Antimicrobial Properties of Honey

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Honey has been widely accepted as food and medicine by all generations, traditions, and civilizations, both ancient and modern. For at least 2700 years, honey has been used by humans to treat a variety of ailments through topical application, but only recently have the antiseptic and antimicrobial properties of honey been discovered. Honey has been reported to be effective in a number of human pathologies. Clinical studies have demonstrated that application of honey to severely infected cutaneous wounds rapidly clears infection from the wound and improves tissue healing. A large number of in vitro and limited clinical studies have confirmed the broad-spectrum antimicrobial (antibacterial, antifungal, antiviral, and antimycobacterial) properties of honey, which may be attributed to the acidity (low pH), osmotic effect, high sugar concentration, presence of bacteriostatic and bactericidal factors (hydrogen peroxide, antioxidants, lysozyme, polyphenols, phenolic acids, flavonoids, methylglyoxal, and bee peptides), and increase in cytokine release, and to immune modulating and anti-inflammatory properties of honey; the antimicrobial action involves several mechanisms. Despite a large amount of data confirming the antimicrobial activity of honey, there are no studies that support the systemic use of honey as an antibacterial agent.

Keywords: honey, honeybee, antimicrobial, antifungal, antiviral, antimycobacterial

INTRODUCTION

Honey has a very long history of human consumption—as the oldest sweetener and health food. As far back as 5500 BC, honey was mentioned in the writings of Egypt, India, and China. The importance of honey for human use is described in several classical texts of ancient Greece, such as Homer's Iliad and the Odyssey, and in the philosophical texts of Plato, Aristotle, and others. The use of honey in therapy is described in 5000-old Egyptian writings: Papyrus Ebers is full of praises of the curative properties of honey. Honey has been used in Ayurvedic medicine in India for at least 4000 years. The therapeutic use of honey in wound healing is recorded on a Sumerian clay tablet

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(c. 2500 BC), and it can also be traced to the Chinese Xin dynasty (c. 2000 BC). Physicians of ancient times, such as Aristotle (384–322 BC), Aristoxenus (320 BC), Hippocrates (c.460-c. 370 BC), Cornelius Celsus (early first century AD), Dioscorides (c. 50 AD), Galen (c. 129–200), Porphyry (c. 234–c. 305), and Arab physicians El Mad Joussy and El Basry, have referred to the healing qualities of honey. In India, Persia, Arabia, Assyria, Greece, and in the Roman Empire, honey was much in demand as a remedial agent for internal and external use.¹⁻⁴ The nutritional and medicinal qualities of honey have been documented in the Hindu, Greek, Roman, Jewish, Christian, Islamic, and other faiths and cultures. In the Bible, the word "honey" appears 61 times in the various books (eg, Exodus 33, 3; Judges 14, 8: Proverb 24, 13; Mathew 3, 4), giving importance to honey, but mostly in the context of nutritional food and indirectly as a healing substance ("Gracious words are like a honeycomb, sweetness to the soul and health to the body." Proverbs **16**:24).⁵ However, the Talmud mentions the use of honey in nutrition and treatment of wounds and several pathologies. In Islam, honey has a special significance because Muhammad strongly recommended honey for healing

The author has no financial/conflicts of interest to declare.

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("Honey is a remedy for every illness ...;" Bukhari), and the Qur'an promotes honey as a nutritious and healing food:

And thy Lord inspired the (female) Bee to build its cells in hills, on trees, and in (men's) habitations (and in the trellises) which they build; then to eat of all the produce of the earth, and find with skill the spacious paths of its Lord: there issues (secreted) from within their bodies a drink (fluid) of varying colors, wherein is healing for mankind: verily in this is a Sign for those who give thought (ponder or reflect). (The Holy Qur'an, 16:68–69).

PRODUCTS OF HONEYBEE

A number of substances are secreted from various glands of the body of the honeybee (Figure 1); these include honey, royal jelly, bee pollen, propolis, beeswax, bee venom (apitoxin), and pheromones. All of these substances have been reported to possess medicinal properties.

PROPERTIES AND COMPOSITION OF HONEY

Honeybees (female) suck flower nectar (via proboscis = tubelike tongue), mix it with saliva and enzymes, and store it in a honey sack; the mixture is then regurgitated into cells and dried to about 16% moisture and stored

as a primary food source for the bees. Interestingly, the honeybee is the only insect that produces food eaten by humans. Although honey for human consumption is produced mainly by *Apis mellifera* (and subspecies, such as *A. mellifera caucasica*, *A. m. carnica*, *A. m. anatolica*, *A. m.ssp.sicula*, etc), other species such as *A. andreniformis*, *A. caucasica*, *A. cerana*, *A. dorsata*, *A. florea*, *A. indica*, and *A. ligustica*; *Plebeia wittmanni*, *Tetragonisca angustula fiebrigi*, and *Trigona carbonaria* also make honey.

The composition, physicochemical properties, and flavor of honey vary with the floral source used by the honeybees (such as acacia, almond, apple, aster, avocado, basswood, black seed, blueberry, bluegum, buckwheat, cassia, chestnut, citrus, clover, codonopsis, cotton, cranberry, dandelion, eucalyptus, fireweed, gelam, goldenrod, gossypium, grapefruit, heather, honeysuckle, jujube, lavender, lemon, lime, linden, longan, loquat, lychee, mango, manuka, medlar, milkvetch olive, orange, pincushion, pine, poplar, prickly pear, rape, sage, sourwood, sunflower, thistle, thyme, tualang, tupelo, ulmo, vetch, willow, wolfberry ziziphus, etc), as well as regional and climatic environment (such as temperature, rainfall, etc) and storage conditions. 7-11 According to the National Honey Board, "there are more than 300 unique types of honey available in the United States, each originating from a different floral source."

Various honeys differ in physicochemical parameters, such as moisture (15.6%; range, 15.0%–17.3%), pH (3.9; range, 3.2–4.5), total acidity (29.12 meq/kg; range, 8.68–59.49 meq/kg), density, dynamic viscosity,

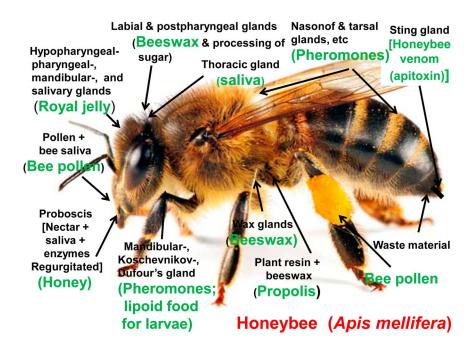


FIGURE 1. Secretions of the honeybee.

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American Journal of Therapeutics (2014) 21(4)

refractive index, electrical conductivity, and color, as well as relative amounts of reducing and nonreducing sugars, total sugars, water insoluble solids, mineral composition, 5-hydroxymethylfurfural content, and diastase value, etc. ^{12–16} Honey, called the most energy-dense food in nature, has a low glycemic index (40, range, 31–78). ¹²

Honey has been reported to contain about 600 compounds, 17 including a number of carbohydrates [the sweetness is contributed mainly by fructose (about 38.5%) and glucose (about 31.0%); other carbohydrates include erlose, gentiobiose, isomaltose, isomaltotriose, 1-kestose, 6-kestose, kojibiose, maltose, maltotetraose, maltotriose, maltulose, melibiose, melizitose, nigerose, palatinose, panose, raffinose, sucrose, theanderose, trehalose, and turanose], proteins, arabinogalactan proteins, lipids, and minerals (boron, calcium, chloride, fluoride, iron, magnesium, phosphate, potassium, sodium, and sulfur), as well as trace elements (aluminum, boron, bromine, cadmium, chromium, cobalt, copper, iodine, manganese, molybdenum, nickel, selenium, silicon, vanadium, and zinc). It also contains vitamins [A, B₁ (thiamine), B₂ (riboflavin), C (ascorbic acid), B_3 (niacin), B_5 (pantothenic acid), and B_6 (pyridoxine), D, E, H (biotin), K, and folic acid], choline, acetylcholine, 18 free amino acids (including α -alanine, β-alanine, asparagine, gamma-aminobutyric acid, glutamine, glycine, histidine, leucine, lysine, ornithine, phenylalanine, proline, serine, threonine, tryptophan, valine, etc), β-carotene, lycopene, hormones, enzymes (acid phosphorylase, amylase, catalase, diastase, glucose oxidase, α-glucosidase, glycogenase, inulase, invertase, lipase, myeloperoxidase, peroxidase, phophatase, polyphenol oxidase, sucrase, and superoxide dismutase), antioxidants [polyphenols, pinobanksin, coumarin, and flavonoids (acacetin, apigenin, biochanin, caffeic acid, caffeic acid phenethyl ester, catechin, chrysin, galangin, genistein, hesperetin, kaempferol, luteolin, myricetin, naringenin, pinocembrin, pinostrobin, quercetin)], organic acids (acetic, butyric, caproic, citric, ferulic, formic, gluconic, lactic, maleic, malic, 2-methylheptanoic, nonanoic, octanoic, oxalic, palmitic, phthalic, propionic, pyroglutamic, succinic, and valeric acid), phenolic acids and phenolic acid derivatives (benzoic, p-hydroxybenzoic, caffeic, chlorogenic, trans-cinnamic, p-coumaric, ellagic, gallic, and syringic acid), acetophenone, benzaldehyde, p-cymene derivatives, a large number of pheromones [such as isopentyl acetate, butyl acetate, 1-hexanol, n-butanol, 1-octanol, hexyl acetate, octyl acetate, *n*-pentyl acetate, and 2-nonanol ethyl oleate (E)-9-oxodec-2-enoic acid, (R,E)-(-)-9-hydroxy-2-enoic acid, methyl-p-hydroxybenzoate, 4-hydroxy-3-methoxy phenylethanol, methyl oleate, coniferyl alcohol, linolenic acid, etc], 2-heptanone (an anesthetic),

American Journal of Therapeutics (2014) 21(4)

hydroxyketones, methylsalicylate, methyl syringate, reduced glutathione, terpenoid glycosides, volatile compounds [p-anisaldehyde, benzaldehyde, 5-hydroxymethylfurfural, 3-furaldehyde, hexanal, hydroxymethyfurfural, limonyl alcohol, linalool, (E)-β-ocimene, octen-3-ol, and 4-propylanisol], aroma compounds (odorants) [eg, (E)-β-damascenone, 3-phenylpropanoic acid, phenylacetic acid, dimethyl trisulfide, kynurenic acid (an NMDA receptor antagonist), and phenylacetaldehyde, etc], nitric oxide and its metabolites, probiotic bacteria (6 species of lactobacilli and 4 species of bifidobacteria), and antibiotic peptides (abaecin, defensin-1, apidaecin, and hymenoptaecin). 7,18-62 Because honey also contains some propolis, bee pollen and wax, compounds contained in these substances (such as aromatic acids including benzylcinnamate, caffeic acid, cinnamylcinnamate, cinnamoylglycine, methycinnamate, terpenoids, flavonoids, etc), may also be found in honey.^{55,63}

Honey ("mad honey") produced from flowers of oleander, rhododendron, mountain laurel, sheep laurel, and azaleas contains grayanotoxin—diterpenoids and pyrrazolidine alkaloids; its consumption may cause serious adverse effects. 64-66 Monofloral honey from almond blossoms is bitter as it contains amygdalin. Some environmental contaminants (heavy metals, pesticides, antibiotics) and microorganisms may also be present in honey 57,67,68 and may pose safety concerns.

MEDICINAL USES OF HONEY

Honey has been shown to have antiarrhythmic, antiatherogenic, antibacterial, anticancer, antidiabetic, antifungal, anti-ischemic, anti-inflammatory, antileishmanial, antimicrobial, antimutagenic, antioxidant, antiparasitic, antiplatelet, antiproliferative, antithrombotic, antitumor, antiviral, and immunostimulant and vasorelaxant activity; it also has antihypertensive, cardioprotective, diuretic, gastroprotective, hepatoprotective, hypocholesterolemic, hypoglycemic, neuroprotective, and metalchelating effect. ^{11,14,27,31–33,39,42,43,56,69–125}

Honey has been reported to be of benefit in a large number of human pathologies including allergy, asthma, bronchitis, common cold, flu, hay fever, nasal congestion, rhinitis, sinusitis, upper respiratory infections, sore throat, cough, fatigue, anxiety, migraine (stress related), cuts, lacerations, burns, wounds (venous, arterial, diabetic, malignant), pressure ulcers, malignant ulcers, perianal and gluteofemoral fistulas, bed sores, adult and neonatal postoperative infections, necrotizing fasciitis, pilonidal sinus, insect bites, infections (bacterial including antibiotic-resistant strains and fungal), septicemia, conjunctivitis and other eye

diseases, endophthalmitis, acne, chronic seborrheic dermatitis, dandruff, eczema, psoriasis, inflammation, gingivitis, stomach ache, stomach ulcers, digestive disorders, constipation, vomiting, diarrhea, colitis, dehydration, diabetes, osteoporosis, insomnia, chronic fatigue syndrome, anemia, hypertension, immune disorders, multiple sclerosis, cardiovascular disease, hepatitis, tumors, cancer, and radiation/chemotherapyinduced oral mucositis. 2,81,87,91,93,94,96,104,106,108,114,126–161 Honey is also used in skin moisturizers and hair conditioners. 162

MODE OF ADMINISTRATION OF HONEY IN HUMANS

Honey, as a therapeutic agent, has been administered by the following routes:

Oral (selected studies): (1) honey ingestion decreased the symptoms of hepatitis A^{133} and hepatitis B^{122} ; (2) controlled increased gastric acidity¹³³; (3) improved hematological parameters¹⁰¹; (4) at a dose 1.2 g/kg in 250 mL of water for 15 days, honey decreased serum prostaglandin levels (thromboxane B2, prostaglandin E_2 , and prostaglandin F_{2a}) in 12 healthy volunteers ¹⁶³; (5) increased antioxidants, serum iron and blood indices, and trace elements and decreased immunoglobulin E, liver and muscle enzymes, and fasting blood sugar in 12 healthy subjects 138; (6) 75 g of honey ingestion decreased blood pressure in hypertensive patients¹³⁷; (7) ingestion of honey (75 g in 250 mL of water) for 2 weeks decreased plasma glucose levels in 7 patients with type 2 diabetes⁸¹ and reduced cardiovascular risk factors [reduced total cholesterol, low-density lipoprotein (LDL) cholesterol, triglycerides, homocysteine, and slightly increased high-density lipoprotein (HDL) cholesterol in 6 patients with hypercholesterolemia and 5 patients with hypertriglyceridemia] and also reduced levels of C-reactive protein, a marker of systemic inflammation; (8) honey (80 g in 250 mL of water) given at night to healthy volunteers (n = 12) increased total excretion of nitrite, decreased prostaglandin E_2 , $F_{2\alpha}$, and thromboxane B_2 in urine 164 and increased nitrite in saliva and plasma¹⁴³; (9) sucking on honey-based products (for 10 minutes, 3 times a day for 21 days) decreased dental plaque and gum bleeding in 30 volunteers¹⁴⁴; (10) administration of medical honey (in 30 patients with cancer receiving chemotherapy with grade 4 neutropenia) decreased the risk of pancytopenia and the need for treatment with colony-stimulating factors in 5 of 12 patients¹⁶⁵; (11) 8 weeks of honey ingestion decreased blood pressure, body weight, LDL-cholesterol, triglycerides, and increased HDL-cholesterol in patients with type 2 diabetes $(n = 48)^{91}$; (12) ingestion of 70 grams of honey per day for 30 days improved cardiovascular risk factors (decrease in total cholesterol, LDL-cholesterol, triglycerides, C-reactive protein, and fasting blood glucose, and a small increase in HDL-cholesterol) in overweight obese individuals (n = 38), with no effect on body weight¹⁶⁵; (13) when ingested, honey promotes healing and shows antibacterial action by decreasing prostaglandin levels, elevating nitric oxide levels, and exerting prebiotic effects^{163,164}; (14) administration of several types of honeys (20 g/d for 4 weeks) to healthy volunteers (n = 20) did not result in adverse side effects (no change in serum IgG levels, advanced glycation end products, or gut microbial profile)¹⁶⁶; (15) 1 teaspoonful of honey with 2 g of Nigella sativa seeds daily for 3 months improved pulmonary, hepatic, and renal functions in 5 asthmatics and 22 nonasthmatics, with no adverse effects¹⁴⁸; (16) in 30 patients with common cold, honey (50 g) administration, along with classic therapeutic regimen (acetaminophen, naproxen, and chlorpheniramine), decreased the duration of signs and symptoms than in the control group 146; (17) children with acute diarrhea (n = 200) recovered quickly when given honey 150; (18) honey (20 g/d) given for 16 weeks improved immediate memory in healthy postmenopausal women (n = 40)¹¹²; (19) in a randomized, partially double-blind clinical trial in 105 children, aged 2-18 years, who suffered from upper respiratory infections receiving no treatment, honey or honey-flavored over-the-counter cough suppressant, those treated with honey had fewer symptoms, including bothersome cough frequency, throat irritation, and child and parent sleep quality. 167 This study was deemed significant, 168 and a recommendation was made to use honey in pediatric patients with cough due to upper respiratory infection because of the low cost, relatively low adverse effect profile, and potential benefit¹⁶⁸; (20) a single 2.5 mL dose of honey before sleep in children (n = 38) with upper respiratory infection-induced cough improved cough frequency score, and sleep quality better than dextromethorphan or diphenhydramine¹⁴⁷; (21) in 300 children (1–5 years of age) with upper respiratory infection and nocturnal cough, a single dose of honey (10 g) given 30 minutes before bedtime produced symptomatic relief from cough and sleep difficulty.157

Topical (selected reports): (1) Honey has been applied topically to wounds, burns, etc (see below); (2) application of honey in the mouth (10 volunteers) decreased total bacterial count and *Streptococcus mutans* in saliva¹⁶⁹; (3) topical application of honey was equivalent to or better than acyclovir for providing symptomatic relief in the treatment of recurrent herpes simplex lesions (labial and genital) in 16 patients, ^{139,170} as well

American Journal of Therapeutics (2014) 21(4)

as various dermal fungal infections¹⁴¹; (5) rubbing on the gums suppressed gingivitis and reduced dental plaques^{144,171}; (6) topical application of honey (90% in water) twice a week for 4 weeks in patients (n = 30) with chronic seborrheic dermatitis resulted in reduced itching, scaling, and hair loss and reduced relapse¹⁷²; (7) application of a mixture of honey, olive oil, and beeswax was effective for treatment of diaper dermatitis, psoriasis, eczema, skin fungal infection, hemorrhoids, and anal fissure 173,174; (8) topical application of honey in children (n = 50) with *Tinea capitis* and T. versicolor markedly improved erythema, desquamation, and pruritus 175; (9) application in the mouth was effective in the treatment of chemotherapy-induced oral mucositis (n = 30 children with leukemia)¹⁷⁶; (10) in a meta-analysis of controlled trials (n = 120 patient), honey had protective effects against radiation-induced oral mucositis (an overall relative risk reduction of 80% in the honey treatment group compared with the control)¹⁷⁷; (11) a cream containing honey was more effective in preventing radiationinduced dermatitis in patients with breast cancer (n = 43) compared with standard aqueous cream $(n = 38)^{178}$; (12) application at the exit site prevented catheter-associated infections in patients undergoing peritoneal dialysis.¹⁷⁹ or hemodialysis.¹⁸⁰

Intranasal: Of 34 patients with allergic fungal sinusitis, resistant to conventional medical treatment, who sprayed 1 nostril with 2 mL of a 50/50 mixture of honey saline solution once a day at night for 30 days, 9 showed symptomatic benefits. ¹⁸¹

Intraocular: Direct application of honey in the eye cured some of the ocular diseases¹²⁸ and acted as a prophylactic agent in the prevention of endophthalmitis (n = 49 patients) before ophthalmic surgery¹⁵⁶; application in the infected eyes of patients with conjunctivitis reduced redness, swelling, pus discharge, and time for eradication of bacterial infections because of all the isolates tested.¹⁴⁰

Intravaginal: (1) Application of honey to the vagina and cervix in women (n = 108) with precancerous lesions of the uterine cervix for 3 months resulted in 95% of the patients with normal pap smears¹⁸² and (2) honey alone (n = 15) or with clotrimazole (n = 30) for 7 days resulted in complete alleviations of symptoms and signs of vulvovaginitis. Pregnant women with vulvovaginal candidiasis (n = 82) who received a mixture of honey and yogurt vaginally had a high clinical cure rate and a reasonable mycological cure rate, suggesting that the mixture can be used as complementary or an alternative to antifungal agents, especially during pregnancy. ¹⁸⁵

Intrapulmonary administration (by inhalation): 60% honey solution (24 healthy subjects, 16 patients with

American Journal of Therapeutics (2014) 21(4)

type 2 diabetes, and 6 patients with hypertension) deceased fasting and postprandial blood glucose levels, increased plasma insulin and C-peptide, reduced systolic and diastolic blood pressure, and increased peaked expiratory flow rate, with no adverse effects. ¹³⁷

Intravenous injection: (1) Intravenous administration of honey solution did not cause serious adverse effects¹³⁸ and (2) a total of 1300 injections of honey solution (2%–40% in water) administered to 90 adults (10 healthy individuals and 80 patients with type 2 diabetes, hepatitis C, or allergic disorders, 16–67 years of age) resulted in improvement of symptoms without serious adverse effects (AbdulRhman MAM—presented at the First International Conference on Api—Phytotherapy, Fez, Morocco, May 18–20, 2012).

Intraarticular injection: a case report of a 56-year-old patient with osteoarthritis resistant to pharmacological management received 35 injections (5 mL of 5%–30% honey solution) over a period of 2 years; the symptoms resolved without serious adverse effects (AbdulRhman MAM—presented at the First International Conference on Api—Phytotherapy, Fez, Morocco, May 18–20, 2012).

Nebulization: administration of honey solution (2.5%–5% in water) to 340 infants and children (mean age, 2.5 years) with mild–severe asthma improved symptoms, without severe adverse effects (AbdulRhman MAM—presented at the First International Conference on Api—Phytotherapy, Fez, Morocco, May 18–20, 2012).

THE USE OF HONEY IN WOUND HEALING

Since ancient times, honey has been used successfully for treatment of infected wounds; this practice was rooted primarily in tradition and folklore. Honey (raw honey, AgroMas, Algivon, API-MED, Comvita, Gelam honey, Manuka honey, Medihoney, Melladerm Plus, L-Mesitran, Revamil, Tualang honey, etc) has recently been introduced into clinical practice and clinically proven to be efficacious in healing wounds (infected and nonhealing), arterial-, venous-, chronic pressure-, lower-extremity-, surgical-, traumatic-, diabetic foot ulcers, boils, burns, glutofemoral fistulas, pilonidal sinus, necrotizing fasciitis, Fournier gangrene, Pyoderma gangrenosum, gynecological wounds, neonatal postoperative infected wounds, etc. Application of honey causes rapid clearance of infection, debridement of wound, suppression of inflammation while minimizing scarring and stimulating angiogenesis, tissue granulation, and epithelial growth. ^{2,4,151–153,161,186–217}

A review of human and animal data (17 randomized controlled trials involving a total of 1965 participants,

5 clinical trials of other forms involving 97 participants, and 16 trials on a total of 533 wounds on experimental animals) provides the evidence for the effectiveness of honey in assisting wound healing. 197

The healing effect of honey in postoperative infection, gynecological procedures (caesarian sections, hysterectomies, etc), burns, necrotizing fasciitis, infected and nonhealing wounds, and ulcers, boils, and diabetic foot ulcers are ascribed to honey's broad-spectrum antibacterial action. 4,140,141,202,217–227 Other explanations for the wound-healing activity of honey include high acidity, high sugar content, high viscosity, immunomodulatory action, stimulation of inflammatory cytokines from monocytic cells, antioxidant and anti-inflammatory properties of honey, and presence of kynurenic acid with its antinociceptive action. 4,223–232

HONEY IN VETERINARY MEDICINE

Honey is also used in veterinary medicine, mainly in wound care, but also in mastitis, gastrointestinal disorders, otitis, dermal care, and foot and mouth disease^{233–236} (Boukraá L—presented at the First International Conference on Api—Phytotherapy, Fez, Morocco, May 18–20, 2012; López-Pazos MA—presented at the First International Conference on Api—Phytotherapy, Fez, Morocco, May 18–20, 2012).

ANTIMICROBIAL ACTIVITY OF HONEY AND ITS MECHANISM(S) OF ACTION

The antimicrobial activity of honey has been known since the 19th century. A large number of in vitro and limited clinical studies have confirmed the broad-spectrum antimicrobial (antibacterial, antifungal, antimycobacterial, and antiviral) activity of honey, which may be because of the acidity (low pH), osmotic effect, high sugar concentration, presence of bacteriostatic and bactericidal factors [hydrogen peroxide (generated by endogenous glucose oxidase), catalase, antioxidants, ^{27,28,75,79,231,237–242} lysozyme, polyphenols, phenolic acids and flavonoids, methylglyoxal (formed by conversion of dihydroxyacetone during honey maturation), bee peptides (the natural antibacterial agents, abaecin, defensin-1, apidaecin, and hymenoptaecin^{41,241}]; increase in cytokine release (tumor necrosis factor-alpha, ^{204,229,230}) as well as to immune modulating and anti-inflammatory properties of honey. 9,102,149,226,242–247 In addition, because honey contains some propolis and bee pollen, part of the antimicrobial activity of honey may be because of the

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presence of antimic robial substances present in these components. $^{89,248}\,$

ANTIBACTERIAL ACTIVITY OF HONEY AND HONEY COMPONENTS

The antibacterial activity of honey has been known since the 19th century. Various types of honeys have been shown to have antibacterial activity, in vitro, against the following bacterial species: Acinetobacter baumannii, Alcaligenes faecalis, Aeromonas hydrophila, Bacillus cereus, B. subtilis, Burkholderia cepacia, Campylobacter spp, Citrobacter freundii, Erwinia carotovora, Enterobacter aerogenes, Enterobacter cloacae, vancomycin-resistant Enterococcus faecium, Escherichia coli, cotrimoxasole-resistant E. coli, extended-spectrum β-lactamase–producing *E. coli*, *E. coli* O157:H7; Haemophilus influenzae, Helicobacter pylori, Klebsiella oxytoca, K. pneumoniae, Klebsiella sp, Listeria monocytogenes, Micrococcus luteus, Mycobacterium phlei, Proteus sp (P. mirabilis and P. vulgaris), Pseudomonas aeruginosa, ciprofloxacin-resistant P. aeruginosa, Salmonella california, Salmonella enteritidis, Salmonella typhimurium, Serratia marcescens, Shigella dysenteriae, Shigella sonnei, coagulase-negative staphylococci, Staphylococcus aureus, methicillin-resistant S. aureus (MRSA), vancomycin-resistant S. aureus, S. epidermidis, Stenotrophomonas maltophilia, Streptococcus hemolyticus group B, Streptococcus mutans, Streptococcus pyogenes, *enterocolitica*, and several multidrug-resistant bacterial isolates. ^{4,11,80,94,102,117,188,195,221,224,226,227,241,243,246,247,249–276}

Some monofloral honeys are more potent than others in terms of antibacterial activity, ^{44,117,226,261,274–276} and some pathogens are more sensitive than others to a certain monofloral honey. ^{140,224–226,261} Storage of honey for 5 years decreased its antimicrobial activity, whereas ultraviolet light exposure increased its activity against some microorganisms. ¹⁴⁰

Honey (or its components) acts synergistically when used with other antibiotics, and in many instances, it reverses the resistance of bacteria to that antibiotic. For example: (1) honey and oxacillin acted synergistically to inhibit oxacillin-resistant Gram-negative MRSA and reversed the resistance of MRSA and made it sensitive to oxacillin²⁷⁷; (2) honey and gentamicin acted synergically²⁵⁴; (3) honey had synergic action with gentamicin, amikacin, and ceftazidime against *Pseudomonas* spp²⁷⁸; (4) a synergism was observed in the antibacterial effect of methylglyoxal and pipercillin, carbenicillin or amikacin, against MRSA isolated (n = 12) from hospitals^{60,279}; and (5) honey reversed the resistance of MRSA and vancomycin-resistant Enterococcus and made them sensitive to antibiotics.^{260,262} In addition,

American Journal of Therapeutics (2014) 21(4)

addition of synthetic peptide "Bactericidal Peptide 2" potentiated and broadened the antibiotic spectrum of honey against antibiotic-resistant isolates of *P. aeruginosa*, *S. epidermidis*, *Enterococcus faecium*, and *Burkholderia cepacia*, and MRSA and β-lactamase–producing *E. coli.*²⁴⁴ Furthermore, the antibacterial activity of honey was enhanced against drug-resistant bacteria by the addition of starch [*S. aureus*, *E. coli*, ^{280,281} and *P. aeruginosa*²⁸⁰ in correlation with diastase number]; royal jelly (*S. aureus*, ²⁸² *P. aeruginosa*, ²⁸³ or thyme (*Thymus ciliatus*) powder (*S. aureus*, *E. coli*, and *P. aeruginosa*). ²⁸⁴

MECHANISM(S) OF ANTIBACTERIAL ACTION OF HONEY AND HONEY COMPONENTS

A number of mechanisms have been proposed for the antibacterial action of honey or its components. Some examples are as follows:

- 1. Activity against Gram-positive and Gramnegative bacteria was shown to be due to antioxidant polyphenols (and other chemicals) in honey. 11,94,285
- 2. The total phenolic content (and radical scavenging ability) in honey was proportional to the cidal activity against various bacteria. 102,285
- 3. The antibacterial activity of honey was related to hydrogen peroxide levels^{2,237}
- 4. The antibacterial activity of honey from various floral origins against *E. coli* O157:H7, *Salmonella typhimurium*, *Shigella sonnei*, *L. monocytogenes*, and *S. aureus* was both hydrogen peroxide–dependent and independent.² Similarly, in several other studies, both hydrogen peroxide–dependent and –independent antibacterial activity of honey was shown against various bacteria, including MRSA^{100,103,106,245,267,268,276}; the inhibition of bacterial growth depended on the type and concentration of honey, as well as on the test pathogen.²⁵²
- The antibacterial action of several varieties of honey was found to be related to their DNA degrading activity, which was mediated by coupling of the action of hydrogen peroxide and phenolics with radical scavenging activity.²⁴⁵
- 6. The majority of antibacterial activity against *E. coli* and *S. aureus* was attributed to the amount of methylglyoxal in honey.²⁸⁶
- 7. The bactericidal activity of honey against MRSA was, in addition to the presence of methylglyoxal

American Journal of Therapeutics (2014) 21(4)

- and hydrogen peroxide, due to the presence of defensin-1 (a bactericidal and cytotoxic peptide).²⁴⁷
- 8. The bacteriostatic action of honey was shown to be due to interruption of cell division, not related to methylglyoxal.²⁷⁰
- 9. The bactericidal activity of monofloral honey against *S. aureus* was due to interruption of cell division and prevention of cell separation, thus leading to the accumulation of cells with fully formed cross-walls, thus, inhibiting the normal progression of cells through the cell cycle.²⁸⁷
- 10. The bactericidal effect of monofloral honey was related to extensive cell disruption (loss of structural integrity), lysis, and marked changes in cell shape and surface of *P. aeruginosa*.²⁸⁸
- 11. Monofloral honey was found to block the attachment of bacteria to tissues (an essential step in the initiation of acute infection) and inhibited the formation of biofilms (which protect bacteria from antibiotics) by reducing the expression of 2 fibronectin-binding proteins (located on the bacterial surface)—thus, making the existing antibiotics more effective against drug-resistant infections. ^{226,277,289,290}
- 12. Honey inhibited the growth of oral bacteria, *Streptococcus mutans*, by blocking biofilm formation.²⁹¹
- 13. Methylglyoxal was effective in inhibiting the formation of biofilms in *P. aeruginosa* and MRSA.²⁹²
- 14. Honey at low concentrations reduced biofilm formation, quorum sensing (essential for the synchronization of virulence factors), and virulence in *E. coli* O157:H7k⁴; honey inhibited bacterial growth and viability of *Streptococcus mutans*, by reducing biofilm formation²⁹³; quorum sensing inhibitory activity of 29 unifloral honeys was responsible for antibacterial activity, independent of hydrogen peroxide.^{63,264}
- 15. Honey downregulated 2 specific proteins in the proteome of *S. aureus* necessary for growth and upregulated a stress-related protein (cold-shock protein C).²⁹⁴
- 16. Monofloral honey treatment downregulated universal stress protein A in MRSA, which compromised its ability to overcome environmental insults, leading to reversal of antibiotic resistance. 271,295
- 17. Region-specific and flower-specific honey showed strong anti-*H. pylori* activity, which was attributed to the osmotic effect. 296
- 18. A chloroform extract of honey showed strong anti-*H. pylori* activity in vitro.²⁹⁷

ANTIFUNGAL ACTIVITY OF HONEY

Honey was found to be an effective topical treatment for ringworms, athlete's foot, jock itch, nail fungus, and yeast infections and reported to be comparable to many over-the-counter antifungal preparations. The antifungal effect of some honeys, especially from darker honeycombs, which contain propolis, may be due to the presence of a number aromatic acids, including benzyl cinnamate, methyl cinnamate, caffeic acid, cinnamyl cinnamate, cinnamoylglcine, and terpenoids (commonly found in propolis). In addition, there may be special proteins in honey that have antifungal activity.

- 1. Acacia honey significantly improved erythema and desquamation and relieved pruritus nearly and miconazole in children (n = 242) with *T. mycosis* (*T. capitis* and *T. versicolor*). ¹⁷⁵
- 2. Monofloral honeys were shown to exhibit antifungal activity against a variety of mycotic infections, including several yeasts [Candida sp (C. albicans, C. krusei, C. glabrata, etc) and Trichosoporon spp, including fluconazole- and miconazole-resistant varieties, Rhizoctonia solani] and moulds (Fusarium oxysporum, Cladosporium herbarum, Botrytis cinerea, Aspergillus flavus). 96,107,141,255,298–307
- 3. Seventy-two isolates of *C. albicans* (from patients), including some resistant to nystatin, miconazole nitrate, and clotrimazole, were found to be susceptible to an extract of honey.³⁰³
- 4. The efficacy of various honeys as antifungal agents was demonstrated against clinical isolates of *C. albicans*, *C. glabrata*, and *C. dubliniensis*.²⁹⁹
- 5. 5.Antifingal activity of honey was shown against *C. albicans, C. parapsilosis, C. tropicalis, C. kefyr, C. glabrata,* and *C. dubliniensis.*³⁰⁴
- 6. The antifungal action of 3 South African honeys was demonstrated against *C. albicans*. ³⁰⁵
- 7. Four honeys of different types from Algeria exhibited antifungal activity against pathogenic yeast (*Candida* and *Rhodotorula* sp). 306
- 8. In 89 samples of *C. albicans*, *C. krusei*, and *C. neoformans*, monofloral heather honey was effective as antifungal agent. 107
- 9. In 37 patients with *Pityriasis versicolor*, *T. cruris*, *T. corporis*, and *T. faciei*, honey mixed with olive oil and beeswax was effective as antifungal agent. ¹⁴¹
- Antifungal activity of multifloral honey was demonstrated against fluconazole-resistant *C. albicans* isolated (n = 25) from the oral cavity of patients with AIDS.³⁰¹
- 11. A flavonoid extract of honey was shown to have antifungal acticivity against *C. albicans*. ³⁰²

- 12. In a single-blind study, manuka honey (50:50 in saline, sprayed in the nostril for 30 days) provided symptomatic relief in allergic fungal rhinosinusitis. ¹⁸¹
- 13. The use of honey with other substances increased the activity against a number of fungal infections. For example:
- Honey with yogurt or fluconazole was effective in vulvovaginal candidiasis (n = 129 patients). 183,185
- Addition of ginger starch to honey increased the activity against resistant *C. albicans*.³⁰⁷
- Addition of starch potentiated the antifungal activity of honey against *C. albicans* and *Aspergil*lus niger. 308,309
- Honey with or without miconazole was effective against *T. capitis* or *T. versicolor* infection in children. ¹⁷⁵
- Honey with clotrimazole was effective in the treatment of vaginitis.¹⁸⁴
- Honey combined with olive oil and beeswax inhibited the growth of *C. albicans*. ²⁵⁵

ANTIVIRAL ACTION OF HONEY

Honey is an effective antiviral agent as shown by several studies: For example,

- 1. Topical application of honey on recurrent herpes lesions in 16 adult patients (8 labial and 8 genital) was compared with acyclovir cream; honey was better (28%–43%) than acyclovir in terms of mean duration of attacks and pain, occurrence of crusting, and mean healing time; no adverse effects were noted with honey. 139,170
- 2. In a study in monkey kidney cell cultures infected with Rubella virus, honey showed significant antiviral activity.⁷⁰
- 3. Honey (5% or higher concentration) completely inhibited type 1 herpes simplex virus isolated from the lip lesions of patients and grown in culture in vero cells.³¹⁰
- 4. In rabbit eyes with viral infection, application of honey significantly increased acyclovir concentration and bioavailability, extended the duration of action, and increased the retention capacity of antiviral drug in the target tissue, thereby improving treatment success.³¹¹
- 5. An in vitro study showed that both manuka and clover honey had significant antiviral activity (EC50 = 4.5% wt/vol) against varicella zoster virus isolated from patients, suggesting that honey may be used topically to treat zoster rash.³¹²

American Journal of Therapeutics (2014) 21(4)

 Honey given to children with upper respiratory tract infection (viral?) was found to be superior to dextromethorphan or no treatment in suppressing nighttime coughing. 168,313

- 7. Honey was found to have antiviral activity against respiratory syncytial virus (Zareie PP. Masters of Science degree Thesis, University of Waikato, New Zealand, 2011).
- 8. Adenovirus and herpes simplex virus was sensitive to honey (Littlejohn ESV. Masters of Science degree Thesis, University of Waikato, New Zealand, 2009).

ANTIMYCOBACTERIAL ACTIVITY OF HONEY

Avicenna (Ibn $S\bar{n}\bar{a}$; c. 980–1037) recommended honey in the treatment of tuberculosis. ³¹⁴

- 1. In a study in Russia, honey was found to be beneficial in the treatment of tuberculosis.³¹⁵
- 2. It was demonstrated that the growth of mycobacteria (smears taken from patients) was inhibited by adding 10% honey to the medium. Mycobacteria did not grow in culture media containing 10% and 20% honey, whereas it grew in culture media containing 5%, 2.5%, and 1% honey. The antimycobacterial effect, sterility, low cost, and easy availability of honey may make it an ideal antimycobacterial agent (or as an adjunct). 316
- 3. It has been suggested that honey as a dietary supplement may prevent tuberculosis infection/treatment.⁵¹
- 4. Honey exhibited antibacterial action against different types of Mycobacterium.³¹⁷

ADVERSE EFFECTS OF HONEY

The adverse effects of honey may be associated with the natural components or contaminants in honey. Honey anaphylaxis is not as rare it was previously thought; individuals with allergic rhinitis, bee venom hypersensitivity, and food allergies are more susceptible. A number of cases of anaphylaxis (urticaria, angioedema, bronchitis, cough, and wheezing), pruritic cheilitis, bronchial asthma, and dysphagia have been reported in both adults and young subjects consuming honey^{318–322}; in many of these cases, hypersensitivity was associated with the floral source of honey. The allergy to honey could be because of pollen and glandular secretions of the bees.

Honey can also become contaminated with microbes (such as *Clostridium botulinuma*) and environmental

American Journal of Therapeutics (2014) 21(4)

chemicals (antibiotics, pesticides, heavy metals, materials in air pollution), ^{57,67,68} from the floral source(s), bees, or during collection and processing of honey. 154 Some honeys have toxins acquired from the nectar of flowers, which when ingested cause poisoning.64-66 For example, grayanotoxin intoxication, which is mostly reported from the eastern Black Sea region of Turkey (as well as Japan, Nepal, Brazil, and some parts of Europe), stems from consumption of "mad honey" made by bees feeding on rhododendron (mainly Rhododendron panticum and R. luteum) flowers. 65,66 In low doses, consumption of mad honey causes dizziness, vertigo, hypotension, sinus bradycardia, chest pain, and respiratory distress, and in high doses, impaired consciousness, syncope, seizures, atrioventricular block, and asystole; patients usually recover 2-6 hours after ingestion. 324-326 Some patients may develop gastritis and peptic ulcer after chronic use. Mad honey is intentionally used to "improve sexual performance."325 In traditional medicine, mad honey is used to treat gastric pain, bowel disorders, and hypertension.327

A large number of cases of botulism, some with severe neurological manifestations, have been reported, especially in infants (younger than 12 months) given raw honey by mouth; the cause could also be environmental exposure to soils and dust contaminated with *Clostridium botulinum*. Spores of *C. botulinum* can proliferate in infant intestines and release neurotoxins that block acetylcholine release and cause botulism poisoning (cramps, muscle weakness, hypotonia, oculomotor symptoms, temporary muscle paralysis, apnea, bradycardia, diarrhea, nausea, and vomiting). Management includes supportive intensive care that may include mechanical ventilation and administration of human-derived botulinum immunoglobulin.

(BabyBIG, botulinum antitoxin, specific for infant botulism types A and B, which inactivates neurotoxins); the latter is most effective if given at an early stage of the disease. The Center for Disease Control and Prevention (USA) has recommended that honey not be given to infants younger than 12 months. The impact of other organisms (*C. Perfringrs*, *C. tetani*, and *B. subtilis*), which may be present in honey, on human health is unknown. However, honey can be rendered safe by irradiation with high-intensity electrons or gamma radiations, which inactivates the spores of *C. botulinum*; 332–334 the neutraceutical value of honey is not altered. 332–334

Because there is no safe or effective medicinal dose of honey in adults, consuming too much honey can cause hyperglycemia and gastrointestinal problems (due to high fructose levels).

PHARMACOKINETIC AND PHARMACODYNAMIC INTERACTION OF HONEY WITH PHARMACEUTICALS

There is a risk of pharmacokinetic and pharmacodynamic interaction between co-administered drugs with honey (ingestion). For example, honey may interact with calcium channel blockers in different ways: it may decrease the plasma concentration of diltiazem³³⁵ or it may induce complete heart block when used together with verapamil. 336 Co-administration of honey with licorice was shown to suppress the conversion of liquiritin to its active metabolite, liquiritigenin.³³⁷ Several studies show that honey affects the activities of cytochrome P450 enzymes, for example, honey ingestion inhibited the activity of CYP2C8, with no effect on CYP2C19 and CYP2D2.338 Thus, honey ingestion may inhibit the metabolism of endogenous (retinol, all-trans-retinoic acid and arachidonic acid) and exogenous substrates (benzphetamine, amiodarone, cerivastatin, paclitaxel, and rosiglitazone) of CYP2D8³³⁸; this may have significant therapeutic implications.

END NOTES

Honey has been shown to have significant antimicrobial activity. The antimicrobial- and wound-healing efficacy of honey is very much flower, region, and season specific. Ad. 226 Not all honeys have the same antimicrobial potency due to the variation in the pH, sugar content, concentration of the active principles (hydrogen peroxide, antioxidants, phenolics, methylglyoxal, defensin-1, etc), storage conditions, and different susceptibility of the various strains of bacteria Ad. 100,117,226,241,246,252,260; some batches of honey may not have any significant antimicrobial activity. Unlike most conventional local chemotherapeutics, honey does not lead to the development of antibiotic-resistant bacteria, and it may be used continuously.

Among the challenging problems of using honey for medical purposes are variation in the quality and potency, and hence, the dosage and formulation cannot be ascertained. There are no regulations regarding standardization of honey to be used in a clinical setting. At present, there are no standards for quantitative measurement of antimicrobial activity of honey because of large variation in the composition of honey, method of honey processing (eg, filtration, heating, etc), storage conditions, and adulteration.

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To date, there are no placebo-controlled, randomized clinical trials of honey to answer the question if honey can be used systemically as an alternative to conventional antimicrobials. Because various honeys may vary greatly in their antibacterial potency, ²⁷⁴ the doses of honey to be used as an antibacterial agent cannot be ascertained with confidence.

REFERENCES

- Crane E. History of honey. In: Crane E, ed. Honey, A Comprehensive Survey. London, England: William Heinemann; 1975:439–488.
- 2. Crane E, ed. *A Book of Honey*. Oxford, Oxford University Press; 1980.
- 3. Jones R. Honey and healing through the ages. In: Munn P, Jones R, Cardiff, eds. *Honey and Healing*. International Bee Research Association; Cardiff, Wales, UK. 2001
- 4. Lee DS, Sinno S, Khachemoune A. Honey and wound healing: an overview. *Am J Clin Dermatol.* 2011;12: 181–190.
- The Holy Bible. Authorised King James Version. New York, NY: Oxford University Press; 1972.
- Rosner F. Encyclopedia of Medicine in the Bible and the Talmud. Jason Aronson Publisher; Northvale, NJ. 2000: 362
- Castro-Vázquez L, Díaz-Maroto MC, González-Viñas MA, et al. Differentiation of monofloral citrus, rosemary, eucalyptus, lavender, thyme and heather honeys based on volatile composition and sensory descriptive analysis. *Food Chem.* 2009;112:1022–1030.
- 8. Manyi-Loh CE, Ndip RN, Clarke AM. Volatile compounds in honey: a review on their involvement in aroma, botanical origin determination and potential biomedical activities. *Int J Mol Sci.* 2011;12:9514–9532.
- Kucuk M, Kolaylı S, Karaoglu SA, et al. Biological activities and chemical composition of three honeys of different types from Anatolia. *Food Chem.* 2007; 100:526–534.
- Brudzynski K, Kim L. Storage-induced chemical changes in active components of honey de-regulate its antibacterial activity. *Food Chem.* 2011;126:1155–1163.
- 11. Chang X, Wang J, Yang S, et al. Antioxidative, antibrowning and antibacterial activities of sixteen floral honeys. *Food Funct*. 2011;2:541–546.
- Robert SD, Ismail AA. Two varieties of honey that are available in Malaysia gave intermediate glycemic index values when tested among healthy individuals. *Biomed Pap Med Fac Univ Palacky Olomouc Czech Repub.* 2009; 153:145–148.
- 13. Feás X, Pires J, Iglesias A, et al. Characterization of artisanal honey produced on the Northwest of Portugal by melissopalynological and physico-chemical data. *Food Chem Toxicol*. 2010;48:3462–3470.
- 14. Gomes S, Dias L, Moreira L, et al. Physicochemical, microbiological and antimicrobial properties of

American Journal of Therapeutics (2014) **21**(4)

commercial honeys from Portugal. *Food Chem Toxicol*. 2010;48:544–548.

- 15. Estevinho LM, Feás X, Seijas JA, et al. Organic honey from Trás-Os-Montes region (Portugal): chemical, palynological, microbiological and bioactive compounds characterization. *Food Chem Toxicol.* 2012;50: 258–264.
- Islam MA, Islam MN, Moniruzzaman M, et al. Physicochemical and antioxidant properties of Bangladeshi honeys stored for more than one year. BMC Complement Altern Med. 2012;article 177.
- 17. Bogdanov S, Haldimann M, Luginbühl W, et al. Minerals in honey: environmental, geographical and botanical aspects Chapter 5. In: Crane E, ed. *A Book of Honey. J Apiculttl Res Bee World.* 2007;46:269–275.
- 18. Davies AMC. Amino acid analysis of honeys from eleven countries. *J Apicult Res.* 1975;14:29–39.
- 19. Doner LW. The sugars of honey—a review. *J Sci Food Agric*. 1977;28:443–456.
- White JW, Doner LW. Honey composition and properties: beekeeping in the United States. *Agric Handbook*. 1980;335:82–91.
- 21. Bogdanov S. Characterisation of antibacterial substances in honey. *Lebens Wis Technol.* 1984;17:74–76.
- 22. Toth G, Lemberkovics E, Kutasi-Szabo J. The volatile component of some Hungarian honeys and their antimicrobial effects. *Am Bee J.* 1987;127:496–497.
- 23. Blum MS. Honey bee pheromones. In: *The Hive and the Honey Bee, Revised Edition*. Hamilton, IL: Dadant and Sons Publishers; 1992:385–389.
- Wilkins AL, Yinrong Lu Y. Extractives from New Zealand honeys.
 Aliphatic dicarboxylic acids in New Zealand Rewarewa (Knightea excelsa) honey. J Agric Food Chem. 1995;43:3021–3025.
- 25. Weston RJ, Brocklebank LK. The oligosaccharide composition of some New Zealand honeys. *Food Chem.* 1999;64:33–37.
- 26. Weston R, Brocklebank L, Lu Y. Identification and quantitative levels of antibacterial components of some New Zealand honeys. *Food Chem.* 2000;70:427–443.
- Gheldof N, Wang XH, Engeseth NJ. Identification and quantification of antioxidant components of honeys from various floral sources. *J Agric Food Chem.* 2002; 50:5870–5877
- 28. Aljadi AM, Yusoff KM. Isolation and identification of phenolic acids in Malaysian honey with antibacterial properties. *Turk J Med Sci.* 2003;33:229–236.
- 29. Azeredo LC, Azeredo MAA, Sousa SR, et al. Protein contents and physicochemical properties in honey samples from *Apis mellifera* of different floral origins. *Food Chem.* 2003;80:249–254.
- Shin HS, Ustunol Z. Carbohydrate composition of honey from different floral sources and their influence on growth of selected intestinal bacteria: an *in vitro* comparison. *Food Res Int.* 2005;38:721–728.
- 31. Perez RA, Iglesias MT, Pueyo E, et al. Amino acid composition and antioxidant capacity of Spanish honeys. *J Agric Food Chem.* 2007;55:360–365.

American Journal of Therapeutics (2014) 21(4)

- 32. Rakha MK, Nabil ZI, Hussein AA. Cardioactive and vasoactive effects of natural wild honey against cardiac malperformance induced by hyperadrenergic activity. *J Med Food.* 2008;11:91–98.
- 33. Oddo LP, Heard TA, Rodríguez-Malaver A, et al. Composition and antioxidant activity of *Trigona carbonaria* honey from Australia. *J Med Food*. 2008;11:789–794.
- 34. Rebane R, Herodes K. Evaluation of the botanical origin of estonian uni- and polyfloral honeys by amino acid content. *J Agric Food Chem.* 2008;56:10716–10720.
- 35. Silici S, Uluozlu OD, Tuzen M, et al. Assessment of trace element levels in Rhododendron honeys of Black Sea Region, Turkey. *J Hazard Mater*. 2008;156;612–618.
- 36. Adams CJ, Manley-Harris M, Molan PC. The origin of methylglyoxal in New Zealand manuka (*Leptospermum scoparium*) honey. *Carbohydr Res.* 2009;344:1050–1053.
- Akbulut M, Ozcan MM, Coklar H. Evaluation of antioxidant activity, phenolic, mineral contents and some physicochemical properties of several pine honeys collected from Western Anatolia. *Int J Food Sci Nutr.* 2009; 60:577–589.
- Castro-Vázquez L, Díaz-Maroto MC, González-Viñas MA, et al. Influence of storage conditions on chemical composition and sensory properties of citrus honey. *J Agric Food Chem.* 2008;56:1999–2006.
- 39. Ferreira ICFR, Aires E, Barreira JCM, et al. Antioxidant activity of Portuguese honey samples: different contributions of the entire honey and phenolic extract. *Food Chem.* 2009;114:1438–1443.
- Senyuva HZ, Gilbert J, Silici S, et al. Profiling Turkish honeys to determine authenticity using physical and chemical characteristics. *J Agric Food Chem.* 2009;57: 3911–3919.
- 41. Xu P, Shi M, Chen XX. Antimicrobial peptide evolution in the Asiatic honey bee *Apis cerana*. *PLoS One*. 2009 4: e4239.
- 42. Beretta G, Gelmini F, Lodi V, et al. Profile of nitric oxide (NO) metabolites (nitrate, nitrite and N-nitroso groups) in honeys of different botanical origins: nitrate accumulation as index of origin, quality and of therapeutic opportunities. *J Pharm Biomed Anal.* 2010;53:343–349.
- Kassim M, Achoui M, Mustafa MR, et al. Ellagic acid, phenolic acids and flavonoids in Malaysian honey extracts demonstrate anti-inflammatory activity. *Nutr Res.* 2010;30:650–659.
- 44. Kumar P, Sindhu RK, Narayan S, et al. Honey collected from different floras of Chandigarh Tricity: a comparative study involving physicochemical parameters and biochemical activities. *J Diet Suppl.* 2010;7:303–313.
- 45. Sgariglia MA, Vattuone MA, Vattuone MMS, et al. Properties of honey from *Tetragonisca angustula fiebrigi* and *Plebeia wittmanni* of Argentina. *Apidologie*. 2012;41: 667–675.
- 46. Truchado P, Tourn E, Gallez LM, et al. Identification of botanical biomarkers in Argentinean Diplotaxis honeys: flavonoids and glucosinolates. *J Agric Food Chem.* 2010; 58:12678–12685.

- 47. Almeida-Silva M, Canha N, Galinha C, et al. Trace elements in wild and orchard honeys. *Appl Radiat Isot*. 2011;69:1592–1595.
- 48. De La Fuente E, Ruiz-Matute AI, Valencia-Barrera RM, et al. Carbohydrate composition of Spanish unifloral honeys. *Food Chem.* 2011;129:1483–1489.
- 49. Khalil MI, Alam N, Moniruzzaman M, et al. Phenolic acid composition and antioxidant properties of Malaysian honeys. *J Food Sci.* 2011;76:C921–C928.
- Ayaad TH, Shaker GH, Almuhnaa AM. Isolation of antimicrobial peptides from *Apis florae* and *Apis carnica* in Saudi Arabia and investigation of the antimicrobial properties of natural honey samples. *J King Saud Univ*— *Sci.* 2012;24:193–200.
- 51. Mehrabi Tavana A. Natural honey helps as diet-mediated for tuberculosis prevention or treatment. *Annal Trop Med Public Health.* 2011;4:145–146.
- 52. Beretta G, Fermo P, Maffei Facino R. Simple and rapid simultaneous profiling of minor components of honey by size exclusion chromatography (SEC) coupled to ultraviolet diode array detection (UV-DAD), combined with chemometric methods. *J Pharm Biomed Anal.* 2012; 58:193–199.
- 53. Chua LS, Abdul-Rahaman N-L, Sarmidi MR, et al. Multielemental composition and physical properties of honey samples from Malaysia. *Food Chem.* 2012;135:880–887.
- 54. Consonni R, Cagliani LR, Cogliati C. NMR characterization of saccharides in Italian honeys of different floral sources. *J Agric Food Chem.* 2012;60:4526–4534.
- 55. Elezovic A, Uzunovic A, Hadzidedic S, et al. New and fast HPLC method for analysis of flavonoids in honey and propolis samples. *Planta Med.* 2010;76:12.
- 56. Gannabathula S, Skinner MA, Rosendale D, et al. Arabinogalactan proteins contribute to the immunostimulatory properties of New Zealand honeys. *Immuno-pharmacol Immunotoxicol*. 2012;34:598–607.
- Ozcan MM, Al Juhaimi FY. Determination of heavy metals in bee honey with connected and not connected metal wires using inductively coupled plasma atomic emission spectrometry (ICP-AES). *Environ Monit Assess*. 2012;184:2373–2375.
- 58. Papachristoforou A, Kagiava A, Papaefthimiou C, et al. The bite of the honeybee: 2-heptanone secreted from honeybee mandibles during a bite acts as a local anaesthetic in insects and mammals. *PLoS One*. 2012;7:e47432.
- 59. Ruisinger B, Schieberle P. Characterization of the key aroma compounds in rape honey by means of the molecular sensory science concept. *J Agric Food Chem.* 2012;60:4186–4194.
- 60. Windsor S, Pappalardo M, Brooks P, et al. A convenient new analysis of dihydroxyacetone and methylglyoxal applied to Australian *Leptospermum* honeys. *J Pharmacog Phytother*. 2012;4:6–11.
- 61. Yang Y, Battesti M-J, Paolini J, et al. Melissopalynological origin determination and volatile composition analysis of Corsican "erica arborea spring maquis" honeys. *Food Chem.* 2012;134:37–47.

- Yang Y, Battesti M-J, Djabou N, et al. Melissopalynological origin determination and volatile composition analysis of Corsican "chestnut grove" honeys. *Food Chem.* 2012;132:2144–2154.
- 63. Truchado P, López-Gálvez F, Gil MI, et al. Quorum sensing inhibitory and antimicrobial activities of honeys and the relationship with individual phenolics. *Food Chem.* 2009;115:1337–1344.
- 64. Dubey L, Maskey A, Regmi S. Bradycardia and severe hypotension caused by wild honey poisoning. *Hell J Cardiol.* 2009;50:426–428.
- 65. Unlu M, Dogan U, Ozeke O, et al. Mad honey poisoning. *Int J Cardiol*. 2010;140(Suppl 1):S21.
- Jansen SA, Kleerekooper I, Hofman ZLM, et al. Grayanotoxin poisoning: 'mad honey disease' and beyond. Cardiovasc Toxicol. 2012;12:208–215.
- Lopez MI, Pettis JS, Smith IB, et al. Multiclass determination and confirmation of antibiotic residues in honey using LC-MS/MS. J Agric Food Chem. 2008;56:1553–1559.
- 68. Sheridan R, Policastro B, Thomas S, et al. Analysis and occurrence of 14 sulfonamide antibacterials and chloramphenicol in honey by solid-phase extraction followed by LC/MS/MS analysis. *J Agric Food Chem.* 2008;56: 3509–3516.
- 69. Gribel NV, Pashinskii VG. The antitumor properties of honey [in Russian]. *Vopr Onkol.* 1990;36:704–709.
- 70. Zeina B, Othman O, al-Assad S. Effect of honey versus thyme on Rubella virus survival in vitro. *J Altern Complement Med.* 1996;2:345–348.
- 71. Ali ATMM, Al-Swayeh OA, Al-Humayyd MS, et al. Natural honey prevents ischaemia-reperfusion induced gastric mucosal lesions and increased vascular permeability in rats. *Eur J Gastroenterol Hepatol*. 1997;9:1101–1107.
- 72. Zeina B, Zohra BI, al Assad S. The effects of honey on Leishmania parasites: an *in vitro* study. *Trop Doct.* 1997; 27(Suppl 1):36–38.
- 73. Frankel SM, Robbinson GE, Berenbaum MR. Antioxidant capacity and correlated characteristics of 14 unifloral honeys. *J Apic Res.* 1998;37:27–31.
- 74. Gharzouli K, Amira S, Gharzouli A, et al. Gastro protective effects of honey and glucose-fructose-sucrose-maltose mixture against ethanol-, indomethacin-, and acidified aspirin induced lesions in the rat. *Exp Toxicol Pathol*. 2002;54:217–221.
- 75. Gheldof N, Engeseth NJ. Antioxidant capacity of honeys from various floral sources based on the determination of oxygen radical absorbance capacity and inhibition of in vitro lipoprotein oxidation in human serum samples. J Agric Food Chem. 2002;50:3050–3055.
- 76. Mckibben J, Engeseth NJ. Honey as a protective agent against lipid oxidation in muscle foods. *J Agric Food Chem.* 2002;50:592–595.
- 77. Wang XH, Andrae L, Engeseth NJ. Antimutagenic effect of honeys from different floral sources against Trp-p-1. *J Agric Food Chem.* 2002;50:6923–6928.
- Gheldof N, Wang XH, Engeseth NJ. Buckwheat honey increases serum antioxidant capacity in humans. *J Agric Food Chem.* 2003;51:1500–1505.

 Schramm DD, Karim M, Schrader HR, et al. Honey with high levels of antioxidants can provide protection to healthy human subjects. *J Agric Food Chem.* 2003;51: 1732–1735.

- 80. Al-Waili NS, Akmal M, Al-Waili FS, et al. The antimicrobial potential of honey from United Arab Emirates on some microbial isolates. *Med Sci Monit.* 2005;11:433–438.
- Al-Waili NS. Natural honey lowers plasma glucose, C-reactive protein, homocysteine, and blood lipids in healthy, diabetic, and hyperlipidemic subjects: comparison with dextrose and sucrose. J Med Food. 2004;7:100–107.
- 82. Al-Waili NS, Haq A. Effect of honey on antibody production against thymus-dependent and thymus-independent antigens in primary and secondary immune responses. *J Med Food*. 2004;7:491–494.
- 83. Nasuti C, Gabbianelli R, Falcioni G, et al. Antioxidative and gastroprotective activities of anti-inflammatory formulations derived from chestnut honey in rats. *Nutr Res.* 2006;26:130–137.
- 84. Kassim M, Mansor M, Achoui M, et al. Honey as an immunomodulator during sepsis in animal model. *Critical Care*. 2009;13(Suppl 4):S18–S19.
- 85. Kilicoglu B, Kismet K, Koru O, et al. The scolicidal effects of honey. *Adv Ther*. 2006;23:1077–1083.
- Basson NJ, Grobler SR. Antimicrobial activity of two South African honeys produced from indigenous *Leu-cospermum cordifolium* and *Erica* species on selected micro-organisms. *BMC Complem Altern Med.* 2008;8:41.
- 87. Bogdanov S, Jurendic T, Sieber R, et al. Honey for nutrition and health: a review. *J Am Coll Nutr.* 2008; 27:677–689.
- 88. Prakash A, Medhi B, Avti PK, et al. Effect of different doses of Manuka honey in experimentally induced inflammatory bowel disease in rats. *Phytother Res.* 2008;22:1511–1519.
- 89. Viuda-Martos M, Ruiz-Navajas Y, Fernandez-Lopez J, et al. Functional properties of honey, propolis, and royal jelly [review]. *J Food Sci.* 2008;73:R117–R124.
- 90. Ahmad A, Khan RA, Mesaik MA. Anti inflammatory effect of natural honey on bovine thrombin-induced oxidative burst in phagocytes. *Phytother Res.* 2009;23: 801–808.
- 91. Bahrami M, Ataie-Jafari A, Hosseini S, et al. Effects of natural honey consumption in diabetic patients: an 8-week randomized clinical trial. *Int J Food Sci Nutr.* 2009;60:618–626.
- 92. El-Kholy WM, Hassan HA, Nour SE, et al. Hepatoprotective effects of Nigella sativa and bees' honey on hepatotoxicity induced by administration of sodium nitrite and sunset yellow. *FASEB J.* 2009;23:S1.
- 93. Altman N. *The Honey Prescription: The Amazing Power of Honey As Medicine*. Rochester, Vermont: Inner Traditions, Bear & Company; 2010.
- 94. Alvarez-Suarez JM, Tulipani S, Diaz D, et al. Antioxidant and antimicrobial capacity of several monofloral Cuban honeys and their correlation with color,

American Journal of Therapeutics (2014) 21(4)

- polyphenol content and other chemical compounds. *Food Chem Toxicol.* 2010;48:2490–2499.
- 95. Alvarez-Suarez JM, Tulipani S, Romandini S, et al. Contribution of honey in nutrition and human health: a review. *Mediterr J Nutr Metab.* 2010;3:15–23.
- 96. El-Gendy MMA. *In vitro* evaluation of medicinal activity of Egyptian honey from different floral sources as anticancer and antimycotic infective agents. *J Microbiol Biochem Technol.* 2010;2:118–123.
- 97. Erejuwa OO, Gurtu S, Sulaiman SA, et al. Hypoglycemic and antioxidant effects of honey supplementation in streptozotocin-induced diabetic rats. *Int J Vitam Nutr Res.* 2010;80:74–82.
- 98. Ha SK, Moon E, Kim SY. Chrysin suppresses LPSstimulated proinflammatory responses by blocking NF-κB and JNK activations in microglia cells. *Neurosci Lett.* 2010;485:143–147.
- 99. Khalil MI, Sulaiman SA. The potential role of honey and its polyphenols in preventing heart diseases: a review [review]. *Afr J Tradit Complement Altern Med.* 2010;7: 315–321.
- 100. Mohamed M, Sirajudeen KNS, Swamy M, et al. Studies on the antioxidant properties of Tualang honey of Malaysia. *Afr J Tradit Complement Altern Med.* 2010;7:59–63.
- 101. Ahmed A, Khan RA, Azim MK, et al. Effect of natural honey on human platelets and blood coagulation proteins. *Pak J Pharm Sci.* 2011;24:389–397.
- 102. Al-Hindi RR, Bin-Masalam MS, El-Shahawi MS. Antioxidant and antibacterial characteristics of phenolic extracts of locally produced honey in Saudi Arabia. *Int J Food Sci Nutr.* 2011;62:513–517.
- 103. Cai M, Shin BY, Kim DH, et al. Neuroprotective effects of a traditional herbal prescription on transient cerebral global ischemia in gerbils. *J Ethnopharmacol*. 2011;138: 723–730.
- 104. Cortés ME, Vigil P, Montenegro G. The medicinal value of honey: a review on its benefits to human health, with a special focus on its effects on glycemic regulation. *Cien Inv Agr.* 2011;38:303–317.
- Farooqui T, Farooqui AA. Health benefits of honey: implications for treating cardiovascular diseases. *Curr Nutr Food Sci.* 2011;7:232–252.
- 106. Fauzi AN, Norazmi MN, Yaacob NS. Tualang honey induces apoptosis and disrupts the mitochondrial membrane potential of human breast and cervical cancer cell lines. *Food Chem Toxicol*. 2011;49:871–878.
- 107. Feás X, Estevinho LM. A survey of the *in vitro* antifungal activity of heather (*Erica* sp.) organic honey. *J Med Food*. 2011;14:1284–1288.
- 108. Mandal MD, Mandal S. Honey: its medicinal property and antibacterial activity. *Asian Pac J Trop Biomed*. 2011; 1:154–160.
- 109. Ibrahim Khalil MD, Sulaiman SA, Alam N, et al. Content and antioxidant properties of processed Tualang honey (AgroMas®) collected from different regions in Malaysia. *Int J Pharm Pharmaceut Sci.* 2012;4:214–219.
- 110. Najafi M, Gharakhani A, Oskouei TE. Protective effect of pharmacologic postconditioning with natural honey

- against left ventricular ischemia/reperfusion-induced arrhythmias in isolated heart of rat. *Physiol Pharmacol*. 2011;14:406–415.
- 111. Nurul Syazana MS, Halim AS, Gan SH, et al. Antiproliferative effect of methanolic extraction of tualang honey on human keloid fibroblasts. *BMC Complem Altern Med.* 2011;11:82.
- 112. Othman Z, Shafin N, Zakaria R, et al. Improvement in immediate memory after 16 weeks of tualang honey (Agro Mas) supplement in healthy postmenopausal women. *Menopause*. 2011;18:1219–1224. Erratum: Menopause 2012;19:377.
- 113. Samarghandian S, Afshari JT, Davoodi S. Chrysin reduces proliferation and induces apoptosis in the human prostate cancer cell line pc-3. *Clinics (Sao Paulo)*. 2011;66:1073–1079.
- 114. Samarghandian S, Afshari JT, Davoodi S. Honey induces apoptosis in renal cell carcinoma. *Pharmacogn Mag.* 2011:7:46–52.
- 115. Shigeyoshi E, Nose M, Kawazoe A, et al. Effect of jungle honey on immunological functions of alveolar macrophages and antibody production. *Respirology*. 2011;16 (Suppl 2):25.
- 116. Takeuchi M, Fukuda M, Kobayashi K, et al. Jungle honey enhances immune function and antitumor activity. *Evid-based Complement Altern Med.* 2011;article 908743.
- 117. Voidarou C, Alexopoulos A, Plessas S, et al. Antibacterial activity of different honeys against pathogenic bacteria. *Anaerobe*. 2011;17:375–379.
- 118. Yao LK, Razak SLA, Ismail N, et al. Malaysian gelam honey reduces oxidative damage and modulates antioxidant enzyme activities in young and middle aged rats. *J Med Plant Res.* 2011;5:5618–5625.
- 119. El-Kott AF, Kandeel AA, El-Aziz SFA, et al. Anti-tumor effects of bee honey on PCNA and P53 expression in the rat hepatocarcinogenesis. *Int J Cancer Res.* 2012;8: 130–139.
- 120. Erejuwa OO, Sulaiman SA, Ab Wahab MS. Honey: a novel antioxidant [review]. *Molecules*. 2012;17:4400–4423.
- 121. Erejuwa OO, Sulaiman SA, Ab Wahab MS. Oligosaccharides might contribute to the antidiabetic effect of honey: a review of the literature. *Molecules*. 2012;17:248–266.
- 122. Erejuwa OO, Sulaiman SA, Ab Wahab MS. Honey—a novel antidiabetic agent. *Int J Biol Sci.* 2012;8:913–934.
- 123. Kassim M, Mansor M, Al-Abd N, et al. Gelam honey has a protective effect against lipopolysaccharide (LPS)-induced organ failure. *Int J Mol Sci.* 2012;13:6370–6381.
- 124. Leong AG, Herst PM, Harper JL. Indigenous New Zealand honeys exhibit multiple anti-inflammatory activities. *Innate Immun.* 2012;18:459–466.
- 125. Tenore GC, Ritieni A, Campiglia P, et al. Nutraceutical potential of monofloral honeys produced by the Sicilian black honeybees (*Apis mellifera* ssp. *sicula*). *Food Chem Toxicol*. 2012;50:1955–1961.
- 126. Keast-Butler J. Honey for necrotic malignant breast ulcers. *Lancet*. 1980;2:809.

- 127. Salem SN. Honey regimen in gastrointestinal disorders. *Bull Islamic Med.* 1981;1:358–362.
- 128. Emarah MH. A clinical study of the topical use of bee honey in the treatment of some occular diseases. *Bull Islamic Med.* 1982;2:422–425.
- 129. Ensminger AH, Ensminger ME, Kondale JE, et al. Foods & Nutriton Encyclopedia. Clovis, CA: Pegus Press; 1986.
- 130. Somerfield S. Honey and healing. J R Soc Med. 1991; 84:179.
- 131. Tovey F. Honey and healing. *J R Soc Med.* 1991;84: 447–448.
- 132. Subrahmanyam M. Topical application of honey in treatment of burns. *Br J Surg.* 1991;78;497–498.
- 133. Baltuskevicius A, Laiskonis A, Vysniauskiene D, et al. Use of different kinds of honey for hepatitis A treatment and for reduction of increased acidity of gastric juice. *Zemdirbyste Mokslo Darbai*. 2001;76:173–180.
- 134. Yoirish N. *Curative Properties of Honey and Bee Venom.* The Minerva Group, Inc; Jerusalem, Israel. 2001.
- 135. Bilsel Y, Bugra D, Yamaner S, et al. Could honey have a place in colitis therapy. *Dig Surg.* 2002;29:306–312.
- Traynor J. Honey: The Gourmet Medicine. Bakersfield, CA: Kovak Books; 2002.
- 137. Al-Waili N. Intrapulmonary administration of natural honey solution, hyperosmolar dextrose or hypoosmolar distill water to normal individuals and to patients with type-2 diabetes mellitus or hypertension: their effects on blood glucose level, plasma insulin and C-peptide, blood pressure and peaked expiratory flow rate. *Eur J Med Res.* 2003;8:295–303.
- 138. Al-Waili N. Identification of nitric oxide metabolites in various honeys: effects of intravenous honey on plasma and urinary nitric oxide metabolites concentrations. *J Med Food.* 2003;6:359–364.
- 139. Al-Waili NS. Topical honey application vs. acyclovir for the treatment of recurrent herpes simplex lesions. *Med Sci Monit.* 2004;10:94–98.
- 140. Al-Waili NS. Investigating the antimicrobial activity of natural honey and its effects on the pathogenic bacterial infections of surgical wounds and conjunctiva. *J Med Food.* 2004;7:210–222.
- 141. Al-Waili N. An alternative treatment for *Pityriasis versi-color*, *Tinea cruris*, *Tinea corporis* and *Tinea faciei* with topical application of honey, olive oil and beeswax mixture: an open pilot study. *Complement Ther Med.* 2004;12:45–47.
- 142. Al-Waili N. Effect of natural honey on chronic hepatitis B infection: case report. *FASEB J.* 2004;18:Abstract 381.
- 143. Al-Waili N. Honey increased saliva, plasma, and urine content of total nitrite concentrations in normal individuals. *J Med Food.* 2004;7:377–380.
- 144. English HK, Pack AR, Molan PC. The effects of manuka honey on plaque and gingivitis: a pilot study. *J Int Acad Periodontol.* 2004;6:63–67.
- 145. Chepulis L. *Healing Honey: A Natural Remedy for Better Health and Wellness*. Boca Raton, FL: Universal Publishers; 2008.
- 146. Pourahmad M, Sobhanian S. Effect of honey on the common cold. *Arch Med Res.* 2009;40:224–225.

147. Shadkam MN, Mozaffari-Khosravi H, Mozayan MR. A comparison of the effect of honey, dextromethorphan, and diphenhydramine on nightly cough and sleep quality in children and their parents. *J Altern Complement Med.* 2010;16:787–793.

- 148. Al Ameen NM, Altubaigy F, Jahangir T, et al. Effect of *Nigella sativa* and bee honey on pulmonary, hepatic and renal function in sudanese in khartoum state. *J Med Plant Res.* 2011;31:6857–6863.
- 149. Al-Waili NS, Saloom KS, Butler G, et al. Honey and microbial infections: a review supporting the use of honey for microbial control [review]. *J Med Food.* 2011; 14:1079–1096.
- 150. Elnady HG, Aly NAA, El-Hussieny N, et al. Honey, an adjuvant therapy in acute infantile diarrhea. *Clin Nutr Suppl.* 2011;6:108.
- 151. Lund-Nielsen B, Adamsen L, Gottrup F, et al. Qualitative bacteriology in malignant wounds—a prospective, randomized, clinical study to compare the effect of honey and silver dressings. *Ostomy Wound Manag.* 2011;57:28–36.
- 152. Lund-Nielsen B, Adamsen L, Kolmos HJ, et al. The effect of honey-coated bandages compared with silver-coated bandages on treatment of malignant wounds—a randomized study. Wound Repair Regen. 2011;19:664–670.
- 153. Orey C. *The Healing Powers of Honey*. New York, NY: Kensington Publishing Corporation; 2011.
- 154. Ajibola A, Chamunorwa JP, Erlwanger KH. Nutraceutical values of natural honey and its contribution to human health and wealth. *Nutr Metab (Lond)*. 2012;9: article 61.
- 155. Al Jaouni S, Hussein A, Al Muhayawi M, et al. Honey reduces chemoradiotherapy-induced mucositis in pediatric cancer patients. *CRC Cr Rev OncolHematol*. 2012;82 (Suppl 1):S17.
- 156. Cernak M, Majtanova N, Cernak A, et al. Honey prophylaxis reduces the risk of endophthalmitis during perioperative period of eye surgery. *Phytother Res.* 2012;26:613–616.
- 157. Cohen HA, Rozen J, Kristal H, et al. Effect of honey on nocturnal cough and sleep quality: a double-blind, randomized, placebo-controlled study. *Pediatrics*. 2012;130: 465–471.
- 158. Fashner J, Ericson K, Werner S. Treatment of the common cold in children and adults. *Am Fam Physician*. 2012;86:153–159.
- Oduwole O, Meremikwu MM, Oyo-Ita A, et al. Honey for acute cough in children. *Cochrane Database Syst Rev.* 2012;CD007094.
- 160. Paul IM. Therapeutic options for acute cough due to upper respiratory infections in children. *Lung.* 2012; 190:41–44.
- 161. Vlcekova P, Krutakova B, Takac P, et al. Alternative treatment of gluteofemoral fistulas using honey: a case report. *Int Wound J.* 2012;9:100–103.
- 162. Singh MP, Chourasia HR, Agarwal M, et al. Honey as complementary medicine—a review. *Int j Pharma Bio Sci.* 2012;3:12–31.

American Journal of Therapeutics (2014) 21(4)

163. Al-Waili N, Boni N. Natural honey lowers plasma prostaglandin concentrations in normal individuals. *J Med Food.* 2003;6:129–133.

- 164. Al-Waili N. Effects of honey on the urinary total nitrite and prostaglandins concentration. *Int Urol Nephrol.* 2005;37:107–111.
- 165. Yaghoobi N, Al-Waili N, Ghayour-Mobarhan M, et al. Natural honey and cardiovascular risk factors; effects on blood glucose, cholesterol, triacylglycerol, CRP, and body weight compared with sucrose. *Sci World J.* 2008;8:463–469.
- 166. Wallace A, Eady S, Miles M, et al. Demonstrating the safety of manuka honey UMF 20+in a human clinical trial with healthy individuals. *Br J Nutr.* 2010;103:1023–1028.
- 167. Paul IM, Beiler J, McMonagle A, et al. Effect of honey, dextromethorphan, and no treatment on nocturnal cough and sleep quality for coughing children and their parents. Arch Pediatr Adolesc Med. 2007;161:1140–1146.
- 168. Warren MD, Pont SJ, Barkin SL, et al. Editorial Comments on Paul IM, et al. (*Arch Pediatr Adolesc Med.* 2007; 161:1140–1146). *Arch Pediatr Adolesc Med.* 2007;161: 1149–1153.
- Steinberg D, Kaine G, Gedalia I. Antibacterial effect of propolis and honey on oral bacteria. *Am J Dent.* 1998;9: 236–239.
- 170. Banerjee B. Topical honey application vs. acyclovir for the treatment of recurrent herpes simplex lesions. *Med Sci Monitor*. 2006;12:LE18.
- 171. Basson N, du Toit I, Grobler S. Antibacterial action of honey on oral streptococci. *J Dent Assoc S Afr.* 1994;49: 339–341.
- 172. Waili NS. Therapeutic and prophylactic effects of crude honey on chronic seborrheic dermatitis and dandruff. *Eur J Med Res.* 2001;6:306–308.
- 173. Al-Waili NS. Clinical and mycological benefits of topical application of honey, olive oil and beeswax in diaper dermatitis. *Clin Microbiol Infect*. 2005;11:160–163.
- 174. Al-Waili NS, Saloom KS, Al-Waili TN, et al. The safety and efficacy of a mixture of honey, olive oil, and beeswax for the management of hemorrhoids and anal fissure: a pilot study. *Sci World J.* 2006;6:1998–2005.
- 175. Ngatu NR, Saruta T, Hirota R, et al. Antifungal efficacy of Brazilian green propolis extracts and honey on *Tinea capitis* and *Tinea versicolor*. *Eur J Integ Med*. 2011;3: e275–e281.
- 176. Abdulrhman M, Samir El, Barbary N. Honey and a mixture of honey, beeswax, and olive oil in treatment of chemotherapy-induced oral mucositis: a randomized controlled pilot study. *Ped Hematol Oncol.* 2012;29: 285–292.
- 177. Song JJ, Twumasi-Ankrah P, Salcido R. Systematic review and meta-analysis on the use of honey to protect from the effects of radiation-induced oral mucositis [review]. *Adv Skin Wound Care*. 2012;25:23–28.
- 178. Naidoo N, Molan P, Littler R, et al. A phase II randomized controlled trial of manuka honey as prophylaxis

- against radiation-induced dermatitis in breast cancer patients. Eyr J Cancer. 2011;47(Suppl 1):S367
- 179. Istanti YP. Exit-site application of honey for the prevention of catheter-associated infections in peritoneal dialysis patients in unit dialysis, cipto mangunkusumo hospital, Jakarta, Indonesia. *Periton Dialysis Int.* 2012; 32(Suppl 1):S19.
- 180. Johnson D, Eps C, Mudge D, et al. Randomized, controlled trial of topical exit-site application of honey (Medihoney) versus mupirocin for the prevention of catheter-associated infections in hemodialysis patients. *J Am Soc Nephrol.* 2005;16:1456–1462.
- 181. Thamboo A, Thamboo A, Philpott C, et al. Single-blind study of manuka honey in allergic fungal rhinosinusitis. *J Otolaryngol—Head Neck Surg.* 2011;40:238–243.
- 182. Blaise N, Moor VJA, Mboumtou L. Alternative therapy in precancerous lesions of the uterine cervix: a cameroonian experience. *Psycho-Oncology*. 2009;18(Suppl 2):S110–S111.
- 183. Fazel N, Hashemian M. The effect of honey on vulvovaginal candidiasis. *Int J Gynecol Obstet.* 2009;107(Suppl 2): S563.
- 184. Fazel N, Hashemian M, Ramezani M, et al. Comparative effect alone honey and mix with chlotrimazol on vaginitis candidacies. *Iranian J Obstet Gynecol Infertility*. 2012;14:8.
- 185. Abdelmonem AM, Rasheed SM, Mohamed AS. Beehoney and yogurt: a novel mixture for treating patients with vulvovaginal candidiasis during pregnancy. *Arch Gynecol Obstetr.* 2012;286:109–114.
- 186. Biglari B, Swing T, Büchler A, et al. Medical honey in professional wound care. *Expert Rev of Dermatol.* 2013;8: 51–56.
- 187. Efem SEE. Clinical observations on the wound healing properties of honey. *Br J Surg*. 1988;75:679–681.
- 188. Efem SEE, Udoh KT, Iwara CI. The antimicrobial spectrum of honey: its clinical significance. *Infection*. 1992;20: 227–229.
- 189. Hejase MJ, Bihrle R, Coogan CL. Genital Foumier's gangrene: experience with 38 patients. *Urology*. 1996;47: 734–739.
- 190. Vardi A, Barzilay Z, Linder N, et al. Local application of honey for treatment of neonatal postoperative wound infection. *Acta Paediatr*. 1998;87:429–432.
- 191. Molan P. The role of honey in the management of wounds. *J Wound Care*. 1999;8:415–418.
- 192. Molan P. Why honey is effective as a medicine. 1. Its use in modern medicine. *Bee World*. 1999;80:79–92.
- 193. Molan PC. Potential of honey in the treatment of wounds and burns. *Am J Clin Dermatol.* 2001;2:13–19.
- 194. Moore OA, Smith LA, Campbell F, et al. Systematic review of the use of honey as a wound dressing. *BMC Complement Altem Med.* 2001;1:2.
- 195. Lusby PE, Coombes A, Wilkinson JM. Honey: a potent agent for wound healing? *J Wound Care*. 2002;29:295–300.
- 196. Ingle R, Levin J, Polinder K. Wound healing with honey a randomised controlled trial. *South Afr Med J.* 2006;96: 831–835.

- 197. Molan PC. The evidence supporting the use of honey as a wound dressing. *Int J Low Extrem Wounds*. 2006;5: 40–54.
- 198. Jull AB, Walker N, Deshpande S. Honey as a topical treatment for wounds. *Cochrane Database Syst Rev* (Online) 2013;2 (CD005083).
- 199. Medhi B, Puri A, Upadhyay S, et al. Topical application of honey in the treatment of wound healing: a meta-analysis. *JK Sci.* 2008;10:4 (166–169).
- 200. Majtán J. Apitherapy—the role of honey in the chronic wound healing process [in Czech, Slovak]. *Epidemiol Mikrobiol Immunol.* 2009;58:137–140.
- 201. Boukraâ L, Sulaiman SA. Honey use in burn management: potentials and limitations [review]. *Forsch Komplementmed*. 2010;17:74–80.
- 202. Al-Waili N, Saloom KS, Al-Ghamdi AA. Honey for wound healing, ulcers, and burns; data supporting its use in clinical practice [review]. *Sci World J.* 2011;11: 766–787.
- 203. Benhanifia MB, Boukraâ L, Hammoudi SM, et al. Recent patents on topical application of honey in wound and burn management [review]. Recent Pat Inflamm Allergy Drug Discov. 2011;5:81–86.
- 204. Evers L. The use of a new honey dressing on an infected diabetic foot ulcer. *Wounds UK*. 2011;7:128–130.
- 205. Kegels F. Clinical evaluation of honey-based products for lower extremity wounds in a home care setting. Wounds UK. 2011;7:46–53.
- 206. Sioma-Markowska U. Treatment of hard-to-heal wounds in gynaecology. *Ginekol Pol.* 2011;22:55–62.
- Smaropoulos E, Romeos S, Dimitriadou C. Honey-based therapy for paediatric burns and dermal trauma compared to standard hospital protocol. Wounds UK. 2011; 7:33–40.
- 208. Song JJ, Salcido R. Randomised controlled feasibility trial on the use of medical grade honey following microvascular free tissue transfer to reduce the incidence of wound infection. Adv Skin Wound Care. 2011;24:40–44.
- 209. Thomas M, Hamdan M, Hailes S, et al. Manuka honey as an effective treatment for chronic pilonidal sinus wounds. *J Wound Care*. 2011;20:528–533.
- 210. Biglari B, Moghaddam A, Santos K, et al. Multicentre prospective observational study on professional wound care using honey (MedihoneyTM). *Int Wound J.* 2012. In press.
- 211. Biglari B, vd Linden PH, Simon A, et al. Use of Medihoney as a non-surgical therapy for chronic pressure ulcers in patients with spinal cord injury. *Spinal Cord*. 2012;50:165–169.
- 212. Doerler M, Reich-Schupke S, Altmeyer P, et al. Impact on wound healing and efficacy of various leg ulcer debridement techniques. *J Dtsch Dermatol Ges.* 2012;10: 624–632.
- 213. Mohd Zohdi R, Abu Bakar Zakaria Z, Yusof N, et al. Gelam (*Melaleuca* spp.) honey-based hydrogel as burn wound dressing. *Evid Based Complement Alternat Med.* 2012;2012. Article Number 843025.

214. Nestjones D, Vandeputte J. Clinical evaluation of Melladerm® plus: a honey-based wound gel. *Wounds UK*. 2012;8:106–112.

- 215. Robson V, Yorke J, Sen RA, et al. Randomised controlled feasibility trial on the use of medical grade honey following microvascular free tissue transfer to reduce the incidence of wound infection. *Br J Oral Maxillofac Surg.* 2012;50:321–327.
- Wyndaele JJ. Medical honey for chronic pressure ulcers in SCI individuals. Spinal Cord. 2012;50:87.
- 217. Al-Waili N, Saloom KS. Honey to treat post-operative wound infections due to gram positive and gram negative bacteria following caesarian section and hysterectomies. *Eur J Med Res.* 1999;4:126–141.
- 218. Cooper R, Molan P. The use of honey as an antiseptic in managing *Pseudomonas* infection. *J Wound Care.* 1999;8: 161–164.
- 219. Cooper RA, Halas E, Molan PC. The efficacy of honey in inhibiting strains of *Pseudomonas aeruginosa* from infected burns. *J Burn Care Rehabil*. 2002;23:366–370.
- 220. Cooper RA, Molan PC, Harding KG. The sensitivity to honey of Gram-positive cocci of clinical significance isolated from wounds. *J Appl Microbiol.* 2002;93:857–863.
- 221. Lusby PE, Coombes AL, Wilkinson JM. Bactericidal activity of different honeys against pathogenic bacteria. *Arch Med Res.* 2005;36:464–467.
- 222. Gethin G, Cowman S. Bacteriological changes in sloughy venous leg ulcers treated with manuka honey or hydrogel: an RCT. *J Wound Care*. 2008;17:241–244.
- 223. Visavadia BG, Honeysett J, Danford M. Manuka honey dressing: an effective treatment for chronic wound infections. *Br J Oral Maxill Surg.* 2008;46:696–697.
- 224. Tan HT, Rahman RA, Gan SH, et al. The antibacterial properties of Malaysian tualang honey against wound and enteric microorganisms in comparison to manuka honey. *BMC Complement Altern Med.* 2009;9:34.
- 225. Nasir NA, Halim AS, Singh KK, et al. Antibacterial properties of tualang honey and its effect in burn wound management: a comparative study. *BMC Complement Altern Med.* 2010;10:31.
- 226. Kwakman PH, Te Velde AA, de Boer L, et al. Two major medicinal honeys have different mechanisms of bactericidal activity. *PLoS One*. 2011;6:e17709.
- 227. Farid H. Application of natural honey for treatment of multidrug-resistant *Pseudomonas aeruginosa* in the burn unit alshifa hospital, Gaza, Palestine. *Clin Chem Lab Med.* 2012;50:A116.
- 228. van den Berg AJ, van den Worm E, van Ufford HC, et al. An *in vitro* examination of the antioxidant and anti-inflammatory properties of buckwheat honey. *J Wound Care*. 2008;17:174–178.
- 229. Tonks AJ, Cooper RA, Jones KP, et al. Honey stimulates inflammatory cytokine production from monocytes. *Cytokine*. 2003;21:242–247.
- 230. Tonks AJ, Cooper RA, Price AJ, et al. Stimulation of TNF-alpha release in monocytes by honey. *Cytokine*. 2001;14:240–242

American Journal of Therapeutics (2014) 21(4)

231. Henriques AF, Jackson S, Cooper RA, et al. Free radical production and quenching in honeys with wound healing potential. *J Antimicrob Chemother*. 2006;58:773–777.

- 232. Beretta G, Artali R, Caneva E, et al. Quinoline alkaloids in honey: further analytical (HPLC-DAD-ESI-MS, multidimensional diffusion-ordered NMR spectroscopy), theoretical and chemometric studies. *J Pharmaceut Biomed Anal.* 2009;50:432–439.
- 233. Allen KL, Molan PC. The sensitivity of mastitis-causing bacteria to the antibacterial activity of honey. *N Z J Agric Res.* 1997;40:537–540.
- 234. Benhanifia MB, Boukraâ L. Focused Conference Group: P16-Natural products: Past and future? Honey: the oldest modern remedies for mastitis. *Basic Clin Pharmacol Toxicol.* 2010;107(Suppl 1):195.
- 235. Gakuya DW, Mulei CM, Wekesa SB. Use of ethnoveterinary remedies in the management of foot and mouth disease lesions in a diary herd. *Afr J Tradit Complement Altern Med.* 2011;8:165–169.
- 236. Wahba NM, El-Nisr NA, Sayed SM, et al. Intramammary honey infusion: a new trend in the management of bovine subclinical mastitis. *J Anim Veterin Adv.* 2011;10: 2740–2744.
- 237. Brudzynski K. Effect of hydrogen peroxide on antibacterial activities of Canadian honeys. *Can J Microbiol.* 2006;52:1228–1237.
- 238. Bogdanov S. Nature and origin of the antibacterial substances in honey. *LWT Food Sci Technol*. 1997;30: 748–753.
- 239. Wahdan H. Causes of the antimicrobial activity of honey. *Infection*. 1998;26:26–31.
- 240. Kassim M, Achoui M, Mansor M, et al. The inhibitory effects of Gelam honey and its extracts on nitric oxide and prostaglandin E2 in inflammatory tissues. *Fitoterapia*. 2010;81:1196–1201.
- 241. Kwakman PHS, Te Velde AA, de Boer L, et al. How honey kills bacteria. FASEB J. 2010;24:2576–2582.
- 242. Weston RJ. The contribution of catalase and other natural products to the antibacterial activity of honey: a review. *Food Chem.* 2000;71:235–239.
- 243. Brady N, Molan P, Bang L. A survey of non-manuka New Zealand honeys for antibacterial and antifungal activities. J Apicul Res. 2004;43:47–52.
- 244. Kwakman PHS, de Boer L, Ruyter-Spira CP, et al. Medical-grade honey enriched with antimicrobial peptides has enhanced activity against antibiotic-resistant pathogens. *Eur J Clin Microbiol Infect Dis.* 2011;30:251–257.
- 245. Brudzynski K, Abubaker K, Miotto D. Unraveling a mechanism of honey antibacterial action: polyphenol/H₂O₂-induced oxidative effect on bacterial cell growth and on DNA degradation. *Food Chem.* 2012; 133;329–336.
- 246. Kwakman PH, Zaat SA. Antibacterial components of honey. *IUBMB Life*. 2012;64:48–55.
- Molan PC. The antibacterial activity of honey. 2—Variation in the potency of the antibacterial activity. *Bee World*. 1992; 73:59–76.

- 248. Redzic S, Kurtagic H, Prazina N, et al. The antimicrobial activity of honey in relation to the composition of pollen (Bosnia-Herzegovina, W. Balkan). *Planta Med.* 2011:77:12.
- 249. Ali ATMM, Chowdhury MNH, Al-Humayyd MS. Inhibitory effect of natural honey on *Helicobacter pylori*. *Trop Gastroenterol*. 1991;12:139–143.
- 250. Allen K, Molan P, Reid G. A survey of the antibacterial activity of some New Zealand honeys. *J Pharm Pharmacol.* 1991;43:817–822.
- 251. Al Somal N, Coley KE, Molan PC, et al. Susceptibility of *Helicobacter pylori* to the antibacterial activity of Manuka honey. *J R Soc Med.* 1994;87:9–12.
- 252. Taormina P, Niemira B, Beuchat L. Inhibitory activity of honey against foodborne pathogens as influenced by the presence of hydrogen peroxide and level of antioxidant power. *Int J Food Microbiol.* 2001;28:217–225.
- 253. Al-Jabri AA, Al-Hosni SA, Nzeako BC, et al. In vitro antibacterial activity of Omani and African honey. *Br J Biomed Sci.* 2003;60:1–4.
- 254. Al-Jabri AA, Al-Hosni SA, Al-Mahrooqi ZH, et al. Anti-bacterial activity of Omani honey alone and in combination with gentamicin. *Saudi Med J.* 2005;26:767–771.
- 255. Al-Waili NS. Mixture of honey, beeswax and olive oil inhibits growth of *Staphylococcus aureus* and Candida albicans. *Arch Med Res.* 2005;36:10–13.
- 256. French VM, Cooper RA, Molan PC. The antibacterial activity of honey against coagulase-negative staphylococci. *J Antimicrob Chemother*. 2005;56:228–231.
- 257. Wilkinson J, Cavanagh H. Antibacterial activity of 13 honeys against *Escherichia coli* and *Pseudomonas aeruginosa*. *J Med Food*. 2005;8:100–103.
- 258. Mullai V, Menon T. Bactericidal activity of different types of honey against clinical and environmental isolates of *Pseudomonas aeruginosa*. *J Altern Complement Med*. 2007;13:439–441.
- 259. Irish J, Carter DA, Blair SE, et al. Antibacterial activity of honey from the Australian stingless bee *Trigona carbonaria*. *Int J Antimicrob Agents*. 2008;32:89–90.
- 260. Kwakman PHS, Van Den Akker JPC, Güçlü A, et al. Medical—grade honey kills antibiotic-resistant bacteria *in vitro* and eradicates skin colonization. *Clin Infect Dis.* 2008;46:1677–1682.
- Lee H, Churey JJ, Worobo RW. Antimicrobial activity of bacterial isolates from different floral sources of honey. *Int J Food Microbiol.* 2008;126:240–244.
- 262. Boukraâ L, Sulaiman SA. Rediscovering the antibiotics of the hive. *Recent Pat Antiinfect Drug Discov.* 2009;4: 206–213.
- 263. Lin SM, Molan PC, Cursons RT. The in vitro susceptibility of *Campylobacter spp*. to the antibacterial effect of manuka honey. *Eur J Clin Microbiol Infect Dis.* 2009;28: 339–344.
- 264. Truchado P, Gil-Izquierdo A, Tomás-Barberán F, et al. Inhibition by chestnut honey of N-Acyl-L-homoserine lactones and biofilm formation in *Erwinia carotovora*, *Yersinia enterocolitica*, and *Aeromonas hydrophila*. *J Agric Food Chem.* 2009;57:11186–11193.

- 265. Fallah F, Eslam G, Taheri S, et al. The effects of honey against *E.coli* resistant to cotrimoxasole in urinary tract infections in Iran. *Int Med J.* 2010;40(Suppl 1):72.
- 266. Majtán J, Majtanova L, Bohova J, et al. Honeydew honey as a potent antibacterial agent in eradication of multi-drug resistant *Stenotrophomonas maltophilia* isolates from cancer patients. *Phytother Res.* 2011;25: 584–587.
- 267. Irish J, Blair S, Carter DA. The antibacterial activity of honey derived from Australian flora. *PLoS One*. 2011;6: e18229.
- 268. Lin SM, Molan PC, Cursons RT. The controlled *in vitro* susceptibility of gastrointestinal pathogens to the antibacterial effect of manuka honey. *Eur J Clin Microbiol Infect Dis.* 2011;30:569–574.
- 269. Ali Haimoud S, Allem R, Laissaoui A. The activity of honeys produced in Algeria to some pathogenic bacteria responsible for gastrointestinal infections. *Fund Clin Pharmacol.* 2012;26(Suppl 1):29.
- 270. Jenkins R, Burton N, Cooper R. Manuka honey inhibits cell division in methicillin-resistant *Staphylococcus aureus*. *J Antimicrob Chemother*. 2011;66:2536–2542.
- 271. Jenkins R, Burton N, Cooper R. Effect of manuka honey on the expression of universal stress protein A in meticillin-resistant *Staphylococcus aureus*. *Int J Antimicrob Agents*. 2011;37:373–376.
- 272. Jenkins R, Wootton M, Howe R, et al. Susceptibility to manuka honey of clinical strains of *Staphylococcus aureus* with varying sensitivity to vancomycin (VISA). *Clin Microbiol Infect*. 2012;18(Suppl 3):385.
- 273. Jenkins R, Wootton M, Howe R, et al. Susceptibility to manuka honey of *Staphylococcus aureus* with varying sensitivities to vancomycin. *Int J Antimicrob Agents*. 2012;40:88–89.
- 274. Cooper R, Jenkins R. Are there feasible prospects for manuka honey as an alternative to conventional antimicrobials? Expert Rev Anti-Infect Ther. 2012;10:623–625.
- 275. Boukraâ L, Niar A. Sahara honey shows higher potency against *Pseudomonas aeruginosa* compared to north Algerian types of honey. *J Med Food*. 2007;10:712–714.
- 276. Sherlock O, Dolan A, Athman R, et al. Comparison of the antimicrobial activity of Ulmo honey from Chile and Manuka honey against methicillin-resistant Staphylococcus aureus, Escherichia coli and Pseudomonas aeruginosa. BMC Complem Altern Med. 2010;10:47.
- 277. Jenkins RE, Cooper R. Synergy between oxacillin and manuka honey sensitizes methicillin-resistant *Staphylococcus aureus* to oxacillin. *J Antimicrob Chemother*. 2012; 67:1405–1407.
- 278. Karayil S, Deshpande S, Koppikar G. Effect of honey on multidrug resiatant organisms and its synergistic action with three antibiotics. *J Postgrad Med.* 1998;44:93–96.
- 279. Mukherjee S, Chaki S, Das S, et al. Distinct synergistic action of piperacillin and methylglyoxal against *Pseudomonas aeruginosa*. *Indian J Exp Biol*. 2011;49:547–551.
- 280. Boukraâ L, Benbarek H, Aissat S. Synergistic action of starch and honey against *Pseudomonas aeruginosa* in

- correlation with diastase number. *J Altern Complem Med.* 2008;14:181–184.
- 281. Boukraâ L, Amara K. Synergistic effect of starch on the antibacterial activity of honey. *J Med Food.* 2008;11: 195–198.
- 282. Boukraâ L, Niar A, Benbarek H, et al. Additive action of royal jelly and honey against Staphylococcus aureus. *J Med Food.* 2008;11:190–192.
- 283. Boukraâ L. Additive activity of royal jelly and honey against *Pseudomonas aeruginosa*. *Altern Med Rev.* 2008;13: 330–333.
- 284. Abdellah F, Boukraâ L, Mohamed HS, et al. Synergistic effect of honey and *Thymus ciliatus* against pathogenic bacteria. *Open Nutraceut J.* 2012;5:174–178.
- 285. Escuredo O, Silva LR, Valentão P, et al. Assessing Rubus honey value: pollen and phenolic compounds content and antibacterial capacity. *Food Chem.* 2012; 130:671–678.
- 286. Mavric E, Wittmann S, Barth G, et al. Identification and quantification of methylglyoxal as the dominant antibacterial constituent of Manuka (*Leptospermum scoparium*) honeys from New Zealand. *Mol Nutr Food Res.* 2008;52:483–489.
- 287. Henriques AF, Jenkins RE, Burton NF, et al. The intracellular effects of manuka honey on *Staphylococcus aureus*. Eur J Clin Microbiol Infect Dis. 2010;29:45–50.
- 288. Henriques AF, Jenkins RE, Burton NF, et al. The effect of manuka honey on the structure of *Pseudomonas aeru-ginosa*. *Eur J Clin Microbiol Infect Dis*. 2011;30:167–171.
- 289. Alnaqdy A, Al-Jabri A, Al Mahrooqi Z, et al. Inhibition effect of honey on the adherence of *Salmonella* to intestinal epithelial cells in vitro. *Int J Food Microbiol*. 2005; 103:347–351.
- 290. Maddocks SE, Lopez MS, Rowlands RS, et al. Manuka honey inhibits the development of *Streptococcus pyogenes* biofilms and causes reduced expression of two fibronectin binding proteins. *Microbiology*. 2012;158: 781–790.
- 291. Badet C, Quero F. The *in vitro* effect of manuka honeys on growth and adherence of oral bacteria. *Anaerobe*. 2011;17:19–22.
- 292. Kilty SJ, Duval M, Chan FT, et al. Methylglyoxal: (active agent of manuka honey) *in vitro* activity against bacterial biofilms. *Int Forum Allergy Rhinol.* 2011;1:348–350.
- 293. Nassar HM, Li M, Gregory RL. Effect of honey on *Streptococcus mutans* growth and biofilm formation. *Appl Environ Microbiol.* 2012;78:536–540.
- 294. Packer JM, Irish J, Herbert BR, et al. Specific non-peroxide antibacterial effect of manuka honey on the *Staphylococcus aureus* proteome. *Int J Antimicrob Agents*. 2012;40:43–50.
- 295. Jenkins R, Cooper R, Burton N. Differential expression of proteins in MRSA-15 after treatment with manuka honey investigated by 2D electrophoresis. *Clin Microbiol Infect*. 2010;16(Suppl 2):S255.
- 296. Osato M, Reddy S, Graham D. Osmotic effect of honey on growth and viability of *Helicobacter pylori*. *Dig Dis Sci*. 1999;44:462–464.

American Journal of Therapeutics (2014) 21(4)

- 297. Manyi-Loh CE, Clarke AM, Munzhelele T, et al. Selected South African honeys and their extracts possess in vitro anti-*Helicobacter pylori* activity. *Arch Med Res.* 2010;41:324–331.
- 298. Brady N, Molan P, Harfoot C. The sensitivity of dermatophytes to the antimicrobial activity of Manuka honey and other honey. *Pharm Sci.* 1996;2:471–473.
- Irish J, Carter DA, Shokohi T, et al. Honey has an antifungal effect against *Candida* species. *Med Mycol.* 2006; 44:289–291.
- 300. Koç AN, Silici S, Ercal BD, et al. Antifungal activity of Turkish honey against *Candida* spp. and *Trichosporon* spp: an *in vitro* evaluation. *Med Mycol*. 2009;47:707–712.
- 301. Mulu A, Diro E, Tekleselassie H, et al. Effect of Ethiopian multiflora honey on fluconazole-resistant *Candida* species isolated from the oral cavity of AIDS patients. *Int J STD AIDS*. 2010;21:741–745.
- 302. Candiracci M, Citterio B, Piatti E. Antifungal activity of the honey flavonoid extract against *Candida albicans*. *Food Chem.* 2012;131:493–499.
- 303. Obaseiki-Ebor EE, Afonya TCA. In-vitro evaluation of the anticandidiasis activity of honey distillate (HY-1) compared with that of some antimycotic agents. *J Pharm Pharmacol.* 1984;36:283–284.
- 304. Khosravi AR, Shokri H, Katiraee F, et al. Fungicidal potential of different Iranian honeys against some pathogenic Candida species. *J Apicult Res.* 2008;47: 256–260.
- 305. Theunissen F, Grobler S, Gedalia I. The antifungal action of three South African honeys on *Candida albicans*. *Apidologie*. 2001;32:371–379.
- 306. Moussa A, Noureddine D, Saad A, et al. Antifungal activity of four honeys of different types from Algeria against pathogenic yeast: *Candida albicans* and *Rhodotorula sp. Asian Pacific J Trop Biomed*. 2012;7:554–557.
- 307. Moussa A, Noureddine D, Hammoudi SM, et al. Additive potential of ginger starch on antifungal potency of honey against *Candida albicans*. *Asian J Trop Biomed*. 2012;2:253–255.
- 308. Boukraâ L, Benbarek H, Ahmed M. Synergistic action of starch and honey against *Aspergillus niger* in correlation with Diastase Number. *Mycoses*. 2008;51:520–522.
- 309. Boukraâ L, Bouchegrane S. Additive action of honey and starch against *Candida albicans* and *Aspergillus niger*. *Rev Iberoam Micol.* 2007;24:309–311.
- 310. Ghapanchi J, Moattari A, Tadbir AA, et al. The *i*n vitro antiviral activity of honey on type I *Herpes simplex* virus. *J Basic Appl Sci.* 2011;5:849–852.
- 311. He Q, Wang S, Zhang X, et al. Effects of honey to acyclovir in the rabbit eye transport kinetics [in Chinese]. *Zhongguo Zhong Yao Za Zhi*. 2011;36:2723–2726.
- 312. Shahzad A, Cohrs RJ. In vitro antiviral activity of honey against varicella zoster virus (VZV): a translational medicine study for potential remedy for shingles. *Transl Biomed.* 2012;3:2.
- 313. Cotton MF, Innes S, Jaspan H, et al. Management of upper respiratory tract infections in children. *So Afr Fam Pract*. 2008;50:6–12.

- 314. Katouzian-Safadi M, Bonmatin M. The use of honey in the simple and composed drugs at Rhazes. *Rev Hist Pharm (Paris)*. 2003;51:29–36.
- 315. Iareshko AG, Golenitskiĭ AI, Iareshko VA, et al. Effect of flower honey and its products on the *M. tuberculosis*. *Probl Tuberk*. 1978;3:83–84.
- 316. Asadi-Pooya AA, Pnjehshahin MR, Beheshti S. The antimycobacterial effect of honey: an in vitro study. *Riv Biol.* 2003;96:491–495.
- 317. Ulker N. Antibacterial action of honey toward different types of Mycobacterium [in German]. *Türk Tip Cemīy Mecm.* 1967;33:282–287.
- 318. Lombardi P, Campolmi P, Giorgini S, et al. Contact urticaria from fish, honey and peach skin. *Contact Dermatitis*. 1983;9:422–423.
- 319. Lombardi C, Senna GE, Gatti B, et al. Allergic reactions to honey and royal jelly and their relationship with sensitization to compositae. *Allergol Immunopathol*. 1998;26:288–290.
- 320. Cosmes PM, Domínguez C, Ancillo AM. Anaphylaxis in northern Estremadura: some cases of honey urticaria. *Alergol Immunol Clin.* 2002;17:8–12.
- 321. Kalikyan ZG. First stage of food allergy survey among university students in Yerevan. *New Armenian Med J.* 2010;4:3.
- 322. Tuncel T, Uysal P, Hocaoglu AB, et al. Anaphylaxis caused by honey ingestion in an infant. *Allergol Immunopathol.* 2011;39:112–113.
- 323. García Ortiz JC, Cosmes Martin P, Lopez-Asunsolo A. Allergy to foods in patients monosensitized to Artemisia pollen. *Allergy*. 1996;51:927–931.
- 324. Gunduz A, Turedi S, Uzun H, et al. Mad honey poisoning. *Am J Emerg Med*. 2006;24:595–598.
- 325. Yarlioglues M, Akpek M, Ardic I, et al. Mad-honey sexual activity and acute inferior myocardial infarctions in a married couple. *Tex Heart Inst J.* 2011;38: 577–580.
- 326. Ösken A, Yaylaci S, Aydin E, et al. Slow ventricular response atrial fibrillation related to mad honey poisoning. *J Cardiovasc Dis Res.* 2012;3:245–247.

- 327. Demir Akca AS, Kahveci FO. An indispensable toxin known for 2500 years: victims of mad honey. *Turkish J Med Sci.* 2012;42(Suppl 2):1499–1504.
- 328. Brook I. Infant botulism. *J Perinatol.* 2007;27:175–180.
- 329. Koepke R, Sobel J, Arnon SS. Global occurrence of infant botulism, 1976–2006. *Pediatrics*. 2008;122:e73–e82.
- 330. King LA, Popoff MR, Mazuet C, et al. Infant botulism in France, 1991-2009 [in French]. *Arch Pediatr.* 2010;17: 1288–1292.
- 331. Trost M. Recognition of infantile botulism: a case illustrating the importance of rapid reassessment after hospital transfers. *J Hosp Med.* 2012;7(Suppl 2):S269–S270
- 332. Postmes T, van den Bogaard AE, Hazen M. The sterilization of honey with cobalt 60 gamma radiation: a study of honey spiked with spores of *Clostridium botulinum* and *Bacillus subtilis*. *Experientia*. 1995;51:986–989.
- 333. Migdal W, Owczarczyk HB, Kedzia B, et al. Microbiological decontamination of natural honey by irradiation. *Radiat Phys Chem.* 2000;57:285–288.
- 334. Molan P, Allen K. The effect of gamma-irradiation on the antibacterial activity of honey. *J Pharm Pharamcol*. 1996;48:1206–1209.
- 335. Koumaravelou K, Adithan C, Shashindran CH, et al. Influence of honey on orally and intravenously administered diltiazem kinetics in rabbits. *Indian J Exp Biol.* 2002;40:1164–1168.
- 336. Onrat E, Kaya D, Ya I, et al. Atrioventricular complete heart block developed due to verapamil use together with honey consumption. *Anadolu Kardiyol Derg.* 2003; 3:353–354
- 337. Meng X, Yang S, Pi Z, et al. An investigation of the metabolism of liquiritin and the immunological effects of its metabolite. *J Liquid Chromatogr Relat Tech.* 2012;35: 1538–1549.
- 338. Muthiah YD, Ong CE, Sulaiman SA, et al. In-vitro inhibitory effect of Tualang honey on cytochrome P450 2C8 activity. *J Pharm Pharmacol.* 2012;64:1761–1769.