



AMERICAN  
BOTANICAL  
COUNCIL

Post Office Box 144345  
Austin, Texas 78714-4345  
Phone 512/926-4900  
Fax 512/926-2345  
Email: [abc@herbalgram.org](mailto:abc@herbalgram.org)  
[www.herbalgram.org](http://www.herbalgram.org)

Mark Blumenthal  
Editor

Wayne Silverman, PhD  
Underwriting Coordinator

Betsy Levy  
Densie Webb, PhD  
Risa Schulman, PhD  
Mariann Garner-Wizard  
Heather S. Oliff, PhD  
Ginger Webb  
Michele Schuman  
Jill Hoppe  
Carolyn Orlando  
Summary Writers

Jan Veenstra  
Susan McFarland  
Co-coordinators

The American Botanical Council provides this summary and the enclosed article as an educational service. By providing this article, ABC does not warrant that the data is accurate and correct, nor does distribution of the enclosed article constitute any endorsement of the information contained or of the views of the authors.

ABC does not authorize the copying or use of the original articles. Reproduction of the summaries is allowed on a limited basis for students, colleagues, employees and/or customers. Other uses and distribution require prior approval.

---

# HERBCLIP™

---

FILE: • Propolis  
• Herpes, genital

DATE: March 6, 2001

HC092208

RE: **Propolis Ointment More Effective For Genital Herpes Than Acyclovir — Clinical Study**

Vynograd, N., I. Vynograd, and Z. Sosnowski. A comparative multi-centre study of the efficacy of propolis, acyclovir and placebo in the treatment of genital herpes (HSV). *Phytomedicine*, 2000; Vol. 7(1), pp. 1-6.

Propolis is a flavoanoid-rich substance produced by bees to seal cracks in the hive. It is usually derived by bees from the resin of young buds of trees of the genus *Populus*.

Genital herpes is most often caused by Herpes Simplex Virus (HSV) type 2. The primary episode of genital herpes is shortened if antiviral drugs are given. Interferon and nucleoside analogues (e.g. acyclovir and penciclovir) have been used to inhibit herpes virus growth. Long-term systemic prophylactic treatment with these drugs is costly and has adverse effects. Accordingly, topical antiviral drug use has increased. Canadian propolis is rich in flavonoids, which is known to have virucidal effects. Propolis extract has antiviral, antibacterial, and antimycotic effects *in vitro* and *in vivo*. It also has anesthetic properties. The objective of this experiment was to evaluate the efficacy of propolis extract ointment on recurrent genital herpes and to compare it to acyclovir ointment.

Forty-six men and 44 women aged 18-69 years, with recurrent chronic genital HSV type 2, participated in this single-blind, masked investigator randomized and controlled multi-center study. Upon relapse the patients were examined and treated with either 3% propolis ointment (Api-Remedica Industries, Winnipeg, Canada), 5% acyclovir ointment, or placebo ointment four times daily (QID) for 10 days. The patients were assessed on Day 0, Day 3, Day 7, and Day 10 of treatment. The location, number, size, and stage of lesions were examined. The lesions were classified as vesicular, ulcerated, crusted, or healed. Patients underwent virological, cytological, bacteriological, and clinical examinations.

There was no difference between the groups regarding the stage of the lesions at the initial examination, or the distribution of initial symptoms. On Day of treatment, 50% taking propolis, 27% taking acyclovir, and 0% taking placebo had crusted lesions. On Day 7 of treatment, of the patients who

initially had ulcerations, 10 taking propolis, 4 taking acyclovir, and 3 taking placebo were healed. On Day 10 of treatment, of the patients who initially had ulcerations, 100% taking propolis, 80% taking acyclovir, and 70% taking placebo were healed. In the group with vesicular lesions initially, significantly more patients were completely healed in the propolis group than in the other groups. Overall, at the end of treatment, more participants in the propolis group were healed. Propolis also reduced the outgrowth of vaginal herpetic-bacteria as compared to acyclovir or placebo, but the difference before and after propolis treatment was not significantly different. No adverse effects were noted.

Since symptoms in women seldom occur until the blister phase, there is a long delay before seeing a gynecologist for treatment. Most topical treatments are only effective in the prodromal phase—before blistering. The ideal topical treatment for herpes would be effective when started in the blister phase. Propolis seems to be an attractive alternative in this respect. The exact mechanism of action is not understood. Since this is the first study of propolis on genital herpes, the results need to be confirmed in future research.

—Heather S. Oliff, Ph.D.

Enclosure: Copyright © 2000, *Phytomedicine*, reprinted with permission.

Bin # 191