Propolis: chemical composition, biological properties and therapeutic activity
Mc Marcucci

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MC Marcucci

Biological Chemistry Laboratory, Chemical Institute of Universidade Estadual de Campinas, CP 6154, cep 13081-970, Campinas, SP, Brazil

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Summary — The plant sources and chemical composition of propolis are reviewed. The chemical constituents that may be relevant to its biological and therapeutic activity are discussed. The cytotoxic activity and antimicrobial and pharmacological properties of propolis are presented. Propolis components, which cause allergy and are responsible for anticancer activity, eg, caffeic acid derivatives, are reported. The therapeutic efficacy of propolis in treating diseases caused by microorganisms is described. Some recent concepts about propolis and its use in medicine are presented.

propolis / phenolics / antimicrobial activity / toxicity / therapeutical activity

INTRODUCTION

In recent years there has been renewed interest in the composition of propolis, a substance that can be regarded as a potential natural source in folk medicine and in the chemical industry. This article describes the composition, biological and pharmacological properties, therapeutic activity and uses of propolis in pharmaceutical and cosmetic products.

COMPOSITION OF PROPOLIS

Propolis is a natural resinous substance collected by bees from parts of plants, buds and exudates (Ghisalberti, 1979). Bees use it as a sealer for their hives (García-Viguera et al, 1992) and, more importantly, to prevent the decomposition of creatures which have been killed by bees after an invasion of the hive (Brumfitt et al, 1990). Characteristically, it is a lipophilic material, hard and brittle when cold but soft, pliable, and very sticky when warm, hence the name beeglue (Hausen et al, 1987a). It possesses a pleasant aromatic smell, and varies in color, depending on its source and age (Brown, 1989). Among the types of chemical substances found in propolis are waxes, resins, balsams, aromatic and ethereal oils, pollen and other organic matter (Ghisalberti et al, 1978). The proportion of these types of substances varies and depends on the place
and time of collection (Ghisalberti et al, 1978; Bankova et al, 1992b). The compounds identified in propolis resin originate from 3 sources: plant exudate collected by bees; secreted substances from bee metabolism; and materials which are introduced during propolis elaboration (Ghisalberti, 1979; Marcucci et al, 1994b).

Simple fractionation of propolis to obtain compounds is difficult due to its complex composition. The usual manner was to extract the fraction soluble in alcohol, called ‘propolis balsam’, leaving the alcohol-insoluble or wax fraction (Ghisalberti, 1979). Although ethanol extract of propolis (EEP) is the most common, extracts with other solvents have been carried out (Villanueva et al, 1964; Cizmárik and Matel, 1970; Hladón et al, 1980; Bankova et al, 1983, 1988, 1989; Manolova et al, 1985; Cortani, 1987, 1991; Grunberger et al, 1988; Andrich et al, 1987; Neychev et al, 1988; Ross, 1990) for identification of many constituents. Many analytical methods have been used for separation and identification of propolis constituents (Bankova et al 1982, 1988, 1989, 1992a, 1994; König, 1986; Cortani, 1987; Pápay et al, 1987; Grenaway et al, 1988, 1989, 1991; Walker and Crane, 1987; Nagy et al, 1989a, 1989b; Campos et al, 1990; Christov and Bankova, 1992; Tomás-Barberán et al, 1993). The known components of propolis resin are listed in table I.

Vitamins B₁, B₂, B₆, C, E, and mineral elements silver, cesium, mercury, lanthanum, antimony, copper, manganese, iron, calcium, aluminium, vanadium and silicon have all been identified in propolis samples (Deblock-Bostyn, 1982; Debuyser, 1983).

The plant origin of propolis has been studied by many researchers. Bankova et al (1992b) showed that propolis composition is very similar to bud exudates. Qualitative composition of many compounds, eg, flavonoids aglycones in propolis of different tree species has indicated that propolis has been collected from Populus fremontii (USA), P x euramerican (UK), Dalechampia spp and Clusia spp (Equator) (Greenaway et al, 1990); P nigra, P italic, P tremula (Bulgaria) and P suaveolens (Mongolia) (Bankova et al, 1992b; 1994); Betula, Populus, Pinus, Prunus, Acacia, Aesculus hypogastane (Hungary) (Nagy et al, 1985), Clusia minor (Venezuela) (Tomás-Barberán et al, 1993), Plumeria acuminata and P acutifolia (Hawaiian Islands) (König, 1985) and Betula and Alnus (Polish regions) (Warakomska and Maciejewicz, 1992).

**BIOLOGICAL AND PHARMACOLOGICAL PROPERTIES**

**Antibacterial activity**

The *in vitro* activity of propolis against several bacterial strains has been reported (Ghisalberti, 1979; Vanhaelen and Vanhaelen, 1979b; Pepeljnjak et al, 1981, 1982; Pápay et al, 1985b; Kawai and Konishi, 1987; Toth and Papay, 1987; Okonenko, 1988; Petri et al, 1988; Rosenthal et al, 1989; Brumfitt et al, 1990; Cuéllar et al, 1990; Soboleva et al, 1990; Dimov et al, 1991; Dobrowolski et al, 1991; Kujumgiev et al, 1993; Ventura Coll et al, 1993; Langoni et al, 1994; Woisky et al, 1994). Meresta and Meresta (1985) examined the sensitivity of 75 bacterial strains to propolis extracts. Of these, 69 were identified as *Staphylococcus* spp and *Streptococcus* spp. All strains exhibited a high sensitivity to propolis extracts. The antibacterial activity of propolis against *S aureus* 209P had minimum inhibitory concentration (MIC) and minimum bactericidal concentration (MBC) values of 10 and 120 mg/ml, respectively (Meresta and Meresta, 1980). Valdez Gonzalez *et al* (1985) observed that EEP inhibited the growth of various bacteria including strains of *Streptococcus* and *Bacil-
lus. Grange and Davey (1990) related that preparations of EEP (3 mg/ml) completely inhibited the growth of *Pseudomonas aeruginosa* and *Escherichia coli*, but had no effect on *Klebsiella pneumoniae*. Fuentes and Hernandez (1990) showed that EEP had a pronounced activity against Gram-positive bacteria, including *S aureus*, *E coli*, *P aeruginosa*, *B subtilis*, *S epidermidis* and *Streptococcus* sp (B hemolytic). The results of Fuentes and Hernandez were confirmed by Marcucci *et al* (1994c) with the same *E coli* strain.

Besides aerobic bacteria, the antimicrobial effects of EEP have been tested against a total number of 267 anaerobic strains. The cultures of bacteria generally showed the highest sensitivity to 1 mg/ml of EEP (Kedzia, 1986, 1990).

Extracts of propolis have been shown to potentiate the effect of certain antibiotics (Ghisalberti, 1979; Kedzia and Holderna, 1986; Hernandez and Bernal, 1990; Krol *et al*, 1993). The antibiotic action against *S aureus* (various strains) and *E coli* was increased by the addition of propolis to nutrient medium. The presence of propolis prevented or reduced any gradual build-up in tolerance of *Staphylococcus* to antibiotics (Ibragimova and Pankratova, 1983; Meresta and Meresta, 1985).

The antibacterial activity of propolis is reportedly due to flavonoids and aromatic acids and esters present in resin (Debuyser, 1983; Meresta and Meresta, 1985/1986). Galangin, pinocembrin and pinostrobin have been recognized as the most effective flavonoid agents against bacteria (Dimov *et al*, 1992). Ferulic and caffeic acid also contributes to bactericidal action of propolis (Debuyser, 1983).

Kedzia *et al* (1990) reported that the mechanism of antimicrobial activity is complicated and could be attributed to a synergism between flavonoids, hydroxyacids and sesquiterpenes. Scheller *et al* (1977b) and Krol *et al* (1993) also observed this effect.

### Antiviral activity

There are few data from studies of the antiviral effects of propolis (Esanu *et al*, 1981; König, 1986; Bankova *et al*, 1988; Neychev *et al*, 1988; Debiaggi *et al*, 1990; Vachy *et al*, 1990; Amoros *et al* 1994; Serkedjieva *et al*, 1992). In virological studies carried out with extracts obtained with various solvents, some fractions affected the reproduction of influenza viruses A and B, vaccinia virus and Newcastle disease virus in different biological testing systems (Maksimova-Todorova *et al*, 1985; Manolova *et al*, 1985). The action of these active fractions was similar both in strain spectrum and in the degree of antiinfluenza activity of propolis concentrations from 0.2–3.0 mg/ml.

Amoros *et al* (1992a, 1992b) investigated the *in vitro* effect of propolis on several DNA and RNA viruses, including herpes simplex type 1, an acyclovir resistant mutant, herpes simplex type 2, adenovirus type 2, vesicular stomatitis virus and poliovirus type 2. The inhibition of poliovirus propagation was clearly observed. At a concentration of 30 μg/ml, propolis reduced the titer of herpes simplex virus by 1 000, whereas vesicular stomatitis and adenovirus were less susceptible. In addition to its effect on virus multiplication, propolis was found to exert a viricidal action on the enveloped viruses herpes simplex (HSV) and vesicular stomatitis virus (VSV).

Table I. Compounds identified in propolis resin.

<table>
<thead>
<tr>
<th>Basic structure</th>
<th>Compound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amino acids</td>
<td>Alanine[^12]; β-alanine[^0]; α-amino butyric acid[^0]; δ-amino butyric acid[^0]; arginine[^12]; asparagine[^12]; aspartic acid[^12]; cystine[^2]; cystein[^2]; glutamic acid[^12]; glycine[^12]; histidine[^12]; hydroxyproline[^0]; isoleucine[^12]; leucine[^12]; lysine[^12]; methionine[^12]; ornithine[^0]; phenylalanine[^12]; proline[^12]; pyroglutamic acid[^11]; sarcosine[^0]; serine[^2]; threonine[^12]; tryptophan[^12]; tyrosine[^12]; valine[^12]</td>
</tr>
<tr>
<td>Basic structure</td>
<td>Compound*</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Flavanones</td>
<td>Naringenin\textsuperscript{t}; pinobanksin\textsuperscript{h,w}; pinobanksin-3-acetate\textsuperscript{m,n,w}; pinobanksin-3-butyrate\textsuperscript{t}; pinobanksin-3-hexanoate\textsuperscript{t}; pinobanksin-3-methyl ether\textsuperscript{r,w}; pinobanksin-3-pentanoate\textsuperscript{w}; pinobanksin-3-propanoate\textsuperscript{r,w}; pinocembrin\textsuperscript{b,g,k,i,h,r,v}; pinostrobin\textsuperscript{b,g,h,ty}; sakuranetin\textsuperscript{i,g,ty}; 3,7-dihydroxy-5-methoxyflavonane\textsuperscript{v}; 2,5-dihydroxy-7-methoxyflavonane\textsuperscript{v}</td>
</tr>
<tr>
<td>Flavones and flavonols</td>
<td>Acacetin\textsuperscript{h,k,i,l,m}; apigenin\textsuperscript{h,k,i,l,m}; apigenin-7-methyl ether\textsuperscript{t}; chrysins\textsuperscript{h,k,l,m}; fisetin\textsuperscript{t}; galangin\textsuperscript{a,g,h,k,l,m,n,w}; galangin-3-methyl ether\textsuperscript{m,n,w}; izalpinin\textsuperscript{g,m,n,w}; isorhamnetin\textsuperscript{h,k,l,m,n}; kaempferide\textsuperscript{a,h,k,i,l,m}; kaempferol\textsuperscript{h,k,i,l,m}; kaempferol-3-methyl ether\textsuperscript{t}; kaempferol-7-methyl ether\textsuperscript{t}; kaempferol-7,4’-dimethyl ether\textsuperscript{t}; pectolinagenin\textsuperscript{g,m}; quercetin\textsuperscript{h,i,k,l}; quercetin-3,7-dimethyl ether\textsuperscript{m}; ramnetin\textsuperscript{h,k,l,m}; ramnocitrin\textsuperscript{h,k,l}; tectocrisine\textsuperscript{h,k,i,l,m};</td>
</tr>
<tr>
<td>Hydrocarbons esters, hydroxys and keto waxes</td>
<td>Heneicosane\textsuperscript{g,w,y}; hentriacontane\textsuperscript{g,w,y}; heptacosane\textsuperscript{g,w,y}; hexacosane\textsuperscript{w}; nonacosane\textsuperscript{g,w,y}; pentacosane\textsuperscript{g,w,y}; tricosane\textsuperscript{g,w,y}; tritriacontane\textsuperscript{g,w,y}; tritriacontane\textsuperscript{r,w,y}; dotriacontylhexadecanoate; dotriacontyl\textsuperscript{-[\textit{Z}-octade-9-enoate]}; hexacosyl\textsuperscript{-[\textit{Z}-octade-9-enoate]}; hexacosyl\textsuperscript{-[\textit{Z}-octade-9-enoate]}; octacosyl\textsuperscript{-[\textit{Z}-octade-9-enoate]}; octacosyl\textsuperscript{-[\textit{Z}-octade-9-enoate]}; tetracosyl\textsuperscript{-[\textit{Z}-octadec-9-enoate]}; tetracosyl\textsuperscript{-[\textit{Z}-octadec-9-enoate]}; tetratriacontyl\textsuperscript{-hexadecanoate}; tetratriacontyl\textsuperscript{-[\textit{Z}-octadec-9-enoate]}; triacontyl\textsuperscript{-hexadecanoate}; triacontyl\textsuperscript{-[\textit{Z}-octadec-9-enoate]}</td>
</tr>
<tr>
<td>Waxy acids</td>
<td>Arachidic acid\textsuperscript{t}; behenic acid\textsuperscript{f,u}; cerotic acid\textsuperscript{f,u}; lauric acid\textsuperscript{t}; linoleic acid\textsuperscript{t}; linolenic acid\textsuperscript{h,w}; montanic acid\textsuperscript{h,w}; myristic acid\textsuperscript{f,u}; oleic acid\textsuperscript{f,u}; palmitic acids\textsuperscript{w}; stearic acid\textsuperscript{f,u}</td>
</tr>
<tr>
<td>Ketones</td>
<td>Acetophenone\textsuperscript{f,u}; p-acetophenolacetophenone\textsuperscript{f,l}; dihydroxyacetophenone\textsuperscript{v}; methylacetophenone\textsuperscript{v}; hept-5-en-2-one\textsuperscript{t}; 6-methylketone\textsuperscript{t}</td>
</tr>
<tr>
<td>Terpenoids and other compounds</td>
<td>α-Acetoxybetaluleno\textsuperscript{a,h}; β-bisabolol\textsuperscript{a,h}; 1,8-cineole\textsuperscript{b}; α-copane\textsuperscript{a,f}; cymene\textsuperscript{a,f}; limonene\textsuperscript{a,f}; pterostilbene\textsuperscript{a,f}; styrene\textsuperscript{a,f}; xanthorreeol\textsuperscript{a,f}; xylo\textsuperscript{a,f}; naphthalene\textsuperscript{a,f}; 4-hexanolactone\textsuperscript{r,w}; sesquiterpene alcohol\textsuperscript{h,w}; sesquiterpene alcohol\textsuperscript{h,w}; sesquiterpene diol\textsuperscript{w}</td>
</tr>
<tr>
<td>Steroids</td>
<td>Calinasterol acetate; β-dihydrofucosterol acetate; ucosterol acetate; stigmasterol acetate</td>
</tr>
<tr>
<td>Sugars</td>
<td>Fructofuranose-1\textsuperscript{w,v}; fructofuranose-2\textsuperscript{w,v}; α-D-glucopyranose\textsuperscript{w,x}; β-D-glucopyranose\textsuperscript{w,x}</td>
</tr>
</tbody>
</table>

such as caffeic acid were found to have a weak activity against influenza although vaccinia and adenovirus were more sensitive than polio and parainfluenza virus (Vanden Berge et al., 1986). Debiaggi et al. (1990) studied the effect of propolis flavonoids on the infectivity and replication of some herpes virus, adenovirus, coronavirus and rotavirus strains. The cytotoxicity of flavonoids, including chrysine, kaempferol, acacetin, galangin and quercetin was evaluated.

The antiviral activity of constituents of propolis, such as esters of substituted cinnamic acids, have been studied in vitro. One of them, isopentyl ferulate, significantly inhibited the infectious activity of influenza virus A (Hong Kong strain) at 50 mg/ml (Serkedjieva et al., 1992). Similar results were found by Amoros et al. (1994) when the in vitro activity of 3-methylbut-2-enyl caffeate identified in propolis samples was tested against herpes simplex virus type 1 (HSV-1). The same synthetic compound showed strong inhibition of HSV-1 growth at a concentration of 25 mg/ml. Some authors suggested that the antiviral activity of propolis is due to both the main constituents and the minor components like 3-methylbut-2-enyl caffeate and 3-methylbutyl ferulate (Bankova et al., 1987; Amoros et al., 1994).

### Antifungal activity

Millet-Clerc et al. (1987) reported that propolis exhibited an important antifungal activity against Trichophyton and Microsporum in the presence of propylene glycol, which interacts synergistically at a 5% concentration. Combinations of some antimycotic drugs with propolis (10%) increased their activity on Candida albicans yeasts. The greatest synergistic effect against most strains was obtained when propolis was added to antifungal drugs (Holderna and Kedzia, 1987). Valdés et al. (1987) tested 30 propolis samples produced in Cuba against 2 strains of C albicans. Lisa et al. (1989) verified the antifungal activity of propolis extracts (10% in ethanol) against 17 fungal pathogens. The EEP inhibited Candida and all tested dermatophytes. Fernandes Junior et al. (1994) evaluated the antifungal activity of EEP against C albicans, C parapsilosis, C tropicalis and C guilliermondii; 98% of fungi samples were sensitive to EEP concentrations of less than 5.0%. Lori (1990) observed that in in vitro tests, propolis concentrations of 5 or 10% prevented growth of Trichophyton verrucosum. The antifungal activity of propolis was observed in some plant fungi in vitro (La Torre et al., 1990).

### Cytotoxic activity

Extracts of propolis have been examined for in vitro cytotoxic activity by different methods of tissue culture in some cell lines. Hladón et al. (1980) investigated the cytostatic activity of propolis extracts on human KB (nasopharinx carcinoma) and HeLa (human cervical carcinoma) cell lines. The ethereal propolis fraction (DEEP) exhibited the strongest cytostatic activity. The secondary fractions of ethyl acetate and butanol of DEEP presented a good activity. Intermediate activity was verified in the CHCl₃/DEEP fraction. The killing action of propolis on HeLa cells was tested by Ban et al. (1983). A concentration of 10 mg/ml caused 50% inhibition of colony-forming ability. In assessing the killing action of propolis, flavonoids were also tested. HeLa cells were found to be more sensitive to quercetin and rhamnolin, but less sensitive to galangin. Grunberger et al. (1988) described caffeic acid phenethyl ester (CAPE) as the compound partially responsible for the cytostatic properties of propolis. The effect of CAPE on human cancer cell lines was tested in breast carcinoma (MCF-7) and melanoma (SK-MEL-28 and
SK-MEL-170) cell lines in culture. A dose of 10 μg/ml of CAPE completely inhibited the incorporation of [3H]thymidine into the DNA of breast carcinoma. More dramatic effects were observed in the melanoma, colon (HT 29) and renal carcinoma cell lines, but the CAPE effect on normal fibroblasts and melanocytes was significantly less. Because the cytostatic action of CAPE is more effective in transformed cells, it is reasonable to assume that it is responsible for the claimed carcinostatic properties of propolis.

The antitumoral activity of caffeic acid derivatives, eg, methyl ferulate, methyl acetyl ferulate, methyl acetyl isoferulate and methyl diacetyl caffeate, was reported by Inayama et al, 1984. The effect of other caffeic acid derivatives has been investigated by König (1988). Ross (1990) reported that the cytotoxic effect of propolis in vitro against Chinese hamster ovary cancer cell lines was due to naphthalene derivatives in propolis. In vitro tests of extracts of Brazilian propolis from A mellifera on human hepatocellular carcinoma, KB and HeLa cell lines showed that the cytotoxic effects were caused by quercetin, caffeic acid and phenyl ester constituents of propolis (Matsuno, 1992). Scheller et al (1989c) reported a cytotoxic activity of propolis in mice bearing Ehrlich carcinoma in vivo.

**Antiprotozoan activity**

Scheller et al (1977b) reported antiprotozoan activity of propolis (EEP) in vitro on 3 strains of Trichomonas vaginalis. EEP solutions in vitro presented a lethal activity on strains at a concentration of 150 mg/ml.

The antiprotozoan activity of propolis was verified in experimental animals infected with Eimeria magna, E media and E perforans treated with 3% EEP and other antiprotozoan drugs. The coccidiostatic effect of propolis was higher than other drugs (Hollands et al, 1988a). Propolis preparations were classified as a good coccidiostat against Chilomona paramecium (Hollands et al, 1988b). Torres et al (1990) evaluated the effect of EEP on the growth of the protozoan parasite Giardia lamblia in vitro. At an EEP concentration of 11.6 mg/ml there was a 98% inhibition effect.

**Other properties**


**Toxicity**

As propolis use increases, its side-effects are observed more frequently (Wanscher,
1976; Petersen, 1977; Monti *et al.*, 1983; Ayala *et al.*, 1985; Machácková, 1985; Rudzki *et al.*, 1985; Tosti *et al.*, 1985; Cirasino *et al.*, 1987; Hausen *et al.*, 1987b; Sartoris *et al.*, 1987; Young, 1987; Hay and Greig, 1990). Propolis contains some compounds which cause toxicity. Beekeeper's dermatitis due to propolis is well known and an apparent association between sensitivity to propolis and to poplar resins has been observed (Hausen *et al.*, 1987a, b).

Hausen *et al.* (1987b) described the incidence of nearly 200 cases of allergic contact dermatitis due to propolis. They identified a substance 1,1-dimethylallyl caffeic acid (LB-1) responsible for the allergy. They also described the sensitizing properties of LB-1 in guinea pigs provoked by several propolis samples, demonstrating that this compound is the main sensitizer in propolis. The flavonoid tectochrysin was considered a second allergen, although Schmalle *et al.* (1986) stated that tectochrysin was a very weak sensitizer. Hashimoto *et al.* (1988) verified the allergenic properties of phenylethyl and prenyl esters of caffeic acids from propolis.

Observations of propolis used orally suggest that intestinal absorption could play an important role in propolis sensitization. Limiting the extent of oral administration may be useful in preventing propolis allergy (Angelini *et al.*, 1987; Hausen *et al.*, 1987a, 1988; Kleinhaus, 1987; Trevisan and Kokelj, 1987; Machácková, 1988).

**Therapeutic activity**

Propolis has been used since ancient times in the remedies in folk medicine in many parts of the world (Ghisalberti, 1979). It has a long tradition of medicinal use in many parts of the world. Many European countries are interested in natural products to heal diseases and propolis is an important product used for this purpose. It is found in pharmaceutical and cosmetic products, such as anti-acne lotion, face creams, ointments, lotions and solutions (Debuyser, 1983; Lejeune *et al.*, 1988; Pons and Cueto, 1988, 1989; Goetz, 1990).

**Propolis in dermatology**

Bolshakova (1975) treated 110 patients infected with *Trichophyton* on the hairy zone of the head with 50% propolis (as an unguent). In 97 patients, it was found to produce excellent results. Other examples of the treatment of dermatological diseases were described when propolis was used as an antiseptic (Bolshakova, 1975; Gafar *et al.*, 1986), antimycotic (Holderna and Kedzia, 1987; Millet-Clerc *et al.*, 1987), bacteriostatic (Soboleva *et al.*, 1990; Dobrowolski *et al.*, 1991; Stark and Glinski, 1993; Ventura Coll *et al.*, 1993), antiviral (Giurcaneanu *et al.*, 1988; Vachy *et al.*, 1990) and fungistatic (Millet-Clerc *et al.*, 1987) agent. Many other propolis applications in dermatology have been described. It has been used for wound healing, tissue regeneration, treatment of burns, neurodermatitis, microbial eczema, contact dermatitis, leg ulcers, psoriasis, morphea, herpes simplex and genitalis, pruritus ani, dermatophytes, trophic ulcers, pulp gangrene and as an astringent (Bolshakova, 1975; Molnar-Toth, 1975; Scheller *et al.*, 1977a, 1978; Ghisalberti, 1979; Korsun, 1983; Gafar *et al.*, 1986; Hausen *et al.*, 1987a; Giurcaneanu *et al.*, 1988; Ponce de Leon and Benitez, 1988; Goetz, 1990; Fierro Morales, 1994).

**Propolis in otorhinolaryngologic (ORL) diseases**

Matel *et al.* (1973) described the treatment of 126 subjects suffering of external otitis, chronic mesotympanic otitis and tympan perforation with propolis solutions (5–10%) which had a positive therapeutic result in
most cases. Propolis effects in other ORL
diseases were reported: acute inflammations of the ear (Kachnii, 1975; Palos et al,
1989), treatment of mesotympanitis (Pop-
nikolov et al, 1973), pharyngitis (Doroshenko, 1975), tuberculosis (Karimova
and Rodionova, 1975), chronic bronchitis (Chuhrienko et al, 1989; Scheller et al,
1989a), rhinopharyngolaryngitis (Isakbaev,
1986), pharyngolaryngitis (Lin et al, 1993a)
vasomotor catarrh treatment (Zommer-
Urbanska et al, 1987) and rhinitis (Nuñez

Propolis in gynecological diseases

Zawadzki and Scheller (1973) investigated
90 cases of therapeutic activity of 3% EEP in
cases of vagina and uterus cervix inflam-
mation caused by S pyogenes. They
observed that more than 50% of the cases
responded well to treatment with EEP. The
action of propolis to treat inflammatory and
distrophic lesions of the female genital sys-
tem caused by protozoan and fungi has been
studied. Some 137 cases of diffuse inflam-
mations, ulcerations and ex-ulcerations of
cervix uteri diseases were investigated by
Roman et al (1989). After 20–25 d of asso-
ciated treatment (allopathic and apithera-
pic) very good results were obtained in 53
cases, good results in 24, and satisfactory in
28 cases. The results obtained by Roman et
al (1989) confirm that propolis potentiates
the antiseptic, antifungal and antit-
rychomonas actions of specific chemical
medicines. Stojko and Stojko (1993) also
reported the use of propolis preparations
for treatment of gynecological disorders.

Propolis in stomatology

Mirayes et al (1988) described a clinical
assay with an extract of propolis that showed
its efficacy against giardiasis. Some 138
patients were studied, 48 children and 90
adults, and treated with propolis (in children,
concentration of 10% and adults 20%). At
these concentrations, 52% of the children showed a cure. In adults, the propolis effect
was the same as tinidazole, an antiproto-
zoon drug. When the propolis concentra-
tion was elevated to 30%, there was a
higher efficacy (60% cure versus 40% with
tinidazole). Some authors described the use
of propolis in the following therapies: acute
colitis, chronic colitis, acute gastric ulcers,
and acute duodenal ulcers (Gorbatenko,
1971; Makarov 1972; Nikolov et al, 1973;
Kabanov et al, 1989).

Propolis in odontology

Paintz and Metzner (1979) verified the
anaesthetic properties of propolis. Scheller
and Perri de Carvalho (1990) and Ding et
al (1993) observed regeneration of dental
pulp with gangrene in the presence of propo-
lis. The healing effect of propolis was eval-
uated in periodontitis (Wang et al, 1993),
plaque and gingivitis (Neumann et al, 1986)
and buccal affections (Draganova et al,
a propolis preparation could be a useful sub-
sidiary treatment in oral hygiene.

Other propolis uses in therapy

The use of propolis has been reported for
other diseases (human and veterinary)
including osteoarthritis (Lin et al, 1993b),
eyes diseases (Popescu et al, 1993), as
an antiinflammatory agent (Mihail et al,
1984; Christova, 1985; Busciglio, 1988;
Soboleva et al, 1990; Olinescu, 1991; Fierro
Morales, 1994), angiology (Gonzalez et al,
1988/1989) and orthopedic treatment (Que-
sada and Cueto, 1988/1989). The diverse
use of propolis in clinical trials shows that its
therapeutic efficacy lies mainly in diseases caused by microbial contaminations.

DISCUSSION

Based on the very complex chemical composition of propolis and its pharmacological and therapeutic properties, we conclude that propolis is a very powerful natural product produced by bees. It can be used to treat human and veterinary diseases with great success. Nevertheless, it is evident that propolis cannot be a remedy for all diseases and any who make such claims are guilty of deception and harm the reputation of all hive products (Tóth, 1985). The great problem with propolis, as with some other hive products, is that its composition varies with the flora of a given area, the time of collection and the inclusion of wax contaminants. This further adds to the problem of defining propolis for medicinal use since the product’s quality varies so greatly. Although standardization is possible in principle, exact chemical tests have not been applied yet for the purpose of quality control. The problem of quality control is well demonstrated by the propolis products currently marketed in various countries (Tóth, 1985). It is expected that this review will provide some aid to further investigations about propolis, “the purple gold of the beehive” (Asis, 1989).

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propolis / composition chimique / activité antimicrobienne / toxicité / activité thérapeutique


Propolis / Phenole / antimikrobielle Aktivität / Toxizität / therapeutische Aktivität
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