

Standardisation of bee venom therapies

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APIMONDIA SCIENTIFIC COMISSOIN OF APITHERAPY



We do not need standards

- If there is a famous, in most countries accepted medical professional. We just trust.
(like Dr. Philip Terč, Dr. Bodog F. Beck)
- If there are a priests with a continuous, living, century long traditional knowledge behind. We just believe them.
(like priests in Korea)

In all other cases we would like to compare the treatment methods.

- The patient needs safety and comparable knowledge.
- A medical professional would like to compare the treatment methods too.
- **To compare – and to proceed – we need standards**

We need consensus & standards in

- Naming
- Reducing the risk of developing allergies
- Allergy test
- Safety protocol of the treatment places
- Including/Excluding criteria
- Following and Evaluation of the treatment





We need standards in naming

What categories are?

Bee sting

- Bee sting - as is
- Direct from bee
- Fluid
- Bee needle therapy, bee sting therapy (originally Apitherapy)

Bee venom

- Bee venom direct from stinger
- Dried (some volatile parts are evaporating)
- Or liquid
- No chemical changes
- No component removed, which was originally in the bee venom

Naming: bee venom therapy

What categories are

Bee venom fraction

- Some parts removed
- E.g. filtering for molecular weight

Bee venom derivate

- As bee venom fraction: some parts of bee venom is removed
- + chemical changes

e.g. injections for allergy treatments, sweet bee venom, purified bee venom

New drug

Needs safety proof, otherwise risk

Reducing the risk of developing allergies

- Exposition to bee venom volatiles (Family members of beekeepers belong to a higher risk class → let them help and get real bee stings 😊)
- Avoid clothes, gloves in closed room with family members
- Drugs (NSAIDS, Beta blockers)
- Pregnancy
- Stop of treatment (more than 2 weeks) → restart from zero

We need standards for allergy test

- Laboratory, (conservative, convenient, slow and expensive)
 - 20 % false positive,
 - 20 % false negative,
 - → needs additional test

- Micro sting, waiting time, repeated full sting, observation time, excluding criteria

Legal regulation in Russia



Safety protocol of the treatment places

- How to identify signs?
- What to do
 - Protocol for laic (Adrenalin, EpiPen)
 - Protocol for specialized professional



Treatment protocol for rheumatoid arthritis

Including criteria

- Patient with Rheumatoid arthritis
- diagnosis by a rheumatologist
- Existence of the country specific legal rules

Excluding

- Pregnancy
- Week person
- Contraindicated medication

Treatment protocol for rheumatoid arthritis

For 3 weeks, Monday, Wednesday, Friday between 6:00-12:00
0,1 sec life bee sting or 0.005 BE

Than weekly increase starting with 0,05 BE;
ONE area to treat, but non the extremities,
3 times the week, AM.

Till effect shows, than stay on the level.

Lifestyle rules

Handling of healing crisis (preparation, handling)

Following / evaluating (E.g. Rheumatoid arthritis)

Diary

- Application date & time
- Applied amount
- Symptoms changed [-3, -1, 0, 1, 3] (relative to previous session)
- Current Severity of symptoms [-3, -1, 0, 1, 3] (absolute)

Laboratory before treatment and after 1,3,6 months

- CRP, ESR, Rheuma factor

The way of international collaboration on standards

1. First draft version 0.1
2. Call for join and influence (just write an email to me krj@apiterapia.hu)
3. Release of version 1.0 and publish it
4. Collect data on the results
5. Evaluation of the results
6. Scientific publication
7. (change the protocol, add other protocol to one disease)

What happens if we succeed with the protocols?

We will have the power of the individuals joined: Multicenter observation of a legal treatment

The result can be evaluated scientifically: multicenter

We can develop from an isolated medical professional to a boldly recognized authority based on international consensus