

Bee Venom Therapy for a Patient with Multiple Myeloma

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Editor's note

Dr. Kaviani-Vahid, a pharmacist in Tehran, Iran, first administered bee venom therapy as part of his thesis for a Doctor of Pharmacy degree from Mashad University of Medical Sciences, in Iran. Also for his thesis, he collaborated with an electronic engineer to develop electrical device for collecting bee venom; it was patented in Iran in 1994. Since 1993 he has used bee venom therapy for several diseases, including multiple sclerosis and tennis elbow. His one use of BVT for multiple myeloma was administered to the patient described in the following case study.

Onset of the disease

An apparently healthy 35-year-old man from northern Iran, near the Caspian Sea, received a routine clinical checkup in October 2000. His erythrocyte sedimentation rate (ESR) had an abnormal level of about 120 mm/hr. In the absence of clinical symptoms, he had no immediate follow-up exam. In April 2001 he developed recurrent bleeding from his gums. A high IgG titer, about 5000, was found by serum protein electrophoresis. His body weight was 80 kg.

Diagnosis of the disease

The patient had a follow-up exam in September 2001, with the following findings: hemoglobin (Hb) 9, bone marrow 45% > plasma cells. He was diagnosed with multiple myeloma.

Routine treatment plan

After the diagnosis, four courses of chemotherapy were planned, using a combination of Vincristine, Adriamycin, and Dexamethasone. It was thought that after the chemotherapy the patient might then be a candidate for a bone marrow transplant.

Results of routine treatment

After three courses of chemotherapy, the patient developed significant symptoms, including back pain, and he was bedridden. His test results showed a deterioration from pre-chemotherapy levels. His IgG titer, previously at 5000, rose to 7000. Because the patient had seemed and felt healthy before treatment (apart from the recurrent bleeding from the gums), whereas now he was confined to bed, he refused further chemotherapy. Several physicians, one of whom had diagnosed the multiple myeloma, predicted that in the absence of any medication, he would probably die within six months. His body weight had decreased from 80 kg to about 60 kg.

Administration of bee venom therapy

In May 2002, with the patient's consent, we began giving him live honeybee stings in accordance with procedures for treating arthritis. His clinical situation improved to the point where he was no longer confined to bed and his back pain decreased significantly. In the summer of 2002 his test results were as follows: ESR 100, IgG titer 3000, Hb 12.

Discontinuation of regular bee venom therapy

Initially bee venom therapy was administered weekly. However, between November 2002 and December 2003, the patient received stings only rarely and not according to the recommended treatment protocol. A subsequent exam showed an increase in M-Component and a decrease in Hg. During the winter of 2004 a shortage of honeybees and his relatively satisfactory general condition led him to discontinue the treatment for several months. At the end of the winter, his test results were as follows: Hb 9, IgG titer 7000.

Resumption of regular bee venom therapy

In March 2005, the patient's treatment protocol was changed, and he began receiving bee stings daily, with no interruption. As of November 2005 his condition is excellent. His weight has increased (to 75 kg), he is able to work, and he has had no recurrent long-lasting bleeding.

Conclusion

We do not claim that the patient is fully recovered from multiple myeloma. However, we note that in 2001 several of Iran's most eminent oncologists predicted that he would survive for only about six months, and that when he interrupted his bee venom therapy, his blood test results worsened. We therefore conclude that at the very least this therapy has controlled his disease, with minimal side effects. The main goal of using chemotherapy for cancer is to add days to a patient's life, but for this patient the chemotherapy had destructive effects on his bone marrow and his entire body. In contrast, bee venom therapy has brought life to his remaining days. It is possible that bee venom therapy may also offer other multiple myeloma patients an alternative to chemotherapy.

Treatment protocol

For the patient described in this case study and other patients, Dr. Kaviani-Vahid places the stings on the trigger and acupuncture points. After a test sting, he places a maximum of five stings on the trigger points. He gradually increases the stings until the patient has a generalized reaction, such as nausea, a change in sleep patterns, or feeling hot but exhibiting no fever. The treatment is then halted for seven to ten days. Dr. Kaviani resumes the BVT by administering another test sting and then increasing the intervals between stinging sessions, based on the patient's condition. The maximum number of stings varies according to the patient's tolerance.

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