

## The Cuban apitherapy project goes on

Apitherapy acts within the framework of a natural medicinal approach and helps keep a harmony between man and nature whilst



insisting on rigorous scientific research equal to the practices of modern medicine.

It offers developing countries the concept of scientific medicine, but of an ecological nature. The medical approach that it offers is based on use of local resources thus allowing powerful treatments being available to the majority of the population.

Cuba was the first to take up that wonderful opportunity. The reasons for the experiment are obvious; political and economic embargo, chronic dependence on imported medicine and a deficit in foreign currency forced the Cuban government to look at alternatives. Cuba's broad botanical richness and well-organized bee-keeping industry proved to be a good starting point for the project.

The foundations for the experiment were laid down in 1997. It took three years to develop the products, train necessary medical staff and structure protocols. Although the experiment started only at the beginning of 2001, the results achieved within a year were extraordinary.

Two antibacterial arohneys (a mixture of honey and essential oils) and one healing propolis honey have been made from local bee-keeping products.

Treatments have been carried out in five hospitals and some 4000 people have been treated so far. Arohneys have been used to treat digestive and bronchopulmonary diseases, while honey with propolis has been found to be a good general antibiotic as well as a superb antiparasitic, wound healing, hipotensive and hipocolesterolemic substance.

The results shown have exceeded all hopes: results from the experimental group have been superior to those of the control group, having confirmed that arohneys and propolis honey have been better accepted by patients than chemical antibiotics, no bacterial resistance was noted, no recurrence of original health problems and no chronicity was noted and, all of that, at a lower cost and in local currency.

The project has been declared of national interest and extended for another 3 years to all of Cuba's fourteen regions.

The medical and environmental opportunities of this project have been proved a great success and can teach us a valuable lesson. We should take steps to emulate the Cubans and bee healthy, using the environment as our friend. Natural medicine is the way forward into this new millennium. To paraphrase one great man, take care of the bees and the bees will take care of you.

Dana Sumar

## SMOKE AND MIRRORS

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less test results are computed and applied to the entire African population, men as well as women, old and young, rich and poor. As if they would apply equally to all, and as if they were proof of the incidence of AIDS. Neither of these is the case, and anyone with rudimentary knowledge of the tests, and of statistics, must be aware of it. Yet this is how statistics on AIDS in Africa are manufactured and publicized.

**Incidentally, apart from the more than 60 common causes for a false positive test result, it has been proved that test results for one and the same person may vary from one occasion to another, even at the same laboratory, and even more so from one laboratory to another, and from one country to another.** The reason is that there is no "gold standard" for the test, meaning that it is arbitrary exactly from where on a scale a positive result is registered. And this kind of test is used to tell people that they will die of AIDS, and that they have to take obscenely expensive medicines that make them desperately ill and even kill them, but can never cure them.

**This is the background for South African President Mbeki's reluctance to offer these not only ineffective but fatally harmful drugs at the Government's expense to pregnant women and newborn children, and indeed to anyone. And very good reason he has for it too.**

One study reportedly showed that a group of young men who tested HIV-positive had a higher death rate than a group that did not test positive for HIV, and anybody

reading this would automatically assume that all those HIV-positive men died of AIDS. However, the study did not show what actually caused the deaths in the HIV-positive group. When this was investigated, it turned out that there may in this case have been a correlation between an HIV-positive test and a slightly higher death rate, but the same correlation did not show up for AIDS disease. Most of those deaths were not caused by AIDS. A typical case of statistical smoke and mirrors!

In Africa, the reporting of AIDS cases is furthermore based on widely differing criteria in different areas, or by different agencies. The fact that for AIDS cases there seems to be financial support, while this is not the case for old illnesses, also prompts those involved to report any illness as AIDS, when in fact they are classic cases of tuberculosis, malaria or other old endemic African illnesses.

**Interestingly, tuberculosis and malaria, both very common in Africa, have – among many others - been included in the so called AIDS-defining illnesses, and all of them can give a false positive result in the so called HIV test. Smart, isn't it? See the smoke and mirrors?**

According to official estimates by UNAIDS at the end of 2000, some 36.1 million people world-wide were "infected" and "living with HIV/AIDS". Of these, 25.3 million are said to live in Sub-Saharan Africa. My question to this figure is: How does anyone know? In the third world, AIDS can be diagnosed without the so called HIV test, but "HIV

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