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Built By Beekeepers... For Beekeepers...

Brian D. Bray

Beekeeping from a Wheelchair by Brian D. Bray

Am I Allergic to Bee Stings?

Brian D. Bray is a retired / disabled police officer who began keeping bees in 1959 when he was 11 years old. His mentor, Albert Girsch (1878-1965), was a barber who began beekeeping in 1899. As a result Brian reports an old fashioned view point, relying on natural solutions abhorring extensive chemical use as detrimental to the bees.

After being injured while on duty several times, he was forced to retire from law enforcement and subsequent injuries have left him dependant on a wheelchair for getting around. Even though forced on occasion to give up his beloved hobby he has always devised a way to return to beekeeping.

He is currently writing a book titled "Beekeeping from a Wheelchair" that will include, among other items, the articles he has submitted for this website.

Are books and trade magazines an important part of beekeeping? All beekeepers will agree that they are. While the Internet is a wonderful source for information, nothing replaces a good book. Visit our Book section and view a list of beekeeper recommended books and magazines or submit a new title for the list.

At the sight of a bee or wasp and especially upon that first sting, the primary question in just about everyone's mind is: am I allergic to bee stings? It is a valid question and can literally mean life or death for those unfortunate few who are, indeed, allergic. But before you panic, a word of caution; a reaction or sensitivity does not constitute an allergy.

An allergic reaction is denoted by a rapid swelling at the site of the sting that can grow to encompass a large area. Along with the swelling there is usually several other symptoms that accompany an allergic reaction which can include several of the following conditions: an increase in heart rate, rash, itching, sweating, dizziness, shortness of breath, nausea (vomiting), and anaphylactic shock which can be followed by heart attack and death if treatment is delayed. A person who has an allergy can experience death within minutes, shortening the response time for medical intervention. So any sting can be a very serious matter and any person who is truly allergic should seek immediate medical intervention. Please note, however, that an allergic reaction is the exception rather than the rule.

First it is important to understand that a bee or wasp sting is a minute amount of poison (venom), the same kind of venom as that found in such critters as scorpions and rattlesnakes. But under normal circumstances, stings pose little hazard to the average person. Granted it injects a certain amount of discomfort along with the poison but the vast majority of people have a mild reaction called sensitivity.

Besides the pain from the sting there are three types or levels of reaction by the human body: 1. Immunity, no visible response to the venom, 2. Sensitivity, where the major reactions are swelling, itching, and/or a rash, and the classification the vast majority of people find themselves in, and 3. Allergy, where the venom of the sting can cause a life threatening situation.

Needless to say those who are immune have nothing to fear or worry about, but what if you are sensitive? A sensitive person, who under normal conditions experiences some mild reaction like swelling, rash, or itching, can just as easily develop an immunity after several exposures to stings as develop an allergy. There are many beekeepers who are sensitive to the stings they receive; some remain so and some develop an immunity, while only a very few have the adverse reaction of developing an allergy.

So you still have the question: am I allergic to bee stings? If your reaction is limited to that of swelling (to a lesser or greater degree), itching, possible increased heart rate, and/or a rash the answer is you are probably just sensitive and prolonged exposure will more likely result in a continued mild reaction or the development of an immunity. However if the reaction progresses past those mentioned as being simply sensitive to include one or more of the allergy symptoms of dizziness, sweating, shortness of breath, nausea, and anaphylactic shock then treatment for an allergy is prudent and advised. A proper course of action relies, in part, on the degree of knowledge of what constitutes mere sensitivity verses what constitutes an allergy when accessing the of action to take in response to a bee or wasp sting.

It is the medical profession's custom to treat sensitivity as an allergy from the onset. Physicians would rather error on the side of caution than unwittingly put a life at possible risk. The medical approach is a stepped response that might begin with the oral or hypodermic injection of an antihistamine, which alleviates the minor symptoms of sensitivity, to the more radical application of anti-venom or crisis intervention for anaphylactic shock where a true allergy exists.

You now have the facts about bee and wasp stings. You now know the difference between sensitivity and allergy. If in doubt, a prudent course of action would be to seek medical assistance. Only you can decide.

Brian D. Bray

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