BEE VENOM THERAPY IN NEUROLOGY – CASE REPORTS

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Introduction

- bee venom treats neurological conditions like Multiple Sclerosis
- BVT is able to treat also other severe conditions like cervical myelitis or different types of demyelinating lesions.
Introduction

• 9 years experience with BVT
• more neurological patients
• best results for some cases of MS and myelitis
MS (Multiple sclerosis) – short description

- **myelin sheaths** (the fatty layer, produced by cells called oligodendrocytes, which helps the neurons carry electrical signals) of the nerves are damaged by an unknown factor, perhaps a virus.
- It is considered that the body's own **immune system** attacks and damages the myelin, triggered by a certain factor.
- When myelin is lost, the axons can no longer effectively conduct signals.
- **Risk factors:** decreased sunlight exposure, decreased vitamin D production and intake, severe stress, smoking, occupational exposures and toxins, vaccinations, viral infections (this hypothesis is based on the presence of oligoclonal bands in the brain and cerebrospinal fluid of most patients and induction of demyelination in animals through viral infection).
MS (Multiple sclerosis)

- **Frequent symptoms:**
  - optical neuritis (blurred or double vision, blindness in one eye),
  - muscle weakness,
  - difficulty with coordination and balance,
  - paralysis,
  - paresthesias (transitory abnormal sensory feelings such as numbness, prickling, or "pins and needles" sensations),
  - pain,
  - speech impediments,
  - tremors,
  - dizziness,
  - depression.

- The name *multiple sclerosis* refers to scars, particularly in the **white matter** of the brain and spinal cord, which is mainly composed of myelin.
MS (Multiple sclerosis)

- Most of the official drugs approved for MS have adverse reactions.
- Treatment with steroids can reduce the duration and severity of attacks. In the worst cases, MS can render a person unable to write, speak, or walk. There is no universally effective treatment for MS.

- Elements that contribute to a proper diagnosis are:
  1. significant clinical data (episodes of neurologic symptoms characteristic of MS)
  2. neuroimaging: MRI of the brain and spine shows areas of demyelination lesions). Gadolinium can be administered intravenously as a contrast to highlight active plaques and, by elimination, demonstrate the existence of historical lesions not associated with symptoms at the moment of the evaluation
  3. analysis of cerebrospinal fluid - provide evidence of chronic inflammation of the central nervous system (oligoclonal bands of IgG on electrophoresis are inflammation markers found in 75–85% of people with MS).
Case no 1. **Mr. A. G. age 24, 1,70 m/72 kg, officer of the gendarmerie.**

**Diagnosis: Demyelinating illness – obs. Multiple sclerosis or Neuroborreliosis.**

- Symptoms appeared 2 years before first consultation: in a training camp in the mountains, a lot of physical effort. They appeared walking disorders, blurred vision, speech disorders, right hand coordination disorders and headache with heating sensation.
- He did two MRI exams which showed cerebral demyelination lesions. All his symptoms disappeared after two weeks, without any treatment. Then he restarted training exercises in the camp.
- Two months before first consultation, he went again in a camp and after physical effort they appeared coordination troubles on the left foot. Later, after 3 days, appeared also sensitive troubles (lack of sensitivity in both legs) and sensation of stiff legs. Symptoms disappeared in few days, after relaxation.
- The only symptom that persisted was Lhermitte's sign (electrical sensation that runs down the back and into the limbs, elicited by bending the head forward).
- He did also lumbar puncture and evoked potentials and he was diagnosed with multiple sclerosis. He received treatment from the neurologist with cortisone (Medrol), vitamins and calcium. Neurologist also suggested him the treatment with interferon.
Case no 1. **Mr. A. G. age 24,** 1,70 m/72 kg, officer of the gendarmerie. **Diagnosis:** Demyelinating illness – obs. Multiple sclerosis or Neuroborreliosis.

At **first consultation**, in November 2010, he had:
- pain in thighs and legs,
- numbness in left hand, foot and left side of his thorax, which becomes more intense after physical effort.

**MRI** in October 2010:
- 30-40 demyelinating inactive lesions, slightly progressive than previous MRI. Arterial and venous circulation were normal.

Borrelia tests (antibodies) were negative.

**Lumbar puncture results:**
- CSF 11 elements/mm3, **oligoclonal bands** of IgG negative, Pandy reaction in CSF weak positive, IgG in CSF 43,6 mg% (increased; normal level 10-30)
Case no 1. **Mr. A. G. age 24**, 1,70 m/72 kg, officer of the gendarmerie. 
**Diagnosis:** Demyelinating illness – obs. Multiple sclerosis or Neuroborreliosis.

- I prescribed him royal jelly 1 g/day then 2 g/day, pollen 2 teaspoons/day, propolis tincture 80 drops/day and a mixture of herbs (lavender, linden, hawthorn, basil, mullein, cowslip, creeping thyme) 1 liter/day.
- He started also **bee venom**, first as an **ointment** (Apireven) and after one month, **injections** with bee venom **solution**.
- His main treatment was **10 months** with BV injectable solution.

- First 2 months: VeneX 10 from Apitronic Services (1 mg/ml) gradually increasing dose, then bee venom solution from Epsicom Company, 2 mg/ml, applied in acupuncture points from arms, legs and back.
Case no 1. Mr. A. G. age 24, 1,70 m/72 kg, officer of the gendarmerie.

Diagnosis: Demyelinating illness – obs. Multiple sclerosis or Neuroborreliosis.

- After first 2 months I asked him to repeat tests for Borrelia because his symptoms were mainly pain and numbness and he walked a lot in the nature. Results: RIF + WB Borrelia afzelii IgG positive, WB Borrelia burgdorferi IgG negative.

- His reaction was very good at BV treatment (BV is efficient in MS and also in Lyme disease).

- After the test results, he started to take antibiotics for two months. During the antibiotic treatment, pain in legs reappeared as at the beginning.

- He continued also with more concentrated solution of bee venom (2 mg/ml), increased gradually to 20 bee stings equivalent daily (1 ml solution, daily).

- He took also propolis tincture 3 ml/day, garlic capsules and essential oils for antibiotic effect.
Case no 1. **Mr. A. G. age 24, 1,70 m/72 kg, officer of the gendarmerie.**

Diagnosis: Demyelinating illness – obs. Multiple sclerosis or Neuroborreliosis.

- MRI after 7 months treatment showed **inactive lesions**, same aspect as previous MRI. It was a significant clinically improvement *(no symptom)*.
- He continued and doubled the dose (40 bee stings equivalent, daily= 2x1 ml/day, with Epsicom solution) for the next 6 months.
- In these 6 months, the last 3 months (Dec 2011 until Feb 2012) he trained physical exercises with high effort and he was totally capable for this effort.
- After these 6 months, he stopped bee venom treatment because he had not anymore symptoms.
Conclusion case nr. 1

• For this patient, bee venom was the most efficient remedy, by clinical point of view (after one year of treatment, no more symptoms).
• MRI after treatment had the same aspect (inactive lesions).

- **Symptoms**: feet and left hand are cold.
- First symptoms appeared 3 years before first consultation.
- In the spring of 2008, she was very stressed because her little boy had a severe infection and she was afraid that he will die. Fortunately he became healthy soon. Later she had headache, pain in the throat and a big swollen area on the left side of the neck. She had flu for 3 weeks.
- She went for an MRI (May 2009) which showed a big tumor (5/3,5 cm), vagal schwanoma left side of her neck. The schwanoma was removed by surgery in June 2009.
- She made a new MRI (Dec 2009) which showed only one inactive demyelination area at C4 level and small inactive cerebral lesions.
Case no 2. Mrs. T. D., age 39, 1,65 m/58 kg. 
Diagnosis: multiple sclerosis.

- After 2 years (September 2011) they appeared: walking disorders, unbalance, dizziness, she couldn’t move her left arm and leg.
- Two weeks before, she had a quarrel with her husband, she was angry, then she awake suddenly incapable to move her left arm and leg.
- MRI in October 2011 showed a demyelination active lesion on the right side of the forehead (15 mm diameter).
- She received cortisone (Solumedrol) for 5 days (during the treatment, she had blurred vision).
- The active lesion appeared between the MRI from March 2011 (it was not visible) and MRI from October 2011: an unique active lesion.
- Blood tests: all normal except granulocytes high percent (79,2%, normal range 50-75).
- Evoked potentials were normal.

- At first consultation (November 2011) she received pollen (dose from 3 teaspoons to 4 big spoons daily), propolis tincture 100 (then 200) drops/day, royal jelly 1 g/day then gradually increased to 4 g/day, massage with bee venom cream (Apireven) and herbs (great mullein, cowslip, calamus, seabuckthorn, hawthorn, 1 liter/day; ashwagandha, bala, shatavari 3 teaspoons/day), ganoderma lucidum, ginkgo biloba.
- Apireven was very good for her, it improved circulation.
- After one month (Dec 2011) we started bee venom therapy with injectable solution (VeneX 10 from Apitronic Services, then venom solution from Epsicom Company), gradually increased.

- After 3 months (April 2012) she started the treatment with direct bee stings, every 2 days, dose increased from 1 to 13 bee stings per session (1-1-1-2-2-2 etc.), then decreased from 13 to 1.
- Bee stings were applied on the arms and on the spine area. Symptoms disappeared, feet and left hand are warm now.
- In November 2012 she stopped bee stings.
- MRI in February 2013 showed disappearance of the active lesion.
Case no 2. Mrs. T. D., age 39, 1.65 m/58 kg. MRI before and after treatment.
Conclusion case nr. 2

Bee venom therapy for one year (first 3 months with injectable solutions 1 mg/ml and 2 mg/ml and then with direct stings) together with the rest of bee products was enough to produce healing of the active lesion and disappearance of all symptoms.

All this time she didn’t do any other treatment.
Case nr. 3. **Mrs. P. V.**, age 52, 1,65 m/61 kg.

**Diagnosis: cervical myelitis (C1).**

- **First symptoms** in autumn 2007: numbness in the occipital area, left ear and fingers of left hand.
- Two or three weeks before this moment, she had a quarrel with her director (he shouted at her, she was very stressed because of this). In the same day had appeared unbalance, dizziness, nausea, then, fine numbness which gradually increased.
- In October 2007 she makes an MRI which showed: a small demyelination corresponding of C1 spine, with a diameter under 1 cm (in the left part of the spine cord, at the junction between rachidian bulb and cervical spine, suggesting an inflammatory reaction – myelitis, demyelination/Multiple Sclerosis or infiltrative glioma).
- She started the treatment with non-steroidal antiinflammatory drugs (Movalis), drugs for muscular relaxation (Mydocalm) and vasodilators (Sermion). Numbness from the face and head disappeared in 2 weeks.
- All this time, patient was scared because she was afraid she had multiple sclerosis.
Case nr. 3. Mrs. P. V., age 52, 1,65 m/61 kg.

Diagnosis: cervical myelitis (C1).

- In November 2007 she made lumbar puncture (to eliminate the suspicion of multiple sclerosis). The result was: Pandy’s test weak positive (sign of weak inflammation), albumin 29 mg%, glucose level 59 mg%, 6 cells/mm3. Because they didn’t appear markers for MS on CSF (IgG antibodies – oligoclonal bands), it was considered to be a cervical myelitis. The doctors recommended her cortisone (Medrol) and minerals (Calcium and Magnesium).
- In December 2007, during the treatment with cortisone, numbness at the fingers of the left hand reappeared.
- In January 2008 she started a cleansing diet, avoiding chemical additives in the food, white sugar, red meat, artificial juices.
- She started to take bee products (honey, 6 teaspoons pollen, 1g royal jelly, propolis tincture 60 drops, raw propolis 4-5 g daily) and medicinal herbs (marigold, hawthorn, St. John’s Wort, black poplar buds, horsetail) – 4-5 cups of tea daily.
Case nr. 3. Mrs. P. V., age 52, 1,65 m/61 kg.

Diagnosis: cervical myelitis (C1).

Symptoms at the first consultation (April 2008):

- **numbness** at the fingers of the left hand, with a sensation of electric flow;
- normal muscular force, good motor coordination;
- **pain** in her lumbar spine (L4-L5) – on the X-Ray of the spine spondylosis is visible.

- She started treatment with herbs (great mullein, lemonbalm, rosehips, calamus). The tolerance test for bee venom was good.
Examinarea IRM cranio-encefalica sag T1, ax T2, cor FLAIR, cor T2, ax diff evidențiază:
- largirea spațiilor lichidiene pericerebrale frontal drept;
- arie infracentrometrică hipersemnal FLAIR la nivelul substanței albe subcortical frontal superior drept - zona de demielinizare cu caracter nespecific;
- sistem ventricular simetric, cu dimensiuni normale;
- structuri mediane in poziție normală;
- ingroșarea mucoasei celulelor etmoidale anterioare;
- discure intervertebrale cervicale ce nu depăscă marginea platoulor vertebrale;
- arie milimetru hipersemnal T2 vizibila la nivelul jonctiunii bulbospinale pe secvența sag T2 - se recomanda completarea cu secțiuni ax T2 la acest nivel (artefact dat de LCR / demielinizare).

Examinarea IRM a coloanei cervicale după administrarea de substanța de contrast proprie pe cale i.v. evidențiază:
- arie hipersemnal T2, izoseamnal T1 ce interesează 1/2 laterală stingă a maduvi; in pungiuia 2 corespunzătoare vertebrei C 1 prezinta priza de contrast moderata centrala și periferică - proces inflamator - boala demielinizantă sau mielita mai putin probabil gliom infiltrativ.

MEDIC
DR IOANA GHERVASIE
Case nr. 3. Mrs. P. V., age 52, 1,65 m /61 kg.

Diagnosis: cervical myelitis (C1).

• After a week we started intradermal injections with bee venom solution (VeneX 10), in small amounts, progressively increased from one week to another (from 0,1 ml to 0,5 ml).

• Administration was made in specific points from the lumbar and cervical spine, on the shoulders (locally painful points), at the elbow and left wrist (acupuncture points LI11, LI4, TH5, other painful points), with a frequency of 1 session/week. The symptoms disappeared completely after a month, but treatment continued, to normalize the MRI aspect.

• In October 2008 (at one year after first MRI and 6 months after we had started apitherapy) she made a new MRI which showed disappearance of the demyelination area from the bulbo-pontine junction.
Second MRI (after one year)
Conclusion case nr. 3

- Bee venom treatment with injectable solution 1 mg/ml (average dose 5 bee stings equivalent, one session/week, 6 months treatment) together with other bee products and medicinal herbs determined the disappearance of the cervical spine cord lesion (on the MRI) and of all the symptoms.
- Bee venom acted both on the neurological and on the inflammatory rheumatic conditions.
Cervico-thoracic myelitis

- **Myelitis** = inflammation of the spinal cord.
- Inflammation damage myelin that covers nerve cell fibers.
- This damage causes nervous system scars that interrupt communications between the nerves in the spinal cord and the rest of the body.
- **Causes:**
  - viral infections,
  - abnormal immune reactions,
  - as a complication of syphilis, measles, Lyme disease or vaccinations. In some people, can be the first symptom of an underlying demyelinating disease such as multiple sclerosis (MS) or neuromyelitis optica (NMO).

All patients with transverse myelitis should be evaluated for MS or NMO because patients with these diagnoses may require different treatments, especially therapies to prevent future attacks.
Cervico thoracic myelitis

• **Symptoms:**
  – loss of spinal cord function over several hours to several weeks,
  – weakness and numbness of the limbs
  – motor, sensory, and sphincter deficits.
  – severe back pain may occur at the onset of the disease.

• The symptoms and signs depend upon the level of the spinal cord involved and the extent of the involvement of the various long tracts. In some cases, there is almost total paralysis and sensory loss below the level of the lesion. In other cases, such loss is only partial.

• If the upper cervical cord is involved, all four limbs may be involved and there is risk of respiratory paralysis (segments C3,4,5 to diaphragm).

• Lesions of the lower cervical (C5-T1) region will cause a combination of upper and lower motor neuron signs in the upper limbs, and exclusively upper motor neuron signs in the lower limbs.

• A lesion of the thoracic spinal cord (T1-12) will produce upper motor neuron signs in the lower limbs, presenting as a spastic diplegia.

• A lesion of the lower part of the spinal cord (L1-S5) often produces a combination of upper and lower motor neuron signs in the lower limbs.
Cervico-thoracic myelitis

- Transverse myelitis may be either *acute* (developing over hours to several days) or *subacute* (usually developing over 1 to 4 weeks).
- Initial symptoms usually include localized lower back pain, sudden *paresthesias* (abnormal sensations in the legs), sensory loss, and *paraparesis* (partial paralysis of the legs). Paraparesis may progress to *paraplegia*.

Four classic features of transverse myelitis:
- (1) weakness of the legs and arms,
- (2) pain,
- (3) sensory alteration,
- (4) bowel and bladder dysfunction.
Cervico thoracic myelitis

- **Pain**= primary presenting symptom of transverse myelitis in approximately 1/3-1/2 of all patients. The pain may be localized in the lower back or may consist of sharp, shooting sensations that radiate down the legs or arms or around the torso.
- Patients who experience sensory disturbances often use terms such as *numbness, tingling, coldness, or burning* to describe their symptoms.
- Up to 80% of those with transverse myelitis report areas of heightened sensitivity to touch, such that clothing or a light touch with a finger causes significant discomfort or pain (a condition called *allodynia*). Many also experience heightened *sensitivity* to changes in temperature or to extreme heat or cold.
- The degree and type of sensory loss will depend upon the extent of the involvement of the various sensory tracts, but there is often a "sensory level" (at the *sensory segmental level* of the spinal cord below which sensation to pin or light touch is impaired). This has proven to be a reasonably reliable sign of the level of the lesion.
Cervico thoracic myelitis

• **Differential diagnosis**
  – acute *spinal cord trauma*,
  – acute *compressive lesions* of the spinal cord such as *epidural metastatic tumour*,
  – *infarction* of the spinal cord, usually due to insufficiency of the *anterior spinal artery*.
  – Lyme disease serology is indicated in patients with transverse myelitis keeping in mind that dissociation in Lyme antibody titers between the blood and the CSF is possible.

• It is almost invariably necessary to perform an emergency *magnetic resonance imaging* (MRI) scan or computerised tomographic (CT) myelogram. Before doing this, routine *x-rays* are taken of the entire spine, mainly to detect signs of *metastatic* disease of the vertebrae, that would imply direct extension into the *epidural* space and compression of the spinal cord. The patient has to be referred immediately to neurology or neurosurgery for investigations in the hospital.
Cervico thoracic myelitis

- **Diagnosis:**
  - Physicians must first eliminate potentially treatable causes of the condition. Seek first to rule out *structural lesions* (damaged or abnormally functioning areas) like tumors, herniated or slipped discs, *stenosis* (narrowing of the canal that holds the spinal cord), abscesses, and abnormal collections of blood vessels.

  - The **spinal cord MRI** will almost always confirm the presence of a lesion within the spinal cord, whereas the brain MRI may provide clues to other underlying causes, especially MS. If an MRI is not possible, then do a computed tomography (CT) of the spine with or without *myelography*, which involves injecting a dye into the sac that surrounds the spinal cord. Blood tests may be performed to rule out various disorders such as systemic lupus erythematosus, HIV infection, vitamin B12 deficiency etc.
Cervico thoracic myelitis

- **Treatment:**
  As with many disorders of the spinal cord, no effective cure currently exists for people with transverse myelitis. Treatments are designed to reduce spinal cord inflammation and manage symptoms (symptomatic treatment) – often anti-inflammatory corticosteroid therapy.

- Commonly experienced permanent neurological deficits include severe weakness, spasticity, paralysis, incontinence and chronic pain. Such deficits can substantially interfere with a person’s ability to carry out everyday activities. People living with permanent disability may feel a range of emotions, from fear and sadness to frustration and anger. They typically consult with a range of rehabilitation specialists.
Cervico thoracic myelitis

• **Prognosis**

  Recovery from transverse myelitis usually begins within 2 to 12 weeks of the onset of symptoms and may continue for up to 2 years. However, if there is no improvement within the first 3 to 6 months, significant recovery is unlikely. Only 1/3 of people affected with transverse myelitis experience good or full recovery from their symptoms; the others show only fair recovery or no recovery at all, remaining wheelchair-bound.

  The majority of people with this disorder experience only **one episode** although in rare cases recurrent or relapsing transverse myelitis does occur. Some patients recover completely, then experience a relapse. Others begin to recover, then suffer worsening of symptoms before recovery continues. In all cases of relapse, physicians will evaluate possible underlying causes (ex. MS, NMO, or systemic lupus erythematosus).
Case no 4. Mrs. G. M., age 63, 1,63 m/72 kg. 
Diagnosis: cervico thoracic myelitis C2-T4.

- **Symptoms:** terrible pain and numbness in both shoulders and hands, between scapulae, occipital headache, no answer to any analgesic (excepting Tramadol), unbalance. She couldn’t sleep because of the pain.

- Previously: two attacks of paralysis in 2005 and 2007 with strong pain. She was completely paralysed, she couldn’t move and she felt only her right side of the head.

- After 3 months of cortisone (Solumedrol), her sensitivity reappeared, but also terrible pain in all the body, with sensory alteration (sensation that she has 4 arms and legs).

- She had a spinal meningioma (T12) surgically removed in 2007. After surgery her condition didn’t improve at all.

• After surgery, she was in the hospital for rehabilitation therapy for 7 months, she visited all rehabilitation services from the hospitals of Bucharest. Finally she restarted to move her body, but she had severe pain and unbalance. She said the pain was so severe that she thought about committing suicide.
• In 2009 she was prescribed an opioid analgesic drug which was efficient against pain, but produced her nausea and vomiting and severe dizziness (she couldn’t take it).
• She went to an experienced neurologist since October 2007 and she takes vitamins and supplements.
• She used bee venom cream (Apireven) and her pain diminished.

- She has a daughter with Dyke-Davidoff-Masson syndrome (DDMS) (cerebral hemiatrophy, she cannot use an arm and a leg), her mother has Alzheimer’s disease, her father had Parkinson disease.
- MRI from November 2005 showed a cervico thoracic myelitis C2-T4 with remitting ataxic tetraparesis.
- The MRI showed a cervico thoracic infiltrative extended lesion of unknown etiology. The lesion affected the whole spine cord from C2 to T4.
- First consultation in July 2011. I asked her to make some changes in the diet (she used to eat a lot of meat), avoiding meat, animal fats, white sugar and introducing all the bee products.
- She received pollen 2 teaspoons/day, propolis tincture 80 drops/day, royal jelly 1 g/day, Apireven cream locally (good effect, calming pain), herbs (calamus, yarrow, lavender, linden, melissa, poplar buds, hawthorn, mullein, ganoderma), colloidal gold.

- After one month of cleansing diet and bee products, I started bee venom therapy, one session/week.

- At the beginning I used VeneX 10 solution for 2 months (average dose 6 bee stings equivalent), then for the next 8 months, bee venom solution from Epsicom (2 mg/ml), increasing to 18 bee stings equivalent. Pain gradually decreased at 50% and quality of life increased significant.

- At the beginning of the treatment, she had some days with pain, but in time the effect of bee venom cumulated and it protected her from pain for several days (from one session to another), so one session/week was enough.

- First time treatment was 10 months long (August 2011-March 2012). During spring and summer time (for 6 months) she felt excellent, she leaved the city and went somewhere in the mountains, she walked daily 2 km and used Apireven cream 3 times/day and it was good.
- When she returned in Bucharest in October 2012 pain reappeared.

- The new MRI in November 2012 showed the same aspect of the spine cord.
- Her neurologist considered that spine cord degeneration progressed but the whole spine looks better.
- She went to the hospital and took cortisone in high dose and her condition improved, but not so good as before. Neurologist prescribed her vitamins B and D and calcium.

- In January 2013 she came again for the bee venom treatment.
- She accused pain and walking troubles, weakness in the right knee, spasticity.
- We restarted treatment with BV solution 2 mg/ml, 20 bee sting equivalent applied on the spine, hands and feet.
- I completed the treatment with ayurvedic herbs (ashwagandha, candana, bilva, atmagupta, gotu kola).
- We continued the therapy, 1 session/week, for 7 months (January to July 2013).
- To improve the results I taught her some yoga exercises to help her to balance Anahata chakra, which was most affected. She practiced and felt better with all the procedures.
- She was able to walk alone in the city (usually she needed somebody with her). Pain decreased even more and appeared rarely.
- Neurologist advised her to continue BVT if it was the only efficient remedy for her. She is sorry that she didn’t know about bee venom therapy earlier, because it was indeed her best therapy.
Conclusion case nr. 4

• In this case of severe myelitis, where no other treatment worked, BVT provided an excellent analgesic effect and significantly improved quality of life.

• Effects of the therapy were cumulative and they continued for several months after stopping the therapy.
Final conclusions:

• There is hope that, even for severe neurological diseases like myelitis or multiple sclerosis, apitherapy may help and increase quality of life, relieves symptoms, supports nervous system to recover and produces disappearance of MRI demyelination lesions.

• Dosage of bee venom has to be strictly individualized, tolerance and effectiveness is different from one patient to another.

• We have to use the smallest dose that shows the best effects.

• In some cases (like severe myelitis), bee venom therapy can be the only efficient remedy that works for patients.
Thank you!
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