

Mag. Silvia Eberl-Kadlec



A bridge BEEtween medicines

Exploring the Interconnection between Medical Knowledge
and Home Remedies using the Example of Apitherapy



Foreword by Dr. Stefan Stangaciu

To my grandfather Johann Schmatz

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Foreword by Dr. Stefan Stangaciu

I got to know Silvia Eberl-Kadlec in Surrey, British Columbia, Canada at an Apitherapy Conference in 2013. She wanted to show me her master thesis on the subject of apitherapy. I was immediately impressed by her hard work. In fact, I wholeheartedly congratulate Silvia on her excellent thesis.

Her medical anthropological methodology allows deep insights into how such different fields as apitherapy, medicine, beekeeping, science and lay knowledge are interwoven and interdependent. This kind of interdisciplinary approach contributes to a better understanding and interpretation of quantitative data. It also adds context to some highly specialized scientific fields. Describing a system that is interwoven and constantly developing is a complex matter. Nevertheless, Silvia's writing style is easy to understand and therefore accessible to a broader audience.

The thesis is divided into three sections. The first part covers the theoretical background. The second describes knowledge about apitherapy and its practical use among the beekeepers and their family members within the research group, documenting the results of her qualitative research in the field. The third section deals with the interdependence and interconnection of healing knowledge.

In conclusion, I can recommend Silvia Eberl-Kadlec's thesis to anyone interested in apitherapy, medical systems and health knowledge.

Dr Stefan Stangaciu

A handwritten signature in black ink, appearing to read 'Stefan Stangaciu', written in a cursive style.

Foreword by Mag. Silvia Eberl-Kadlec

Wo Bienen sind, sage ich, ist die Welt noch in Ordnung.

Where bees are, the world is still okay.

(Interview Herbert Anderle, 22.09.2011)

Apitherapy was, to be honest, a subject I had totally overlooked for a long time. Even though I was born into a family of beekeepers and I used bee products to treat illnesses myself, I had never really reflected on it. But as soon as I had started to do so, apitherapy literally captured my attention.

The use of bee products for treatment is not only one of the oldest medical practices in the whole world; it is also one of the widest spread ones. However, anthropological studies on this topic are extremely rare. Studies that put lay persons' health knowledge into the center of attention are difficult to find too. These were two good reasons to focus on apitherapy, lay persons' health knowledge and practice and its position in a certain health care system.

Generally speaking, health care systems consist of more than the predominant kind of medicine. Nonetheless, the predominant kind of medicine, which is biomedicine in the region of research, is certainly a very important part of the health care system. So I was interested to find out how popular and biomedical health knowledge interact. Furthermore, I wanted to stay open to any other kind of

medicine (folk, alternative, complementary etc.) that might relate to apitherapy in the research area.

Biomedicine's interest in the healing potential of apitherapeutical methods is quite young. Nevertheless the high number of studies in the last few years exemplifies increasing awareness and importance within biomedicine too. Those recent findings within biomedicines are certainly interesting, but would there be any research at all, if nobody used bee products as home remedies? On the other hand, the question arises if apiarists know more about the healing potential of bee products thanks to scientific research. Thus, how is lay medical knowledge connected to expert knowledge and vice versa? Is it interdependent? What role do traditional health knowledge and folk medicine play? What actually is health knowledge? And is a lay persons' health knowledge as unknowing as assumed? I did my best to answer these "big" questions, using the example of apitherapy, with respect to medical anthropological theories, concepts and methods.

1 Introduction

The main objective of my work is to detect sociocultural mechanisms of interacting and interdepending health knowledge, by putting so called “lay” health knowledge in the center of attention. Apitherapy was chosen to exemplify how health knowledge and practice works among apiarists and their families (popular sector¹) and how other medical systems (folk sector² and professional sector³) are interconnected and/or interdependent.

This book focuses on empirical work conducted among beekeepers and their families in Lower Austria. It aims to answer if and how bee products are used to treat illnesses and maintain health. Furthermore the findings are evaluated and interpreted according to the carefully selected theoretical framework⁴. Arthur Kleinman’s model of health care systems was a useful tool in order to understand the interplay of health practice and knowledge.

My work makes NO claim to be complete. Science is in constant motion and our knowledge increases all the time - just like our apiarists don’t only stick to traditional medical use of honey, propolis, pollen and Co. but more on that mater later. Thus, I understand my work as only one further step towards a greater understanding of the complex, interwoven systems of medicines⁵, of more to come.

In order to do this step, my thesis is structured as follows:

First of all the research questions are defined. The second chapter clarifies the key terms used throughout my thesis.

Then apitherapy is defined and analyzed from a historical point of view. Furthermore, its role in medical systems such as homeopathy, Traditional Chinese Medicine and Ayurveda is summarized.

The theoretical frame gives information about carefully chosen theories, that were used in order to understand apitherapeutical knowledge and practices from a social and cultural perspective. Thus, the phenomenon of apitherapy is viewed with reference to Arthur Kleinman's model of health care systems, anthropology of *materia medica* and medical pluralism. Furthermore, it is essential to gain deeper insights into health knowledge, its exchange (orally, texts, books, new media, etc.) and development. Today's zeitgeist also requires to take the impact of globalization on health knowledge into account. Meaning response, better known as placebo effect, is also a central concept to be dealt with, as there is no cure without it. No matter how effective a certain substance is, a certain percentage is always due to meaning response.

My thesis goes on describing the methods of research and the sample of interviewees. I used concepts of Grounded Theory, participatory observation, semi-structured interviews and data analysis with respect to Mayring's Qualitative Content Analysis.

Then the results are presented in two different chapters. The first deals with the ethnographic data collected on the actual use of bees and bee products by apiarists and their family members. It is followed by a discussion about beekeeping being a potentially wholesome activity and the role of meaning and meaning response. The second chapter deals with health knowledge and practice among the sample, its interconnection and interdependence. Arthur Kleinman's model of health care systems was used as a tool

of analysis. At the same time, it was tested whether it was applicable to apitherapy in the chosen research area. While it was certainly a useful framework to get in-depth and structured insights, it was also found to be in need of improvement. The current zeitgeist requires a less stringent classification.

Finally, the conclusion sums up the answers to the research questions. Furthermore, a suggestion of improvement of Kleinman's model was generated, in order to cope with the current spirit of time.

¹ See chapter 5.1.1 "[Popular sector](#)" (p. →)

² See chapter 5.1.3 "[Folk sector](#)" (p. →)

³ See chapter 5.1.2 "[Professional sector](#)" (p. →)

⁴ See chapter 5 "[Theoretical frame](#)" (p. →)

⁵ It is regarded more accurate to talk about medicines rather than medicine, please see 5.3 "[Medical pluralism](#)" (p. →) for further information.

2 Research Questions

Do beekeepers and their families use bees and bee products to treat illnesses and maintain health?

- If yes: How are bees and bee products used to maintain and/or restore health?

Is health knowledge amongst bee keepers and their families, thus health knowledge of the popular sector, interconnect and/or interdependent with other health sectors (folk and professional sector)

- What are the sources of health care knowledge of bee products and bees?
- How is information about apitherapy shared?
- Is health knowledge of beekeepers and their family members similar to apitherapeutical knowledge in biomedicine? Thus, is it possible to understand apitherapeutical practice amongst beekeepers and their families from a biomedical point of view?
- Do findings of contemporary biomedical research on apitherapeutical methods and medical knowledge of Austrian beekeepers correlate?
- What is the role of folk medicine in apitherapy?

Is Arthur Kleinman's model still applicable?

- Is Arthur Kleinman's model generally applicable to apitherapy?
- Does today's spirit of time (new media, globalization,...) require a new model?

3 Definition of key terms

In order to clarify the key terms used in this thesis it is essential to define them first. Yet the definitions of **apitherapy and health knowledge** are to be found and discussed in chapter 4 “[What is apitherapy?](#)” (p. →), and in chapter 5.4 “[Health knowledge](#)” (p. →).

3.1 Biomedicine, “western medicine” or allopathic medicine

Kirch’s (2008a:1458) defines “**western medicine**” as following:

“Western medicine refers to medicine practices that developed in western world since the early Renaissance period (around 1450) and that are still practiced by majority health care systems throughout the world. Western medicine is also called biomedicine, allopathic medicine or the Hippocratic tradition. It is opposed to various medical practices that have also developed in the Western world, primarily in terms of scientific basis.”

However, Hörbst and Wolf argue that the terms “western”, “modern”, “scientific”, “school” or “cosmopolitan” medicine are based on an ethnocentric perspective. As a consequence the term “**biomedicine**” was introduced to the medical anthropological debate.

According to them biomedicine bases its knowledge and actions on biology, physiology and pathology.

They therefore defined biomedicine as:

Eine Medizin, deren Wissens- und Handlungsspektrum auf der Grundlage der Biologie, Physiologie sowie Pathologie beruht. Der Begriff Biomedizin wurde in Abgrenzung zu ethnozentrischen Begriffen wie westliche, moderne, wissenschaftliche, Schul- oder kosmopolitische Medizin in die medizinethnologische Debatte eingeführt. (Hörbst and Wolf 2011:240)

In this thesis the terms **“biomedicine”** and **“allopathic medicine”** are used interchangeably according to Hörbst’s and Wolf’s definition. The term **“western medicine”** makes little sense geographically and arises from an ethnocentric perspective. Nevertheless, it is widely used and understood. Therefore it is used, but solely put in quotation marks.

The expressions “school”, “scientific” and “cosmopolitan medicine” are deliberately left out, as they are not as commonly used as “western medicine” and intolerably misleading. Biomedicine is one out of many that needs schooling to be practiced. Scientific medicine is misleading because it carries a connotation of being the “real” medicine out of scientific proof. Yet scientific proof can also be found in non-western medicines. Furthermore, biomedicine is only based on some sciences, mainly biology, physiology and pathology. It is NOT based on science as a total. Sciences is more than natural sciences, it includes social sciences, arts and humanities, economics, engineering and more. Thus the term “scientific medicine” is misleading. “Cosmopolitan medicine” assumes biomedicine being the only medicine used internationally, which is of course not the case. Popular examples of internationally used medical systems are TCM or Ayurveda.

3.1.1 Evidence based medicine (EBM)

EBM is a way of dealing with biomedicine. Decisions are made according to the best scientific proof available, preferably double blind studies.

It has actually existed for centuries, but in the 1970 Archie Cochrane was the first who stressed the importance of randomized clinical trials. In 1992 the term “evidence based medicine” appeared in medical literature for the first time (Kirch 2008a:415).

One of the most commonly used definitions is:

Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. (Sackett et al. 1996:71)

However, this systematic decision making has its weaknesses too. Critics state milder medicines are seen as less good as more potent ones, even though those ones often also have more and stronger side effects. They doubt that statistical proof is a suitable measure because it is designed for an “average person”. Furthermore statistics can easily be manipulated and even if a correlation is found it is still no proof of causation. (Ivanovas 2004:141-147)

3.2 Complementary and alternative medicine (CAM)

The World Health Organization’s (WHO) definition of complementary and alternative medicine (CAM) is as following:

The terms “complementary medicine” and “alternative medicine” are used interchangeably with “traditional medicine” in some countries. Complementary/alternative medicine often refers to traditional medicine that is practised in a country but is not part of the country’s own traditions. As the term “complementary” and “alternative” suggest, they are sometimes used to refer to health care that is considered supplementary to allopathic medicine. However, this can be misleading. In some countries, the legal standing of complementary/alternative medicine is equivalent to that of allopathic medicine, many medical practitioners are certified in both complementary/alternative medicine and allopathic medicine, and the primary care provider for many patients is a complementary/alternative medical practitioner. (World Health Organization 2001:1)

Cant and Sharma (1999:5) state that using plural - so alternative “medicines” - makes more sense as there are various forms. Therefore, alternative medicines should not be treated as a single category. They use the term...

“... to refer to forms of healing that depend on knowledge based distinct from that of biomedicine and which, as such, do not share the special legitimation that the state has conferred upon biomedicine.” (Cant and Sharma 1999:5)

Most alternative medicines can be assigned to one of the following five categories⁶ according to their origin:

1. Those forms of healing that came into being before or simultaneously with modern biomedicine. Examples are European herbalism, phytotherapy, homeopathy and non-professionalized “folk” healing.

2. Medicines that were invented during the period of medical individualism. In the late nineteenth and early twentieth century chiropractic, osteopathy or radionics developed in America, when licensing laws were not as strict as they are today.
3. Healing traditions that developed in central Europe in the context of health spas. Probably the best known form is naturopathy.
4. Medicines (mainly eastern and oriental) imported to “the west” by “westerners”. Acupuncture is a well-known example.
5. Medicines imported to “the west” by immigrants. Examples are Ayurveda, Chinese herbal medicine and numerous spiritual or ritual healing traditions. While some are little known outside its ethnical group, others became rather popular.

Furthermore, Cant and Shaman (1999:3) propose to include ‘lay’ people’s health care services to the range of alternative medicines. I agree to that. Using home remedies and prescription-free medicines as treatments is without doubt an alternative to seeing a doctor, when successful. According to Kleinman (1980:50) roughly 70 to 90 percent of all illness episodes are managed solely in the popular sector. Thus an overwhelming percentage of all illnesses are successfully treated by “lay” people.

If home remedies are used in addition to biomedicine I see it as a complementary treatment. The therapeutic options within the public sector⁷ don’t only include home remedies, but also readymade products such as cough sweets, vitamins or bath essences and drugs sold prescription-free in pharmacies. Furthermore, certain diets, foods, sports or