected area. At the end of each treatment we injected propolis locally in the form of 5% propolis tincture (picture 6). Fifteen days after the endodontic treatment the affected tissues came back to normal (picture 7).

Surgery:
Numerous studies have demonstrated the utility of placing avulsed teeth in an aqueous alcoholic solution of 10% propolis as a form of conservation during transportation, before replantation. Ozanet et al. showed that this is a better way of preserving the avulsed teeth than milk or saline solution (10). The 10% propolis tincture has been used in surgical wounds after the removal of teeth. Propolis helps the epithelialization of the wound and to accelerate the healing process. It has also been used in cases of complications due to post-extraction alveolitis. Magro-Filho and Carvalho found that propolis also reduces inflammation after surgery in addition to having an analgesic effect (25) (26).

Prosthetics:
Denture stomatitis (inflammation) is common in patients who use either full or partial dentures. Frequently the underlying cause is a Candida albicans infection due to poor hygiene of the prosthesis as much as poor hygiene of the mouth mucosa. Candida albicans is a fungus that multiplies itself and in these cases forms between the denture base and the mouth mucosa. The propolis based products being used as mouthwashes or as a gel (33) (5) (32) have high anti-fungal properties especially against Candida albicans (16) (35) (5).

Clinical case:
A 64 year old patient attended our office for a consultation for pain in the palate area. For many years the patient used a full denture prosthesis. At the clinical examination we found that the patient had a fungal infection disease called mucosal candidiasis (picture 8). The patient was instructed to use a topical solution of 5% propolis tincture for a week and then he was asked to return for a follow up. After a week of treatment a very positive evolution of the case (picture 9) is observed and more so after 15 days of treatment (picture 10).

Conclusion: Propolis is a natural product with great potential for use in dentistry. It is used in many studies related to the treatment of oral diseases. Very importantly, researchers all over the world have not found any major contraindications or significant allergic reactions, toxicity, or overdose, so propolis can be considered as being a very safe and natural product.

Continued on page 8
Bibliography:


18. Kimberly Mariel Huayhua Romani, Silvia Gisell Nina Humire - Accion antimicrobiana del propoleo de Apis mellifera L. y de Solanum mammossum contra microorganismos de la cavidad oral (Streptococcus mutans y Streptococcus mitis).


I often receive phone calls and e-mails from people asking me about the efficacy of different methods of applying bee venom. I am most frequently asked to compare the venom from live bees to an injectable venom solution. Many of my correspondents question the effectiveness of a standardized product, but have no reasons to back up their doubt.

Evaluating the efficacy of bee venom for a particular health condition is complex. What is right for one may be wrong for another, and each case must be evaluated individually. Some points to be considered are the nature of the illness, the attitude and nutritional protocol of the patient, the qualifications of the practitioner, the quality and quantity of available bee venom, and the method of administering the venom.

Most of the information available about this issue is from pre-1970s sources (Drs. Beck, Broadman, Schwab) when injectable venom was in the form of Whole Body Extract (WBE). In 1978 the FDA approved the use of whole dried bee venom for desensitization. By that time, a higher quality of venom was available for manufacturing of such products. One reason that dried venom replaced WBE was that WBE was not effective. This means that any literature about the effects of injectable bee venom that references work done before the early 1970s, even newly published literature that uses these works as resources, are using data based on solutions prepared from WBE, not the solutions available today. With the introduction of Whole Dried Bee Venom (WDBV) it became possible to prepare a standardized and superior product for bee venom therapy. This means that the product always contains the same quality and quantity of venom and is suitable for use in both scientific studies and in treatments.

A comparison of bee stings to injectable venom solutions must begin with the source of venom. Bees need pollen or protein rich nutrition to make good quality venom (Owen and Bridges, 1976; Owen, 1978). From spring to fall this is easily archived in an area with continuous flowering plants. However, in the late fall and winter, beekeepers tend to feed their bees with sugar syrup (carbohydrate) and not with pollen (protein); consequently, the quality of venom suffers (Autrum and Kneitz, 1959; Cruz-Landim et al, 1967). Whole dried bee venom is collected during the peak or just at the end of honey flow when the bees' venom sacs are full of quality venom (Abreu, et al, 2000), so this venom is of high quality when it is reconstituted.

The quality of the venom solution also depends upon the preparation method used. Evidence from MRIs show that a solution prepared from Grade I. venom (VeneX®) has the same effect on multiple sclerosis as venom from live bee stings. However, venom solutions (BV, BVS) prepared from Grade II. venom does not provide the same effectiveness on multiple sclerosis as bee stings from summer bees.

Below is a list of estimated-published effects of bee venom. Efficacy is determined by several factors. These are either approximate values or values that appear in published literature. The efficacy of the venom from a summer bee with a good quality pollen source is estimated at 100 percent. The administration method that also determines the efficacy of the therapy and the quantity of the venom received is not included in this data:

<table>
<thead>
<tr>
<th>Method</th>
<th>Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live bee (summer)</td>
<td>100%</td>
</tr>
<tr>
<td>Live bee (winter)</td>
<td>23-35%</td>
</tr>
<tr>
<td>Injection (Grade I.)</td>
<td>Up to 95%</td>
</tr>
<tr>
<td>Injection (Grade II.)</td>
<td>60-80%</td>
</tr>
<tr>
<td>Cream, liniment, ointment (Apireven, Apisarthron, VeneX® and ApiVenz only)</td>
<td>55-65%</td>
</tr>
<tr>
<td>Cream, liniment, ointment (all other brands or not researched)</td>
<td>25-50%</td>
</tr>
<tr>
<td>Embrocation</td>
<td>20-45%</td>
</tr>
<tr>
<td>Electrophoresis</td>
<td>60-80%</td>
</tr>
<tr>
<td>Ultrasonophoresis</td>
<td>45-75%</td>
</tr>
<tr>
<td>Homeoacupuncture</td>
<td>Unknown</td>
</tr>
<tr>
<td>Bee venom and honey blend</td>
<td>Unknown</td>
</tr>
<tr>
<td>Inhalation</td>
<td>Unknown</td>
</tr>
<tr>
<td>Tablets and capsules</td>
<td>Unknown</td>
</tr>
<tr>
<td>Oral drops or liquids</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Continued on page 11
Bee venom in the form of direct bee stings has been used for centuries, and it has always been considered an easy and effective method of administration. In the past, beekeepers and apitherapists used it exclusively. This has changed as more and more people have begun to use bee venom therapy to control the symptoms of multiple sclerosis, and the community and skeptics now ask for studies and proof of efficacy.

Those who already benefit from bee sting therapy will find satisfactory proof of bee venom's efficacy in the article by Scott Wolland published in Bee Informed, the Journal of the American Apitherapy Society (Exciting Changes in MRI After Bee Venom Therapy [Winter, 1999/2000] Vol 6, No 4: pp. 1 & 5). Those who want clinical studies of products that can be used in an office environment must continue waiting for proof from researchers, but dedicated users know that there is already proof.

It did not come from any well know university study, nor from a medical clinic, but from dedicated users who contacted me by mail and telephone. Their findings are the result of a two years of dedicated use of VeneX® combined with outstanding support from their families, proper nutrition, and other supporting therapies. The proof is in the MRIs of patients showing improved conditions after using bee venom therapy under controlled conditions in their own homes (Hauser, R., 1998; Hauser, R., et al., 2001; Leaches, Maggots and Bees - TLC Channel, 2000). Recently an MS patient informed me that when he showed his MRIs to his physician, the physician reacted by saying that it was the first time he had seen proof that an alternative therapy works.

Bee venom therapy in the treatment of multiple sclerosis can be an effective alternative to control the condition. The therapy can be carried out with venom from live bees or with an injectable solution, but must be accompanied with proper nutritional protocol and follow therapeutic guidelines. If the MRI brain scan is a reliable way of diagnosing multiple sclerosis, based on the MRIs of patients, venom from both live bees and injections produce the same results. Feedback from clients indicate the minimum benefit to a multiple sclerosis patient is the ability to maintain his or her condition at the onset of treatment (see Appendix).

It is unfortunate that the few studies funded by research institutes have ignored the advice of those who have worked for decades as apitherapists. As a result, the studies to date have been flawed because of easily avoided mistakes such as the use of old venom, venom overdose, and lack of proper protocol and patient support. Of course in these cases, bee venom therapy fails.

Do not be discouraged if you see or hear discouraging news that bee venom does not work in a certain clinical study. It may or may not the failure of bee venom, and if one day you decide not to wait any longer for official studies, you can start your own. Those who successfully use bee venom therapy already know the benefits. They also know that they are doing it right.

Appendix:
Summary from the MRI of a multiple sclerosis patient after two years using injectable bee venom solution:
Opinion: Stable, if not slightly improved frontal, and temporal lobe areas consistent with demyelinating disease. Slight improvement in posterior fossa white matter changes when compared to 10/14/96. (St. John's Mercy Hospital, Washington, MO, USA. Dated: 8/23/99, 11:01 AM.)

Summary from the MRI of the same multiple sclerosis patient in the seventh years of the therapy using the same bee venom solution:
Opinion: Multiple areas of demyelination in the periventricular white matter. These lesions are consistent with the patient's history of multiple sclerosis. There has been no interval change in the size or number of the plaques. Sinuses are clear. (St. John's Mercy Hospital, Washington, MO, USA. Dated: Feb. 05, 2003, 12:00)

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My name is Bernadette Brown and I have suffered from rheumatoid arthritis for the past fifteen years. I was diagnosed early at the onset of the disease and was able to manage it with medication. As the years passed, I found that I needed more and more medication to keep it under control enough to live my life. My prescription medications included methotrexate, prednisone, and plaquenil. The list of side effects for methotrexate was daunting so I just tried to ignore it. I noticed that my skin started to become thin, and I could easily see my veins through it which now appeared to be black. Every day in the early evening I would go through a spell where I would be cold, I would shiver despite how many electric blankets I had on me even in the heat of the summer. Getting going in the morning was the most challenging, especially trying to get out of bed and getting dressed. I found that any type of exercise would cause a flair up that had me in bed for days and sometimes weeks.

I decided not to let this disease control my life however and continued working, playing with my grandchildren, and taking walks with my best friend. For many years I believed I was doing pretty well until one day something new happened. Sores began to develop on my head and my hair started to fall out in clumps. This was very upsetting and painful in that I felt as though my head was on fire. I went to my rheumatologist who informed me that I had developed an allergy to the methotrexate and that I had to discontinue taking it. My doctor suggested a new drug that had become available, but I had to wait for insurance approval on it. Additionally I was apprehensive about this new drug which had been rejected in Europe because it had been found to only mask the symptoms of the disease and did not slow down the progression of joint deterioration. It also had worse side effects and I was afraid to try it.

For some reason, I was under the illusion that I could stop taking the methotrexate and be just fine, I was wrong. With each day that went by, I began to regress. My joints began to lock up one by one, and the pain became unbearable. This is when I started to think about bee sting therapy which my daughter had been pushing me to do for years. She had done a lot of research and had found many testimonies of people with R.A. (rheumatoid arthritis) who had experienced great success with the use of bee venom therapy. At this point just the idea of getting stung by bees was preposterous! I hate bugs! I couldn’t imagine even the idea of a bee crawling on me, let alone allowing it to sting me, it sounded like insanity.

It was not a coincidence that I met a gentleman in Florida with R.A. who had suffered the same prescription drug nightmare that I had. He had been confined to a wheelchair several years earlier when he decided to try bee venom therapy. He was experiencing great results from this therapy and no one would have known that he even suffered from R.A. My husband was very skeptical of the idea and still I thought I would have to be desperate to try such a thing. Well, that day came. I got to the point where I did not know if I could go on, and frankly I did not even want to. Thankfully my daughter with her gentle but persistent urging convinced me to make an appointment to just talk to Frederique Keller, L.Ac., that was in May of 2014.

We arrived at my daughter’s house and I practically fell into her arms the pain was so bad. She, my husband and I all went to see Frederique to discuss the possibility of my trying bee venom therapy. I was very skeptical and apprehensive and really didn’t know if this therapy would even be worth a try. Frederique explained the process to me and I was assured through her confidence that she could help me. She did warn me about how hard it would be especially in the beginning as I had been on medication for such a long time. I decided right then to try it and began that day with a regimen of acupuncture and bee stings twice a week. Bee stings hurt!
In the beginning, this therapy was the hardest thing that I have ever done. I had a lot of inflammation and the bee stings were causing me to swell even more. I was terrified that I was doing more damage to my body than good, and the pain was truly unbearable. I don’t know what I was thinking, I felt like I was torturing myself and the pain was just too much. My daughter and Frederique kept reassuring me that it would get better but they didn’t have to go through the pain that I was in. I wanted to quit. I remember one night my hand swelled up to three times its size. I called my daughter to tell her that I could not continue with the bee venom therapy. My daughter then reminded me of my alternative, being on medication and eventually wheelchair bound and in pain for the rest of my life. In an effort to give me courage she told me I was the strongest woman she had ever known. Hearing those words, I could not let her down. Frederique continued to assure me that it would get better if I could just commit and stick with it. She promised that I was going to eventually feel better, I just had to get over this bump. I have to say, I still had my doubts and treatments were not easy.

Then, one day, after six weeks of treatments, I woke up feeling different. I was not stiff and could easily get out of bed. Remarkably, I felt full of energy and decided to take advantage of this “good” day to get some things done around the house. The next day I woke up feeling the same way so I got some shopping done. The next day, again, was the same and every day from then on became a good day. My pain was gone! I had so much energy! I did not believe that it would last and woke up every day expecting my body to hurt, but it did not! My skin tone began to change back to normal and my hair was growing back. The bee venom was definitely working. It’s been a little over a year now and I am still stinging twice a week and living my life virtually pain free. I now have bees mailed to me and my husband does the stinging (I still can’t stand looking at them).

I truly believe that meeting Frederique Keller, L.Ac. saved my life and I will never be able to let her know just how grateful I am. As she has become a close friend, I also realize that she actually doesn’t want thanks, she gets her joy in seeing you healthy. Thank you Frederique.

Love, Bernadette

Bernadette Brown

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“While health isn’t everything, without health, nothing else matters!”

Bernadette Brown
Descubre cómo la miel es beneficiosa para curar las heridas, y cómo aplicarla sobre la piel para que la cicatrización y curación de heridas y quemaduras sea más rápida. La miel es considerada como un super alimento. Y con razón, dado que no solo es muy rica en nutrientes esenciales indispensables para el buen funcionamiento de nuestro organismo, también aporta interesantísimas cualidades curativas y propiedades tanto medicinales como protectoras y preventivas. Desde un punto de vista nutricional es un alimento de origen natural con alto contenido en vitaminas (A,C,D,B1,B2,B3,B5 y B6) y oligoelementos (cobre, magnesio, hierro, fósforo, potasio, azufre, calcio, manganeso, sodio y yodo).

En lo referente a sus beneficios más importantes para la salud, es interesante para: reforzar el sistema inmunológico y aumentar las defensas de forma natural gracias a su riqueza en antioxidantes, es un maravilloso antioxidante antiviral y antimicrobiano muy útil en caso de gripes y resfriados, ayuda a aliviar los dolores de garganta y la tos, regula el azúcar en la sangre y es muy beneficioso para ayudarnos a dormir mejor, gracias a que el azúcar natural presente en la miel es útil para que el triptófano entre en el cerebro con mayor facilidad (si te interesa esta cualidad puedes saber más sobre la miel para dormir mejor). Pero en esta ocasión queremos fijarnos en los beneficios de la miel para la piel, y especialmente a la hora de curar las heridas de manera natural. De hecho, ya la revista European Journal of Medical Research se hizo eco hace algunos años de un estudio en el que se constató los efectos beneficiosos de la miel en las infecciones de heridas postoperatorias, actuando como un remedio eficaz para esterilizar las heridas con gran rapidez. Esta cualidad la encontramos en la presencia de glucosa oxidasa.

Cómo actúa la miel sobre la piel:

Como de buen seguro sabrás, las abejas elaboran y producen la miel a partir del néctar que obtienen de las flores. Durante su elaboración añaden una enzima, conocida con el nombre de glucosa oxidasa, la cual consiste en una oxidoreductasa capaz de catalizar la oxidación de la glucosa para formar peróxido de hidrógeno. En la miel esta enzima actúa como un conservante natural, convirtiéndose en una excelente barrera antimicrobiana, actuando a su vez como bactericida en muchas células inmunes fúngicas. Cuando la miel es aplicada sobre la piel produce una liberación lenta de peróxido de carbono, la cual aporta y presenta cualidades antioxidantes con efecto antiinflamatorio, además de ser especialmente útil para estimular la capacidad inmunológica a nivel local.

Consejos para curar las heridas con miel naturalmente:

Para curar las heridas con miel, de forma completamente natural, es tan sencillo como hacerte con una compresa y un poco de miel (en este caso es más recomendable utilizar la conocida como miel de manuka). Luego aplícate directamente un poco de miel sobre la herida, dejando actuar hasta que la miel se seque por completo. Luego puedes aplicar una compresa para tapar la herida. Eso sí, es conveniente cambiar esta compresa o el remedio de miel al menos tres o cuatro veces al día.

En caso de irritación de la piel la miel también se convierte en una excelente opción natural. Para aliviarla es aconsejable ponerle un poquito de miel en las manos y aplicar un ligero masaje en la zona irritada. Deja actuar durante algunos minutos, hasta que se seque.

Y si tienes una quemadura???

Si te has quemado y tienes una quemadura leve la miel también puede serte de gran ayuda, dado que es antiinflamatoria, actuando contra la inflamación de la zona. Ejece una interesantísima acción antimicrobiana, antibacteriana y antifúngica, por lo que evita que la quemadura pueda infectarse. Además, es un maravilloso analgésico, de ahí que ayude a calmar el dolor. Para aplicarte la miel sobre la quemadura puedes hacerlo de la misma manera como te explicábamos anteriormente con las heridas.
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References:


Leeches, Maggots and Bees - The Bite That Cures: Documentary video - Order: TLC Video, VHS# 759159, TLC Channel, Tel.: 1-800-449-1700, International: +859-342-7200

Schwab, Robert MD. (1938) Bienengift als Heilmittel (Bee Venom as Medicine). Georg Thieme Verlag, Leipzig, Germany, booklet, (in German)


Seasons Greetings!

Let there be bees on earth.....