

## Meetings & Programs

- **Tuesday, January 8, 6:30 p.m.** (covered dish meal)

**Honey Production: Jack Tapp of Busy Bee Apiaries** is a commercial beekeeper specializing in pollination, queen rearing, and honey production. Come and hear what it takes to haul in a really big crop.

- **Tuesday, February 12, 7:00 p.m.** (no meal)

**Bee Multiplication: Harvey Friddle**, one of our own, will educate us on making splits, nucs, and otherwise increasing your honey bee population. Every beekeeper has to deal with these problems sooner or later so let's find out how Harvey does it!

- **Tuesday, March 11, 6:30 p.m.** (covered dish meal)

**Young Queens & Beekeeping Gadgets: Steve Forrest**, owner of Brushy Mountain Bee Farm, never at a loss for words, will entertain with stories, gadgets, and raising new queens.

**BEGINNER BEEKEEPING COURSE FEB. 7, 15, 21, 28 AND MARCH 6, 13**

## Articles of Interest

### Honey proves a better option for childhood cough than OTCs

December 5, 2007



Hershey, Pa. — Now that the safety and effectiveness of children's cough medicines are in question, what can parents do to help their child deal with a troublesome cough?

A new study by a Penn State College of Medicine research team found that honey may offer parents an effective and safe alternative. The study found that a small dose of buckwheat honey given before bedtime provided better relief of nighttime cough and sleep difficulty in children than no treatment or dextromethorphan (DM), a cough suppressant found in many



over-the-counter cold medications.

Honey did a better job reducing the severity, frequency and

bothersome nature of nighttime cough from upper respiratory infection than DM or no treatment. Honey also showed a positive effect on the sleep quality of both the coughing child and the child's parents. DM was not significantly better at alleviating symptoms than no treatment. These findings are especially notable since an FDA advisory board recently recommended that over-the-counter (OTC) cough and cold medicines not be given to children less than 6 years old because of their lack of effectiveness and potential for side effects.

The results are published by Penn State College of Medicine researchers, led by Ian Paul, M.D., M.Sc., in this month's Archives of Pediatrics and Adolescent Medicine.



In a previous study published in 2004, Paul and colleagues showed that neither DM nor diphenhydramine, another common component of cold medications, performed better than a placebo at reducing nighttime cough or improving sleep quality. However, honey has been used for centuries in some cultures to treat upper respiratory infection symptoms like cough, and is considered to be safe for children over 12 months old. Honey has well-established antioxidant and antimicrobial effects, which could explain its contributions to wound healing. Honey also soothes on contact, which may help explain its effect on cough as suggested by the World Health Organization.

In the latest study, the researchers enrolled 105 children between the ages of 2 and 18 at a single university-affiliated physician practice site. On the first night of the study, children received no treatment. Parents answered five questions about their child's cough and sleep quality as well as about their own sleep quality. On the second night, children received either honey, artificial honey-flavored DM or no treatment about a half hour prior to going to bed. Parents answered the same five questions the following morning.

The randomized study was partially double-blinded: Medical staff did not know what treatment each participating family received when distributing their sealed syringe-containing envelope. Parents of children who received honey or artificial honey-flavored DM in a measured syringe were blinded to their treatment group. Parents of children in the no treatment group received an empty syringe, and therefore were aware of their child's treatment group.

**Across the board, parents rated honey as significantly better than DM or no treatment for symptomatic relief of their child's nighttime cough and sleep difficulty. In a few cases, parents did report mild side effects with the honey treatment, such as hyperactivity.**

"Our study adds to the growing literature

questioning the use of DM in children, but it also offers a legitimate and safe alternative for physicians and parents,” said Paul, a pediatrician, researcher and associate professor of pediatrics at Penn State College of Medicine and Penn State Children’s Hospital. “Additional studies should certainly be considered, but we hope that medical professionals will consider the positive potential of honey as a treatment given the lack of proven efficacy, expense, and potential for adverse effects associated with the use of DM.”

Potentially dangerous effects of DM in young children include dystonic reactions, severe involuntary muscle contractions and spasms. Further, DM is a commonly used as a drug of abuse by adolescents.

Cough is the reason for nearly three percent of all outpatient visits in the United States, more than any other symptom. It is particularly bothersome at night because it disrupts sleep. Consumers spend billions of dollars each year on OTC cough and cold medications despite little evidence that these drugs provide significant relief.

This study was funded by an unrestricted grant from the National Honey Board, an industry-funded agency of the United States Department of Agriculture. •



**Have a question about honeybees or beekeeping in general?** Is that extra equipment cluttering up your garage and you need to sell it? Why not participate in the Guilford County Beekeepers forum. This is a great place to communicate your concerns, advertise for things you need and possibly avert disaster by posting and then getting answers from beekeepers around the County and even the State. Just visit [guilfordbeekeepers.org/forum](http://guilfordbeekeepers.org/forum) and see what the excitement is all about.

**The following article was submitted by our president!**

Hi Norman: I ran across this and thought it might be a funny re-publication. The following was found on a French beekeeping distribution list.

“For the capture of swarms and ensuring that they remain in the hive that they are placed, follow instructions below.

1. take one hive (or as many as you require)
2. remove frames
3. Urinate into box
4. Replace frames
5. Allow to dry

Swarms placed into such a treated hive will not attempt to abscond!

Thanks to Patrick Vernet for the technique, which on the follow-up states that it is efficient.

**Colony Collapse Disorder isn’t just for the bees.**

Posted 27 Jun 2007

In the past 35 years, approximately half of the U.S. honey bee colonies have disappeared. This loss has been attributed to a cumulative



effect from causes such as urbanization, pesticide use, mites, and commercial beekeepers retiring or going out of business. Between 2006 and 2007, losses have increased dramatically and a new term, Colony Collapse Disorder, has been created to give the bees a complex. Only kidding, yet “disorder” does seem to hold the bees responsible for their population decline when current evidence supports human impact.

It says here, pollinators are required for producing 15-30% of the human food supply, and farmers rely on managed honey bees throughout the world to provide these services. Everything is connected, so it seems that helping bees would be helping humans.

In acknowledgement, Sen Barbara Boxer, D-Calif., introduced legislation Tuesday to fund research into the die-off of millions of honeybees in the United States. The Pollinator Protector Act would authorize \$89 million in federal funding for a research and grant program at the U.S. Department of Agriculture over five years, for work related to maintaining the bee population as well as native pollinators.



**Guilford County Beekeepers Association**

A LOCAL CHAPTER OF THE NORTH CAROLINA STATE BEEKEEPERS ASSOCIATION

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