Novel therapeutic modality of Apitherapy for controlling of Multiple Sclerosis





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Definition:

- Multiple Sclerosis (MS): Is a chronic disease characterized by multiple areas of central nervous system (CNS)
- white matter inflammation , demyelination ,
- and sclerosis , it usually begins in young adults.



• Multiple Sclerosis (MS):

- Also known as disseminated sclerosis or encephalomyelitis disseminata).
- It is a disease in which the fatty myelin sheaths around the axons of the brain and spinal cord are damaged, leading to demyelination and scarring as well as a broad spectrum of signs and symptoms



Classification:

 Several subtypes, or patterns of progression, have been described.

 Subtypes use the past course of the disease in an attempt to
 predict the future course.

- Disease onset usually occurs in young adults,
- and it is more common in females.
- It has a prevalence that ranges between 2 and 150 per 100,000.
- MS was first described in 1868 by Jean-Martin Charcot.

They are important not only for prognosis but also for therapeutic decisions.

In 1996 the United States National
MultipleSclerosisSocietystandardizedfoursubtypedefinitions:

relapsing remitting,
secondary progressive,
primary progressive,
progressive relapsing.









- The person with MS can suffer almost any neurological symptom or sign, including:
- changes in sensation,
- muscle weakness,
- spasm,
- or difficulty in moving;
- difficulties with coordination and balance;

- problems in speech or swallowing,
- visual problems,
- fatigue,
- pain
- bladder and bowel difficulties.
- Cognitive impairment of varying degrees
- emotional symptoms of depression
- or unstable mood are also common.

 Symptoms of MS usually appear in episodic acute periods of worsening (called relapses, exacerbations, bouts, attacks, or "flare-ups"), in a gradually progressive deterioration of neurologic function, or in a combination of both.

 Multiple sclerosis relapses are often unpredictable,

 occurring without warning and without obvious inciting factors with a rate rarely above 1 and a half per year.

- Some attacks, however, are preceded by common triggers.
- Relapses occur more frequently during spring and summer.
- Viral infections such as the common cold, influenza, or gastroenteritis increase the risk of relapse.

• Stress may also trigger an attack.

Pregnancy affects the susceptibility to relapse, with a lower relapse rate at each trimester of gestation.

• During the first few months after delivery, however, the risk of relapse is increased.

- Overall, pregnancy does not seem to influence long-term disability.
- Many potential triggers have been examined and found not to influence MS relapse rates.
- There is no evidence that vaccination and breast feeding, physical trauma, are relapse triggers.

Causes Of MS:

 Most likely MS occurs as a result of some combination of genetic, environmental and infectious factors.

• Epidemiological studies of MS have provided hints on possible causes for the disease.

Theories try to combine the known data into plausible explanations, but none has proved definitive.

- Genetics:
- Environmental factors:
- Infections:

Genetics Of MS



human chromosome 6

Radiological Findings









•Fifty patients known to be with MS, twelve males •and thirty eight females, •their ages ranged between 26-71 years, with a mean of $38.7 \pm 4.8.2$.

 All cases were subjected to • complete clinical •and neurological history •and examination to confirm the diagnosis.

•There were 32 cases with quadriparesis, (8 males and 24 female) •and 18 cases with paraparesis (4 males and 14 females).

•All cases were under their regular treatment either by corticosteroids, or interferon. •These cases were divided into two main groups, each group consists of 25 cases (6 males and 19 females),

•Group I received

 honey, pollen, royal jelly and propolis and were treated with bee acupuncture 3 times weekly, for 12 months, started gradually by one sting then gradually increase up to 25 stings per session,

in addition to their medical treatment

•while group II remains on their ordinary medical treatment only.

•Bee acupuncture done by bee stings for regulating the immune system in the following points Du 13, 14, Li 11, S6, S9, points for MS Pat Wagner Buttocks Jiagi points for cervical area and lumber area and vision points GB2 and Li3.

•All patients were instructed to receive

2000-3000 mg Vitamin C,
15 mg Vit. B1,
3 mg Vit. B2,
2mg Vit. B6,
5 mg Vit. B12,

•25 mg Folic acid, • 3 mg Calcium pantothenate, 15mg Nicotinamide, •20 mg L-Arginine, •20 mg L- Lysine •and 3 mcg Biotin / day.

 Serum samples were obtained from patients with clinically definite MS for estimation of serum levels of immunoglobulin E (Hirano et al., 1989)

• using commercially available ELISA kits according to the manufacturers' directions.

Interleukin 1β

- tumor necrosis factor alpha
- IL-6

 were assessed using enzyme linked-immunosorbent assays (Abrams, 1995) using commercially available ELISA kits according to the manufacturers' directions (kits produced by Bender Med System, Vienna, Austria). All these investigations were done at the beginning of the study and by the end of one year of supplementation and bee sting sessions



•We found that 4 patients out of 9 (44.4% of paraparesis cases),

- showed some improvement regarding
- their defects in gait,
- bowel control,
- constipation
- and urination,

• while 12 cases out of 16 cases (75% of quadriparesis cases),

- showed some mild improvement in their
 movement in bed,
 - and better improvement in bed sores,
 - sensation,
 - and better motor power,
 - only two cases of them (12.5%) were able to stand for few minutes with support.

General Condition



🗖 Group I 🛛 🗖 Group II

Depression





Sleeping



Heat tolerance



Attention span



Memory



Rigidity



Spasms



Tremors



Headaches





Speech



Swallowing



Numbness



Balance



Walking



Hand coordination



Writing



Bladder & Bowel



Mean levels of IgE of both groups at the start and end of the study



Mean levels of (IL) 1β of both groups at the start and end of the study



Mean levels of (TNF) α of both groups at the start and end of the study



Mean levels of IL-6 of both groups at the start and end of the study



Group (I) Group (II) Mean at the start of the study Mean at the end of the study



 Although Apitherapy is not a curable therapy in MS, but it can be used to minimize some of the clinical symptoms of MS, and can be included among programs of MS therapy.



Novel therapeutic modality of Apitherapy for controlling of Multiple Sclerosis Thank You for your attention





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