Royal jelly is a product of the hypopharyngeal, mandibular, and labial glands of young worker bees. It is produced through the partial digestion and transformation of pollen and nectar.

Royal jelly is a high-quality nutritive and therapeutic mixture, the result of 100 million years of co-evolution between plants and pollinating insects.

As a central component of Apitherapy, royal jelly has been described as effective in the therapeutic or co-therapeutic treatment of numerous diseases. Success has been reported in preventing, healing, or attenuating the following:

- Cardiovascular and associated diseases (hypertension, high cholesterol)
- Tumors (carcinoma, sarcoma, lymphoma, myeloma, teratoma)
- Infections caused by viruses and by classic or multi-resistant bacteria
- Neurodegenerative diseases and dementia
- Psychiatric disorders (depression, psychosis, schizophrenia)
- Allergies and autoimmune disorders
- Diabetes mellitus
- Infertility
- Diseases of aging
- Chronic inflammatory diseases (rheumatoid arthritis)
- Chronic fatigue syndrome.

Treatment with royal jelly has several advantages. There are no adverse side effects. (Note, however, that allergic reactions and even anaphylaxis have been reported. And there are limitations for certain categories of patients; it can, for example, disrupt menstrual periods.) Its application is simple. And, according to recent research, it has the potential to serve as a basic raw material for developing a new generation of promising innovative therapies.

Royal jelly’s composition is highly complex and variable from one sample to the other, depending on the life of the hive and its environment. (This last point has been disputed.)

Factors determining the quality of royal jelly

New methods of royal jelly production have been recently developed, chiefly in Western and Central Europe. We have found that the samples with the highest-quality biochemical and pharmaceutical activity are obtained from plants with the following characteristics:

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From the Editor

Contact: BeeEditor@aol.com

As I tend to be on the lookout for scientific findings on Apitherapy, a recent editorial in the medical literature caught my eye. In “The secret life of bees” (Journal of Alternative and Complementary Medicine, vol. 16, no. 2, 2010), William Benda, M.D., describes the history of bee venom therapy, cites the work of the AAS, and comments on a tiny BVT study in which two patients given stings found relief from severe neuropathic pain. All this, he acknowledges, constitutes little more than “anecdotal evidence.” However, he asserts that “anecdotal,” or “unproven” does not mean “fictitious.” Moreover, he notes, most of history’s major scientific discoveries were based on human curiosity—and anecdotal considerations.

I thought about this editorial while reading several online commentaries about unpublished 2009 research exploring the reasons for colony collapse disorder in the United States. The study found that, even at low doses, a class of pesticides known as neonicotinoids play a role in honeybees’ disappearance. These pesticides are banned in parts of Europe but approved by the U.S. Environmental Protection Agency and used widely here.

The problem is that the scientific “proof” implicating neonicotinoid pesticides in the plight of the honeybee is minimal; the findings have been referred to as “suggested,” not “settled.” The absence of firm evidence that one factor—pesticides—is the culprit in a complex situation has been used to oppose limiting these substances, let alone banning them.

But our insistence on such a high standard of evidence makes possible a continuation of the status quo: the vanishing of the honeybees. If, as I do, you find the status quo to be unacceptable, I urge you to become informed about this issue and to speak out about it. The honeybees deserve our attention—and, ultimately, our advocacy.

With my good wishes,

Patsy McCook

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Call 530-221-1458
**From the President**

Contact: KellerF@optonline.net

Since I last wrote, it has been a long, wet spring here in the Northeast. During this time the AAS has continued educating the public about Apitherapy, starting with the annual Bee Symposium in Sebastopol, California, “Medicine from the Hive.” Katia Vincent, BeeKind owner and AAS member, did a spectacular job organizing and coordinating the symposium and was a wonderful host! It was divided in two sessions, with each speaker presenting twice—a format that worked well—concluding with a question-and-answer panel. The audience of just under 200 was engaged, making the day rewarding and successful. A summary appears below.

The Eastern Apiculture Society is offering the AAS the chance to organize our very own Apitherapy Day, on Thursday, July 28, in Warwick, Rhode Island. I thank Kim Flotum and Kathy Summers for their support. To register, go to the EAS website: www.easternapiculture.org. We’re excited to be joined by a new speaker, Allen Dennison, M.D., who will discuss “Healing Wounds and Repelling Superbugs with Honey” and will demonstrate the preparation of honey-based ointments for wound healing. The full program appears on the back page of this issue.

As an AAS member, please consider organizing an Apitherapy Day in your area. It is an ideal way to raise awareness about Apitherapy, unify people with a common interest, and promote good will in the community. The AAS office can help you develop a program using the example below and will also provide you with promotional materials.

The AAS strives to educate people here and around the world that “Apitherapy” is NOT synonymous with “Bee Venom Therapy.” Rather, Apitherapy is “the medicinal and therapeutic use of all products of the beehive: raw honey, pollen, bee bread, propolis, royal jelly, beeswax, and bee venom.” This definition prompts the public to think of the honeybee and its products as a veritable medicine chest, and it encourages laypeople to achieve optimal health without being limited to bee venom. It is our job as AAS representatives to make that distinction clear when speaking about Apitherapy. I continue to be astounded to hear statements, even from health professionals, that Apitherapy = BVT, with no mention of the other hive products. Our work is cut out for us!

Laissez les abeilles rouler! Come learn Apitherapy with us November 4–6 in New Orleans, at the Inn on Bourbon, on famous Bourbon Street. Check the AAS website regularly for details, and register early. It would also be helpful if you could pass this on to friends, family, bee clubs, and other outlets through Facebook or by email.

A warm welcome to our newest board member, Craig Byer, who is sure to be an invaluable asset to the AAS and Apitherapy. We look forward to working with you!

I wish each of you a happy, fun summer.

Bees and good health,

Frederique Keller

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**Medicine from the Hive**

**Morning Session**

- “Medicinal Use of Raw Honey, Pollen, Propolis, Royal Jelly, Bee Bread & Beeswax” (Frederique Keller, DOM, L.Ac.)
- “The Revolutionary Effects of Honey on Human Metabolism” (Dr. Ron Fessenden, specialist in honey’s many health benefits and author of The Honey Revolution and other soon-to-be published books on honey and health). Honey is uniquely metabolized in the human body; unlike sucrose, glucose, and high fructose corn syrup, it directly forms liver glycogen, the brain’s main fuel reserve. By keeping the liver glycogen reserve “topped off,” honey is safe for diabetics and also therapeutic. And it helps prevent or eliminate metabolic stress, which can lead to hypertension, diabetes, obesity, heart disease, hypothyroidism, osteoporosis, depression, sleep disorders, Alzheimer’s disease, and ADHD in children.
- “Socialized Medicine in Honey Bee Colonies” (Dr. Marla Spivak, Professor and Extension Specialist in Apiculture, Distinguished McKnight Professor in Entomology, University of Minnesota). Why do bees collect propolis? Unlike pollen and nectar, propolis offers no nutritional benefit to the colony. But the presence of a “propolis envelope” inside the hive helps individual bees’ immune system and so serves as a form of social immunity for the colony. Research on propolis’ antimicrobial properties is testing the activity of different sources of propolis against bee viruses and bacterial pathogens, with the goal of providing medical researchers with compounds that can be studied for their activity against human pathogens.

**Afternoon Session**

- “Bee Venom Therapy: Historical Perspective into Modern Application” (Frederique Keller)
- “How to Sleep Your Way to Better Health with Honey” (Dr. Ron Fessenden). Sleep is a high-energy proposition. Failure to fuel the brain for the eight hours of sleep results in serious health consequences when repeated night after night for months or years. Honey is the best, most concentrated fuel for the brain during the night fast. A “dose” of honey before bedtime can prevent or eliminate the primary factor responsible for the conditions and diseases known as the metabolic syndrome. Honey will promote restful recovery sleep, immune system enhancements, memory consolidation and learning, and even weight loss.
- “Bee Health and Breeding” (Dr. Marla Spivak). Helping bees to help themselves: Bee breeding is a way to enhance bees’ natural tendencies to defend themselves against diseases and mite parasites. One natural trait of bees is “hygienic behavior,” in which individual bees detect diseased and parasitized brood and remove the unhealthy brood from the nest. This process is analogous to how the immune system works to fight off disease; hygienic behavior is a form of social immunity for the colony. Collaboration with individual commercial bee breeders in northern California is helping them enhance their tried-and-true stocks of bees by selecting for hygienic behavior. The goal is to maintain genetic diversity while improving bees’ disease and mite resistance.
Royal jelly
Continued from page 1

- Habitat and biological origins
  - Vegetation choice: wild plants, variable small-scale agriculture
  - Hedgerow landscapes without industrial agriculture (pesticides, air pollution, exhaust-producing basements)
  - Underlying geology: unspent acidic magmatic rocks
  - Permanent and abundant disposability of trace elements
- Climate
  - A bright environment
  - Permanent moisture
- Seasonal variation of antimicrobial properties
- Bee species (preferably related to Apis ligustica and Apis caucasica)
- Professionalism in extraction, manipulation, and storage.

Royal jelly samples should not be filtered, should be stored no longer than 18 months at about 5°C in the dark, and should not be frozen.

Substances and techniques for determining the quality of royal jelly

In its fresh state, royal jelly has a gelatinous consistency and a white-yellowish opaque color. It is relatively acid (pH 3.9–4.1) and has a high buffer capacity in the pH range between 4 and 7 ([24], [25]). Royal jelly consists of approximately 66% water, 15% sugars, 5% lipids, and 13% proteins, with a high content of essential amino acids ([26], [27], [28], [29]). The concentration of vitamins is high [30], especially the group of B vitamins (B1, B2, B3, B6) and E. It also contains mineral salts (K, Na, Mg, Ca, Zn, Fe, Cu, Cr, Pb) and a relatively high amount of organic acids ([31], [32]).

10-HDA (10-hydroxy-delta-2-decenoic acid, also known as “royal jelly acid”) is a monosaturated fatty acid with a hydroxyl group. Its concentration of 1.4–6% is the highest among royal jelly’s specific lipid substances ([33], [34]).

The following techniques are being explored for their possible value in standardizing royal jelly.

- Proteins and peptides, protein screening, immunological methods
  Research on the entire complement of proteins [16–19] has identified eight major royal jelly proteins. A good indicator of activity seems to be the independent oligopeptide p54, which we have characterized [patent pending]. This key compound can be used to develop an antibody-based immunological bioanalytical test procedure (1D SDS-PAGE, Western blotting). It takes about four hours, far less time than for the Japanese procedure of using time-consuming and expensive 2D analysis.

- HDAs and derivatives
  The structure of transdecenoic acids (HDAs) is related to both the alpha and the beta forms of estrogen receptors. In this way they are connected with certain types of tumors (breast, prostate, and lung cancer) that bind to oil and fat. They are useful for proof of authenticity and as an indicator of storage alteration.

- Isotope analysis
  We have found that analyzing carbon and nitrogen stable isotopes is useful in verifying the authenticity of royal jelly samples [1].

  - Testing of antimicrobial activity
    The antimicrobial activity of royal jelly has been reported in the literature [5]. Testing protocols using selected non-pathogenic gram-positive and some gram-negative bacteria strains have been developed for determining antimicrobial properties. These microbiological methods are relatively cheap, and they can be applied rapidly.

  - Analysis of two coenzymes
    The analytical determination of biopterin and neopterin—two coenzymes produced within the body—has been highly developed in routine clinical test procedures. This analysis might therefore be used to estimate the biological activity of bee products [20]. Biopterin and neopterin are highly fluorescent compounds and can be determined without previous separation from the raw material.

  - Analysis of steroid content
    Of the more than 18 steroid compounds identified in different royal jelly samples [23], several have shown hormone-like effects on human health [21] and seem to be without adverse consequences. Promising results are emerging from animal experiments in the field of osteoporosis prevention [22].

Summary

We recommend using this data and knowledge as the basis of methods for determining the quality of royal jelly. These methods, which can be conducted inexpensively in beekeeper-associated laboratories, offer the potential for enabling commercially distributed products to be labeled “high quality.”
Author References


Patents


**Royal jelly**  
*Continued from page 5*

**Other References**


Bee venom therapy for cerebral palsy

Cerebral palsy refers to several non-progressive neurological disorders that appear in infancy or early childhood and permanently affect muscle movement. A pilot study in Egypt has found that bee stings may help improve the motor and intellectual functioning of patients with cerebral palsy.

Drawing on evidence that bee venom can modify the body’s immune system, increase cortisol production, improve blood circulation, produce greater physical strength, reduce pain and inflammation, and heal chronic inflammatory conditions, the investigators, at Suez Canal University, in El-Arish, Egypt, studied four boys and two girls, ages four to eight, with cerebral palsy. The children received standard treatment: speech therapy, drugs to control seizures and relax muscle spasms, surgery to correct anatomical abnormalities, and physical and occupational therapy and rehabilitation. They were also given bee venom therapy twice a week. They were evaluated every six months for the next three years. All of them showed improvement in cognitive and motor skills and in bowel and bladder continence.

The authors caution that because of the small size of the study and the fact that standard treatment and speech therapy were not discontinued, their findings about bee venom therapy are inconclusive. They recommend additional studies, including research on a larger number of patients and the addition of a control group.


Honey’s possible role in restoring collagen production

A case study in England has found that honey may promote healing in patients with poor collagen production.

A 10-year-old girl was diagnosed with Ehlers-Danlos syndrome, a rare inherited disorder that disrupts the quality and strength of collagen, the chief component of the connective tissue. She came to a clinic with an injury to her leg. Because of poor collagen production and a bacterial infection, the injury was slow to heal. Nurses applied Manuka honey to her leg, which reduced the invading bacilli and stimulated the production of collagen. The child’s injury was fully healed in two weeks.

The bird (dogs) and the bees

It was a hot, humid day in May 2009. My husband, Bob, and I were driving around the family ranch with our German shorthair pointers, Valentine and Radar. We stopped under an oak tree so Bob could check the game feeder. Within seconds, there was buzzing around my face. Thinking that wasps had made a nest in the truck, I jumped out to get away. Instead, it was hundreds of aggressive bees. I ran from the car, fell to my knees, and rolled over and over to remove these angry creatures. Bob slapped at them in an effort to help.

Meanwhile, bees were pouring like a waterfall on the truck, covering the dogs, who had no idea what was happening. When we drove off, we realized that only Valentine was there. Radar was covered in bees, trying to catch the truck. Once he reached us at the barn, he collapsed.

We escaped the worst of the swarm, but not without dozens of stings on our heads and arms. Because we weren’t at risk of an acute allergic reaction, our goal was to find emergency help for the dogs. Though covered in stings, Valentine was conscious and able to climb in the truck with help. But Radar was unconscious and having seizures. Despite intensive treatment at the vet’s, he couldn’t recover from the toxic venom. We had no choice but to euthanize him.

Minutes later, Bob was violently ill with vomiting and chills. I rushed him to the emergency room, leaving Valentine at the vet’s. Bob was released a few hours later, and Valentine recovered and came home the next day. I was terrified of bees, refusing to go to the ranch until the hive was removed. On seeing a bee on the hummingbird feeder at home, I panicked and took down the feeder.

A few days after the bee attack, Bob called the local beekeeper, Lee, for help removing the hive. He explained that these were “angry bees,” very common in the Africanized bee species. Two distinctions between the “calm” honeybee and the Africanized variety are the degree of the aggression and size of the swarm. Africanized bees can chase their victims for up to a mile and beyond.

Several attempts later, Lee plugged three huge holes in the tree. He said that before keeping bees he’d had terrible arthritis in both knees, needing a cane to walk. After being stung routinely while managing his hives, his joints became less painful and he gained a wider range of motion in his knees. He was able to do without a cane and could actually run! The bees were so beneficial that his friends decided the stings could help them too. He began selling bees for 50 cents so others could sting themselves.

After hearing about bee stings, I realized that since the attack, Valentine’s arthritis had improved. She was running along the deck, getting up on and down from her bed effortlessly, and acting like a much younger dog. She’d received steroids to treat the stings’ effects, but it seemed as though there was more to her recovery than just that.

Two days after the attack I had an appointment with my rheumatologist. I’d been diagnosed with rheumatoid arthritis and wasn’t anticipating the visit—I knew it would mean starting another trial medication. I’d already had unpleasant reactions to two medications he’d prescribed and was concerned about trying another one. When he noticed the raised, hard lumps on my neck, arms, and face—I looked as if I’d been in a fight—he said, “I’ve never seen anyone with so many bee stings,” and he continued looking at my chart without another comment.

I left his office with a new prescription, which I poured down the sink several weeks later; it caused my white blood cell count to plummet. I’d suffered hair loss, nausea, and vomiting from the first medication and numbness in my feet as a result of the second one. If Lee could benefit from the bee stings, so could I. What did I have to lose? I knew that the pain of the stings was worth the relief they would bring.

After buying bees from Lee, Bob learned how to collect them and how and where to sting me. There were times when angry bees flew around the house while we tried to catch them. We soon learned that fluorescent lighting was a magnet and that loose bees would fly to the ceiling. I received stings regularly for painful joints on my hands and aches and pains in my back. They worked! My swollen joints became smaller and were no longer painful. The aches and pain were reduced to a mild stiffness that subsided soon after rising in the morning. I got stung until I felt normal and had no more arthritis pain.

While the physical pain lessened, my heartache at losing Radar did not. A few months later a woman called, saying, “I’m trying to locate the woman whose German shorthair pointer was killed.” It was Radar’s breeder. She said that Radar’s sister needed a new home; the owners wanted to find a place with more room to run and exercise and be able to hunt.

A week later this little dog—the runt of the litter and just 38 pounds—was brought to us. Her color was darker than Radar’s and her frame smaller, but her face, her expressions, and the way she looked into your soul were all Radar. Though a year and a half old, she had not been registered. When we sent in her registration papers, we decided it was time to give her a new name. “Dixie” fit her personality, and to honor her brother, she is now named “Radar’s Whistling Dixie.”

Two years later, I still depend on my bee friends to keep my rheumatoid arthritis in remission. I believe that Radar was sent to us to save our life and lead us to Apitherapy. He ended his “mission” by helping his sister, Dixie, find her forever home. So it is with the bird dogs and the bees.

Kim Thomae
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Apitherapy for a cat

Before July 2001 our Siamese cat, Kitty, played fetch, stood up on his hind legs for attention, slept in bed with us each night, licked my face to wake me in the morning, and was vocal, interactive, and affectionate. He had always been healthy and hardy, nothing but a joy and a best friend.

On his eighth birthday, young for a healthy indoor cat, he was diagnosed with chronic kidney failure resulting from a kidney infection. Urine tests found a high bacteria count (E. coli), and blood tests showed poor kidney functioning. His left kidney could no longer be seen on x-ray or ultrasound; it had been destroyed by the infection, and his right kidney had become grossly malformed. We were told by the vet that even if the infection cleared up, Kitty would likely live for only another year.

After a long hospital stay, where he was administered IV antibiotics and subdermal water treatments to flush out the kidneys, Kitty returned home to take oral antibiotics and recuperate. We put him on a special diet for his kidneys and hoped for the best. But over the next nine months, one antibiotic after another failed to eliminate the infection, and tests showed that the bacteria had become resistant to all available forms of treatment. During this time we went to the vet once a month for invasive blood and urine tests, and we gave Kitty medications twice daily. All these events were struggles, and two people were necessary to administer the medicine (pill or liquid in a dropper). Soon he began to duck away nervously if I simply raised my hand to pet him, likely fearing that I would grab him to give more medicine.

In addition, as a result of the antibiotics, he had diarrhea regularly and vomited several times a day. He also had difficulty balancing and coordinating his movements, was lethargic and withdrawn, and lost his playfulness and his personality. The vet had recommended giving him Pepcid AC to treat the GI distress resulting from the antibiotics, but that didn’t help. After another difficult visit to the vet he stopped eating. A new specialist emphasized the importance of wiping out the recurring chronic infection. A brief intervention helped him start eating again, and we waited before starting another round of antibiotics. But six days after that course of antibiotics began, he started vomiting again. Clearly, he was miserable and the current treatment regimen was not only ineffective but also making him feel worse.

At this point I approached a colleague, Theo Cherbuliez. Knowing that Theo was a beekeeper and an apitherapist, I asked if bee therapy could help. He was immediately interested, having used bee products successfully on his own cats. He recommended a course of bee stings on top of the head to stimulate the natural immune system, plus daily propolis for a month to fight the bacteria and soothe the stomach.

We immediately discontinued the antibiotic and brought the cat to Theo’s office. The first bee sting went smoothly, and Kitty seemed only mildly bothered. We returned four days later for the second sting, which appeared to hurt more. Theo also gave us an initial supply of propolis—small brown pellets, about 0.5 cm in diameter, which we easily placed in a “pill shooter” bought from a pet shop. We had to administer it in this form because the cat would eat around it if we added it to his food; still, the once-daily administration was a relief from the twice-daily antibiotics. Three days later we returned for another sting, and we gave him a fourth and final sting two weeks after that. We stopped going to the vet for regular invasive tests and changed the batch of propolis once a month to prevent the bacteria from becoming resistant.

Although Kitty resisted the propolis and came to fear Saturday mornings (the time of his bee sting appointment), after the second sting he went more than three weeks without vomiting. His personality returned. His energy level increased, he ate regularly and returned to a healthy weight, his bowel movements and urinary output became regular, he played with toys he hadn’t touched in months, and he started to play fetch, stand on his back legs, and lick my face again. His appearance and his behavior had improved greatly, and the infection seemed to have been eradicated. In the second month, we gave him the propolis every other day, and he maintained these gains and seemed to improve even more. In the following months we gave him the propolis only as needed and eventually discontinued it.

Subsequent tests showed that his kidney functioning had improved to almost normal levels but that bacteria was still present in his urinary tract. It is likely that the bacteria were growing in the dead tissue of the left kidney, which does not receive blood and therefore did not benefit from the propolis. Still, on the basis of clinical observations, we conclude that the propolis and bee stings strengthened his immune system and prevented the bacteria from spreading further. And Apitherapy enhanced, rather than diminished, his well-being.

Nine months after our initial Apitherapy intervention, 18 months after the initial diagnosis, and four months since his last dose of propolis, he continued to do well.

Andrew Robins, with Heather Brandt

Postscript: In March 2011 Dr. Robins reported to Theo Cherbuliez that the cat survived two years following the Apitherapy. In retrospect, although Dr. Robins might have brought him back for more treatment when the vomiting and other symptoms reappeared, his decline was so rapid that it was doubtful a second round of treatments would have made a substantial difference.

Drew Robins and Heather Brandt, both psychologists, work with children and families in Westchester County, New York.

This is a condensed version of an article published in the Journal, Vol. 10, No. 1 (March 2003).
Australia: Advances in honey for healing wounds

A new study from the Mayo Clinic and Tufts University finds that a patient’s risk of acquiring MRSA (methicillin-resistant Staphylococcus aureus) is especially high if the previous occupant of the hospital room suffered a MRSA infection. Meanwhile, we have reports of a new, improved antibiotic honey from Australia.

The curative factor in “Manuka honey” from New Zealand has been labeled “Unknown Manuka Factor,” or UMF. In 2008 it was identified as a well-recognized aldehyde: Methylglyoxal, or MGX. (This compound, which exists in small concentrations in cocoa and coffee, has been used for healing by holistic therapists.) The NZ Manuka honey product has is an effective antibiotic. It is now recognized by the U.S. Food and Drug Administration and is being used here to treat wounds. It is sold as a sterile honey-soaked gauze pads and is also packaged as liquid honey in jars labeled with varying UMF strengths.

Now another honey has been discovered that has a much higher MGX active antibiotic concentration. It is from the Australian myrtle tree (Leptospermum polygalifolium) and is related to the tea tree, whose oil is well known for its many therapeutic properties. This myrtle tree grows only in southeastern Australia. By blooming when other plants do not, it ensures the purity of the honey collected. It is sold by the Berringa Honey Company and is being used in Australia for strep throat, skin wounds, and MRSA infections. It is yet to be studied by the FDA for use in the United States.

Dick Johnson
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Egypt: Studying bee venom therapy

The Bee Venom Therapy Research Center was founded in 1994 to assess the effectiveness of bee venom in treating a wide variety of diseases. To date studies have been carried out on cerebral palsy, hepatitis C, renal failure, and stroke. Research is planned on cervical osteoarthritis, knee osteoarthritis, rheumatoid arthritis, systemic lupus, and spondylitis.

The center is part of the Faculty of Agricultural Environmental Sciences at Suez Canal University. Plans are under way to establish a multidisciplinary school of scientific research that will include agriculture, medicine, pharmacy, physiotherapy, and physical education, and other fields of study.

Professor Mohammed Nagib
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Molly Bee Good: on two wheels

Death and taxes. Americans, at least, know when the latter is due. Most of the time April 15 comes and goes with little else to mark the occasion. But this year tax day marked the launch of the Molly Bee Good (MBO) project, a way to introduce a wide audience to the healthy benefits of hive products. “Apitherapy” is a word most Americans do not know, and one we aimed to familiarize them with. By travelling from state to state on two motorcycles, Molly Romero and I, her husband, aimed to increase awareness by offering a series of classes and lectures in a variety of settings.

Our audiences did indeed vary widely, and no matter where we were, people asked questions and showed a passion for learning. We introduced them to the AAS and encouraged them to seek out remedies from their local co-ops, at farmers markets, and through beekeepers. We also communicated through a blog and our Facebook page.

Thanks to everyone who listened. We trust that some day, soon, many of those we reached out to will find their way to the AAS and Molly Bee Good, and they will start living healthier lives through honeybees.

Felipe R. Romero
Portland, OR
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Board member profile
Kristine Jacobson

Little in Kristine Jacobson’s background connected her to Apitherapy. In downtown Grand Rapids, Michigan, in the “Heritage Hill” neighborhood—one of the largest urban historic districts in the United States—Kris has raised two daughters, volunteered for a school drug prevention program, worked as a real estate broker, and renovated and managed three small restaurants.

Kris’s first exposure to Apitherapy came when her father had a gangrenous wound treated successfully—with honey, propolis, and bee stings—by her cousin, former AAS board member Reyah Carlson. Reyah also gave Kris’s husband, Larry, bee stings to repair a torn ligament of his rotator cuff. After witnessing these two successes, Kris started to sting other family members.

Kris is now learning about beekeeping from a friend, who she teaches about the benefits of Apitherapy. They are partners managing 20 hives, 6 of which Kris keeps in Grand Rapids for Apitherapy, honey, and fresh pollen. A member of the Michigan Beekeepers Association, Kris gives presentations on Apitherapy to clubs and organizations. For her, the greatest benefit is experiencing “the joy on people’s faces from their healing and good health, where before there was pain and suffering.”
APITHERAPY DAY
at the Eastern Apicultural Society convention
Warwick, Rhode Island
July 28, 2011  8:30 a.m. to 5:15 p.m.

Introduction to Apitherapy, RX for Health Naturally from the Beehive  Theo Cherbuliez, M.D.
Honey as a Healer of Burns and Wounds: History, Chemistry, and Medicine  Allen Dennison, M.D.

BREAK

Bee Venom Therapy Strategy and Technique  Frederique Keller, DOM, L.Ac.

LUNCH

Principles of Green Medicine Applied to Apitherapy  Theo Cherbuliez, M.D.
Bee Venom Therapy Group Stinging  Walter Blohm

WORKSHOP
Bee Venom Therapy
Administering a Test Sting; Mini, Micro-Stinging  Cherbuliez/Keller/Blohm
Pain Management: Neck and Shoulder Pain

BREAK

WORKSHOP
Preparation of Honey-Based Ointments for Wound Healing  Allen Dennison, M.D.

WORKSHOP
StiperPuncture Technique  Frederique Keller, DOM, L.Ac.
Natural Facial Rejuvenation with Bee Venom

Eastern Apicultural Society convention
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