

Apitherapy Congress Bad Königshofen 2026 – what remains in the “knowledge hive”?

The International Apitherapy Congress 2026 in Bad Königshofen was like a well-managed beehive: many specialised “bees” – researchers, doctors, beekeepers, therapists – brought their own nectar of data and experience, and the result was a dense “honey” of science, practice and economics. It became clear that modern apitherapy is leaving the realm of purely traditional, experience-based medicine and emerging as a connected field touching oncology, immunology, neurology, pulmonology, metabolic medicine and integrative medicine – while preserving a healthy “swarm intelligence” of critical self-reflection.

Below is a summary of selected contributions – written for practitioners, medically minded beekeepers and interested lay readers.

Propolis in oncology: the “kit resin” in the tumour microenvironment

Several lectures portrayed propolis as an immunological kit resin: not something that just seals everything off, but a finely tuned agent working at specific cracks and junctions of carcinogenesis.

- **Neuro-oncology and immunomodulation**
The group led by Małgorzata Kłósek (Poland) investigated ethanolic extract of Brazilian green propolis (with artemillin C as a key marker) on an astrocytic glioma cell line under inflammatory and hypoxic conditions – a sort of “tumour hive climate” that resembles the real microenvironment. They analysed cytokine profiles and cell viability. The takeaway: Brazilian green propolis may have a future role as an immunomodulator in combination therapies for gliomas. This is not “harvested honey” yet in the form of clinical efficacy data, but it is a clear step towards preparing the “brood chamber” for future neuro-oncological strategies.
- **The broader anticancer spectrum of propolis**
Anna Kurek-Górecka highlighted that propolis in oncology is more like a diverse flower meadow than a single crop: green, red, Brazilian brown and European poplar-type propolis all differ in composition. Components such as chrysin, galangin, quercetin, CAPE and artemillin C act on key tumour pathways – cell cycle, apoptosis, angiogenesis, inflammatory signalling and multidrug resistance. Propolis emerges as a “multi-dimensional swarm” of bioactive substances working at several levels of carcinogenesis.
- **Cancer chemoprevention with propolis and honey**
Prof. Abdurrahim Kocyigit outlined a three-stage “swarm response” to cancer. Polyphenol-rich bee products seem to act in a dose-dependent way: at low doses

mainly antioxidative (initiation phase), at medium doses immunomodulatory (promotion phase), and at very high doses pro-oxidative with potential contribution to tumour cell death (progression phase). Instead of glorifying propolis and honey as one all-purpose “miracle nectar”, he emphasised timing, dosage and context – just as a good beekeeper knows that not every nectar flow suits every colony at every time of year.

Bee venom and beehive air: controlled “defence reactions” as therapy

Bee venom and beehive air were presented as forms of “swarm defence” redirected into medicine – targeted, dosed and with a clear respect for risks.

- **Case-based bee venom therapy**
Dr Antje Jäger-Hundt used cases of rhizarthrosis and multiple sclerosis to show how she gradually increases micro-stings – from a few bees per session to double-digit numbers, similar to carefully widening the hive entrance while watching closely. Local reactions are to be expected; systemic complications must be monitored. These cases do not replace large clinical trials, but they reveal what “hive management” looks like in bee venom therapy: indication, dose adjustment, follow-up and careful attention to contraindications.
- **Beehive air for respiratory and Long COVID complaints**
In the second part of her lecture, beehive air was discussed as the “indoor climate of the colony” offered to humans: warm and humid, enriched with volatile components from wax, propolis and honey. Indications ranged from asthma, COPD, hay fever and sinusitis to post- and Long COVID, anosmia, headaches and fatigue. The mechanism is likely multi-layered: breathing pattern, autonomic regulation and antimicrobial/anti-inflammatory volatiles. Methodologically, she was refreshingly modest: many improvements are still more like “beekeeping experience” – subjectively clear, but objectively (spirometry, FeNO, exacerbation rates, medication use) not yet documented systematically enough. The honest message: we need more structured observational data and studies here.
- **Rheumatic disease: 150 years after Terč – revisiting the “old hive”**
Thomas Porschberg re-opened the historical “bee box” of Dr Filip Terč and examined what stands up to modern rheumatology. He clearly distinguished between autoimmune rheumatoid arthritis and degenerative osteoarthritis. Bee venom may play different roles in these “disease colonies” – more immunomodulatory in RA, more anti-inflammatory in osteoarthritis. At the same time, he stressed how thin the clinical evidence still is and how much of the modern support comes from animal models and Asian research. The field is in

need of a thorough “Varroa treatment” of its evidence base – critical review, removal of weak combs and careful rebuilding with modern trials.

Honey, metabolism and wound care: when honey becomes truly therapeutic

Several contributions showed honey as a matured “medical honey”, not just a sweetener.

- **Honey in wound care**
Matthias Holeiter presented striking picture sequences of infected, chronic and slow-healing wounds, burns, ulcers and abscesses treated with honey. Antimicrobial action, wound debridement, anti-inflammatory effects, detoxification, scar limitation and the maintenance of a moist wound environment were not abstract claims here, but stepwise documented developments – much like watching a weakened colony slowly regain strength under good management and appropriate feeding. The message: properly used medical honey is more than a home remedy; it has a rightful place in clinical practice.
- **Diabetes, obesity, gout: honey as “intelligent forage”**
Dr Stefan Stangaciu addressed metabolic diseases such as type 2 diabetes, obesity and gout. His central message: honey – if used at all – should replace other sugars rather than being added on top. His concepts touched insulin sensitivity, oxidative stress, gut microbiota, lipid profile and kidney protection. Honey here is more like a carefully selected forage source for a sensitive colony: the context determines whether “feeding” is healing, neutral or overloading.
- **Nutrition-oriented apitherapy: “colony nutrition” for everyday life**
Gertraud Heidinger illustrated how honey, propolis, pollen, bee bread and oxymel can be used as “family colonies” of prevention. Oxymel with herbs such as nettle or spruce tips was presented as an easy-to-make companion for digestive issues, rheumatic complaints, respiratory infections and microbiome support. Her message: nutritional apitherapy is not a “queen-rearing programme for the elite”, but can serve as a grounded, well thought-out family pharmacy – with respect for limitations and without miracle claims.

Beehive, frequencies and evolution: quality grows in the “ecosystem colony”

The Congress also showed that anyone serious about apitherapy must consider the whole “bee colony ecosystem” – from hive climate and acoustic frequencies to the evolutionary role of pollinators.

- **Hive design and climate: quality starts in the brood chamber**
Andreas Heidinger argued that therapeutic quality starts not at the jar, but in the hive: humidity, temperature, hive architecture, mould risk, disease pressure and feeding all shape the products that will later be used in apitherapy. He presented a round hive with optimised ventilation and an “igloo-style” entrance aimed at reducing heating demand, winter feed consumption and condensation – thereby lowering mould and quality loss, and potentially producing more stable, lower-moisture honey. He also introduced the use of “bee frequencies” and bee-headphones, bringing the colony’s buzzing into relaxation, meditation and emotional regulation. Much of this is still exploratory, but apiculturally consistent: the “sound of the colony” is taken seriously as part of the healing system.
- **Evolution, hormones, fertility: the “Big Bang nectar” of life**
Dr Sabine Räker-Oese drew a wide arc from cosmic and biological evolution through pollination and sexual selection to human endocrine regulation. Royal jelly, pollen, bee bread and honey were discussed as potential supporters of cellular metabolism, mitochondrial function, mucosal regeneration, hormonal balance and fertility-oriented nutrition – more like a long-term support and maintenance system for the “human colony” than a quick fix. Crucially, she explicitly debunked the romantic myth that female beekeepers are automatically healthier or more fertile: there is no solid evidence for that. This deliberate dismantling of a nice-sounding metaphor actually strengthens the credibility of apitherapy.

Economics and structure: without strong beekeeping, there is no therapeutic “honey super”

A central question at the Congress was how medically relevant bee products can be safeguarded in the face of a stressed global honey market.

- **Business structure in times of collapsing honey prices**
Uwe Jansen highlighted that apitherapy can only be as strong as the beekeeping operations it relies on. High import volumes, adulterated “cheap honey”, low prices and insufficient consumer awareness threaten precisely those beekeepers who could supply apitherapeutically relevant quality. He proposed a four-pillar model:
 - internal structure (clear roles, ongoing education, mindset),
 - external structure (direct sales, cooperation),
 - strategic orientation (clear quality identity, specialisation),
 - and communication (transparency, case examples, awards).
 The message: anyone working in the therapeutic bee arena must run their

business like a well-organised hive – with clear division of labour, stable provisioning and an entrance that is managed consciously.

Conclusion: apitherapy as a living “knowledge colony”

The Bad Königshofen Congress portrayed apitherapy as a living “knowledge colony”:

- the “brood chamber” of laboratory research (e.g. propolis and gliomas),
- the “honey super” of clinical practice (bee venom, beehive air, wound honey, metabolic use),
- the “comb corridors” of everyday nutrition (oxymel, pollen, bee bread),
- and the “flight zone” of beekeeping economics, hive engineering and public communication.

What unites all of this is an effort to take traditional beekeeping experience seriously without romanticising it – to spin it like raw honey in a centrifuge of modern methodology, critical review and interdisciplinary exchange. The resulting “Congress honey” is rich in ideas, not yet fully crystallised everywhere, but with a clearly recognisable direction.

More information on the Congress and on the work of the German Apitherapy Association (Deutscher Apitherapie Bund) can be found at www.apitherapie.de – the central “flight entrance” for apitherapy in Germany.