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Therapeutics of Bioactive Compounds from Medicinal Plants and Honeybee Products against Cancer

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Every year, more than 12 million people are diagnosed with cancer worldwide. Cancer diagnosis is difficult for anybody to bear, and dealing with treatment is sometimes more complicated than the disease itself. When it comes to cancer treatment choices, chemotherapy is the most well-known since it is frequently used and recommended by specialists all over the world. On the other hand, chemotherapy is recognized for destroying healthy cells, and this destruction led to several negative impacts on the body. Recent advancements in biology have allowed scientists to better study the possible use of other methods, including phytotherapy and apitherapy for treating or managing many malignant conditions. Phytotherapy and apitherapy are among the best alternatives to chemotherapy as plants and honeybee products are chief sources of phytochemicals with anticancer properties. For example, hesperidin, melittin, apamin, artepillin, 10-hydroxy-2-decenoic acid (10-HDA), Major Royal Jelly Proteins (MRJP), jelleins, royalisin and caffeic acid phenethyl ester are important plant and bee engineered product constituents which by inducing apoptosis and arresting cell cycle control the proliferation of cancer cells. In general, this review highlights problems related to cancer treatment using chemicals. It discusses phytotherapy and apitherapy as an alternative to chemotherapy, while plants and bee products rich in natural anticancer compounds have greater potency to treat cancer.

Keywords: Apitherapy, Bee engineered products, Chemotherapy, Phytochemicals, Phytotherapy, Side effects

Introduction

The word chemotherapy was coined by the German chemist Paul Ehrlich and explained it as using chemicals to medicate cancer. Chemotherapy began in the 1940s with the first use of nitrogen mustard for treating lymphomas. In the 1950s, the effect of plant alkaloids was studied, and it was found that alkaloids from Vinca rosea were beneficial against leukemia patients. The studies on different mechanisms of action brought a revolution in the study of cancer using chemicals and thus led to further improvements in patient survival and ultimately declined the Nowadays, chemotherapy mortality rate. advanced; some drugs are less toxic and more targeted in their effects. Despite significant advances in cancer drugs, the disease is still the primary cause of death, with breast and cervical cancer being the most frequent causes.

Despite the progress made in surgical and radiation treatments, chemotherapy remains a crucial aspect of cancer treatment, particularly in cases of primary,

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advanced, and metastatic tumors. Chemotherapy is also employed for recurrent tumors, utilizing conventional anticancer therapies. Nevertheless, one of the primary issues with chemotherapy is its tendency to damage healthy cells in addition to cancer cells, resulting in numerous side effects. Chemotherapeutic drugs function by eliminating rapidly dividing cancer cells, but they may also destroy healthy cells in locations such as the bone marrow, digestive tract, and hair follicles.²

Chemotherapy can cause significant side effects, which can hinder cancer treatment and negatively impact the patient's health and quality of life. However, advancements in cancer treatment have led to the development of new therapies such as immunotherapy, thermal therapy, gene therapy, phytotherapy, and apitherapy, which can effectively reduce chemotherapy resistance. These treatments have varying degrees of effectiveness due to differences in drug resistance mechanisms among patients. In addition, natural products like plant-based and honey bee engineered products have been found to inhibit cancer cell growth and induce tumor cell apoptosis, indicating that their bioactive constituents can be used as an alternative

treatment or in combination with pharmaceutical drugs to treat cancer.⁵

Natural products, including medicinal plants and honey bee engineered products, are often considered to be less potent than conventional cancer drugs, but they offer a safer alternative and are an important source of anticancer compounds. Although some natural products may harm healthy cells, many work by enhancing the immune system and selectively targeting infected or transformed cells. Despite their potential as a source of novel and effective anticancer drugs and adjuvants, natural products remain an underexplored area of research.^{6,7} Therefore, researchers have investigated the use of honey bee engineered products and medicinal plants for the development of anticancer drugs.^{8,9}

Chemotherapy Drugs and Treatment

Chemotherapy is a crucial medical field that focuses on using drugs to treat cancer. These drugs are designed to target rapidly dividing or uncontrollably growing cells while minimizing the damage to healthy cells. Chemotherapy works by attacking different stages of the cell cycle, using chemotherapeutic or alkylating agents as part of a standardized treatment plan. The use of these agents can improve symptoms and extend the patient's lifespan, as shown in Table 1.

Side Effects of Chemotherapy

While chemotherapy and radiotherapy are effective in killing cancer cells, they also harm healthy cells, causing harmful side effects that can be more dangerous than cancer itself and even lead to death.⁶ The physiological and psychological impact of chemotherapy has both advantages and disadvantages¹² with side effects falling into two categories: short-term effects that occur during

chemotherapy and resolve within a few months, and long-term effects that have a delayed onset and can persist for many years. Common short-term side effects include nausea, vomiting, fatigue, hair loss, and decreased appetite. While numbness or tingling in the hands and feet, mucosal membrane damage, fever, allergic reactions, diarrhea, skin problems (such as dryness, redness, and itching), flulike symptoms, hearing loss or ringing in the ears, memory loss, and decreased kidney function are among the other notable side effects.

Regarding the long-term effects, chemotherapy causes osteoporosis, bone marrow toxicity, heart-related or cardiovascular issues, hemorrhagic cystitis, lung related issues, gastrointestinal issues, renal issues, cognitive problems, mental health conditions, hormonal issues, nerve damage, dental issues and chronic effects like infertility. In this scenario, chemotherapeutic complications and multidrug resistance are serious threats to deal with. Therefore, research on alternative compounds having minimum side effects and antitumor selectivity is encouraged.

Management of Common Side Effects of Chemotherapy

The conventional treatment for cancer involves surgery. chemotherapy. and radiotherapy. Chemotherapy is administered to kill rapidly dividing cancer cells, but it also damages normal cells since it does not distinguish between the two types of cells. Consequently, the therapy is associated with various short-term or long-term side effects that depend on their frequency of occurrence. To manage chemotherapy side effects and improve the quality of life, different medications and self-care practices have been recommended.^{21,22} The World Health Organization (WHO) defines self-care as the management of symptoms, treatment, and its consequences, whether

Table 1 — Chemotherapy drugs, their malignancies and mode of action				
Drugs ^{Ref}	Examples	Malignancy	Mode of action	
Alkylating agents ¹⁰	Bendamustine, cyclophosphamide, ifosfamide, carmustine, lomustine, carboplatin, cisplatin, oxaliplatin, Dacarbazine, procarbazine, temozolomide, Busulfan, Thiotepa		DNA damage	
Anti-metabolites ¹¹	Azacitidine, decitabine, cytarabine, gemcitabine, methotrexate, pemetrexed, cladribine, clofarabine, nelarabine, fluorouracil (5-FU), capecitabine (prodrug of 5-FU).	Breast cancer, anal cancer, pancreatic cancer, colorectal cancer, ovarian cancer	DNA and RNA damage	
Anti-microtubular agents ¹⁰	Doxorubicin,daunorubicin, idarubicin, mitoxantrone,Irinotecan, Topotecan, paclitaxel, docetaxel, cabazitaxel, vinblastine, vincristine, vinorelbine	Lung cancer, ovarian cancer, breast cancer, neuroblastoma, prostate cancer, cervical cancer	Inhibition in DNA repair and disruption in microtubule formation	
Miscellaneous ¹¹	Hydroxyurea, arsenic trioxide, proteasome inhibitors, tretinoin	Used for different cancer	Inhibits cell differentiation	

physical or psychological, as well as changes in lifestyle associated with living with a chronic condition. Hence, self-care strategies have been proven to reduce the side effects of cancer treatment and improve physical and psychosocial outcomes²³

Short-term Side Effects and their Management

One effective way to minimize the impact of medication and eliminate toxins from the body is to increase fluid intake.²⁴ Hair loss is a common psychological side effect of chemotherapy²⁵ which can be managed by using a wig^{26–28} or by shaving the scalp to reduce itching.²⁹ Nausea and vomiting are common symptoms during chemotherapy³⁰, which can be managed with antiemetic drugs such as corticosteroids, serotonin antagonists, and dopamine antagonists, as well as by consuming small and light meals.³¹ Chemotherapyinduced fatigue is linked to anemia and can significantly impact the patient's functional status^{32–34} but can be relieved by improving the concentration of red blood cells and increasing energy levels. Constipation is another common side effect that often worsens as the disease progresses³⁵, which can be prevented or minimized by increasing dietary fiber intake, using laxatives, consuming fruits, and engaging in mild exercises.^{35,36}

Long-term Side Effects and their Management

Chemotherapy often results in chronic side effects such as infertility, osteoporosis, joint pain, and bone loss. However, these can be treated or prevented by adopting various self-care strategies. For instance, infertility can be addressed through embryo cryopreservation.^{37,38} Osteoporosis, joint pain and bone loss can be managed with calcium and vitamin D supplementation and regular exercise to promote muscle strength.^{39–40} Adopting a healthy lifestyle, including a nutrient-rich diet (low in fatty acids, especially saturated ones, high in fiber-rich fruits and vegetables, and whole grains), physical activities and regular exercise, and avoiding drinking and smoking cardiovascular prevent diseases. cancer can rates.41-45 mortality recurrence, and overall Neuropathy resulting from chemotherapy can be managed through the use of antiseizure drugs that can relieve tingling sensation, and numbness in the feet and hands. 46 Increasing awareness of the harmful consequences of chemotherapy and promoting selfcare techniques for managing its side effects can greatly improve the quality of life of cancer patients.

Alternatives to Chemotherapy

Phytotherapy

Phytochemicals found in plants have significant potential in the treatment of various diseases, including cancer (Table 2). About 75% of the plantderived drugs currently used in clinical settings have origins in traditional phytomedicines. 82 Plants produce secondary metabolites, such as phytoconstituents, to defend against herbivores and pathogens, and these compounds also have pharmaceutical properties⁸³ (Fig. 1). Phytochemicals have many potential health benefits, such as reducing inflammation, enhancing the immune system, and inhibiting cancer cell growth. Vegetarian diets, which are rich in phytochemicals, have been linked to a healthier lifestyle and a reduced risk of serious diseases like cancer and cardiovascular disease. Phytochemicals can be categorized into several groups, including phenolics, flavonoids, tannins, saponins, alkaloids, organosulfur compounds, carotenoids, and nitrogen-containing compounds. Studies indicate that phytochemicals work together synergistically to provide potent antioxidant and anticancer effects.84

Recent studies have highlighted the significant impact of a nutrient-rich diet on cancer prevention. 85 While all plants and bee engineered products contain phytochemicals, certain foods, such as kale, broccoli, brussels sprouts, berries, tomatoes, garlic, lentils, spinach, carrots, turnips, olives, pears, soynuts, celery, apricots, onions, soybeans, green tea, and cabbage, are particularly rich in these beneficial compounds (Fig. 2). For instance, onions and garlic are a great source of allicin, a chemical that can block certain toxins from microorganisms. Berries, including raspberries and blueberries, are rich in anthocyanins, which help slow down aging, prevent blood clots, reduce inflammation, and protect against heart disease.

Carotenoids, such as those found in deep green vegetables and fruits like spinach, tomatoes, oranges, and pink grapefruit, are known to be rich sources of beneficial compounds. Indoles, which are known to destroy cancer-causing chemicals, are present in cruciferous vegetables such as cabbage, kale, brussel sprouts, and broccoli. Green tea, onions, apples, kale, beans, citrus fruits, cereals, and legumes are excellent sources of phenolics and flavonoids that protect against cancer, heart problems, allergies, and inflammation. Tomatoes are a rich source of lycopene, which reduces the risk of cancer and heart attacks. ⁸⁶ Incorporating fruits and vegetables that are

Table 2 — Chemical compounds from plants and their anticancer activities				
Name of the compound ^{Ref}	Biological activity	Target organ		
Garcinol ⁴⁷	Anticancer	Pancreatic		
Flavonoids ^{48,49}	Anticancer	Breast		
Triterpenoids ⁵⁰	Anticancer	Lung		
β -Lapachone ⁵¹	Anticancer	Breast		
Ellagic acid ⁵²	Antimetastatic	Ovarian		
Diterpenoids, volatile oils, tannins ⁵³	Anticancer	Breast		
Anthraquinones emodin and aloe-emodin ⁵⁴	Anticancer	Breast		
Ellagic acid ⁵⁵	Anticancer	Esophageal		
Glycosides, tannins, flavonoids, sterol ⁵⁶	Anticancer	Breast		
Punicalagin ⁵⁷	Anticancer	Breast		
Polyphenols ⁵⁸	Anticancer	Skin		
piperine, piperlongumine, guineensine, chabamide, pellitorine ⁵⁹	Apoptosis	Malignant, non-malignant		
Gallic acid ⁶⁰	Anticancer	Breast		
Anthocyanin ⁶¹	Anticancer	Lung		
Arginine, oligosaccharides, flavonoids, selenium ⁶²	Anticancer	Breast		
β-sitosterol ⁶³	Antiproliferative, apoptosis	Colon		
Terpenoids, di-terpene alcohols, tri-terpenes, phenolic compounds ⁶⁴	Anticancer	Breast		
Carotenoids ⁶⁵	Antiproliferative	Colorectal		
α -linolenic acid ⁶⁶	Antiproliferative	Breast		
Phloretin ⁶⁷	Antiproliferative, apoptosis	Lung		
Corilagin ⁶⁸	Apoptosis	Ovarian		
Epigallocatechin-3-gallate ⁶⁹	Antiproliferative	Breast		
Curcumin ⁷⁰	Apoptosis	Breast		
Epigallocatechin ⁷¹	Apoptosis	Blood		
Ginsenosides ⁷²	Antiproliferative	Breast		
Curcumin, demethoxycurcumin, and bisdemethoxycurcumin ⁷³	Anticancer	Variety of tumor cells		
Fucoxanthin ⁷⁴	Anticancer	Breast		
β-sitosterol and 2-hydroxy-1,2,3-propanetricarboxylic acid, 2-methyl ester ⁷⁵	Anticancer	Colon		
Limonoids ⁷⁶	Antiproliferative	Pancreatic		
2-hydroxy-1,2,3-propanetricarboxylic acid, 2-methyl ester ⁷⁷	Anticancer	Colon		
Phenols and flavonoids ⁷⁸	Anticancer	Breast		
Lectins ⁷⁹	Antiproliferative	Breast		
Catechins ⁸⁰	Anticancer	Skin		
Glucosinolates ⁸¹	Anticancer	Lung and colorectal		

rich in these secondary metabolites into our daily diet is crucial to reap their health benefits. Furthermore, some active compounds have been isolated from plants and tested in chemotherapy programs.

Anticarcinogenic Agents Derived from Plants

Several natural compounds derived from plants have been tested for their potential anticancer activities. The first such compound was an alkaloid isolated from *Vinca rosea*. Other examples include vinblastine and vincristine, which were extracted from *Catharanthus roseus*, and taxanes, which are a group of molecules derived from plants. Campothecin derivatives have been isolated from *Camptotheca acuminate*, and homoharringtonine is derived from *Cephalotaxus harringtonia*. Acetogenins are extracted from *Annona muricata*, and phenyl-1,3,5-heptatriyne is derived from *Bidens pilosa*. Tubeimoside-V comes from *Bolbostemma paniculatum*, cannabinoids from *Cannabis sativa*, epigallocatechin-3-gallate (EGCG)

from Camellia sinensis, gossypol from Gossypium hirsutum, hypericin from Hypericum perforatum, tanshinone-I from Salvia miltiorrhizae, quinines and hexapeptides from Rubia cordifolia, and apigenin, chrysin, wogonin, baicalin, and scutellarein from Scutellaria spp. Other examples include kaempferol-7-O-beta-D-glucoside from Smilax china, ellagic acid, tannic acid, and chebulinic acid from Terminalia chebula, and withaferin-A from Withania somnifera (Ashwagandha).⁸⁷

Apitherapy

Bee engineered products, such as propolis, pollen, honey, bee venom, beeswax, and royal jelly, have been used for centuries as food and medicine due to their rich diversity of phyto-constituents. Pharmaceutical companies have shown interest in these products due to their therapeutic potential as anticancer medicines, and scientific studies have further increased this interest in apitherapy. 88 While

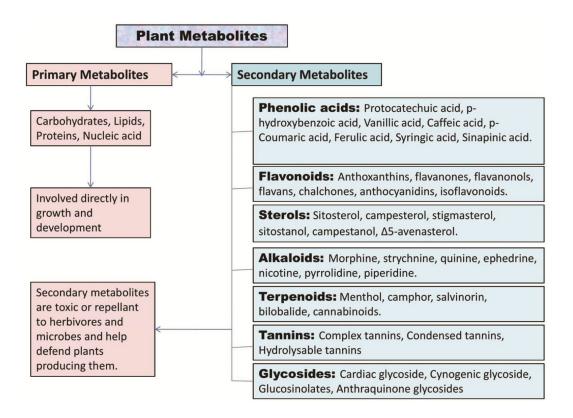


Fig. 1 — Secondary metabolites from plants



Fig. 2 — Fruits, vegetables and bee engineered products that help in preventing cancer

some products, like bee venom, royal jelly, and beeswax, are chemically synthesized by honey bees, others, such as pollen, propolis, and honey, are collected from plants and modified by bees for their use. The bees collect these substances, add their secretions, process them in the hive, and finally allow them to ripen, which then serve as commercial bee hive products. Recently, a new trend has emerged with the use of bee ecological bodies, which consist of bee larvae, bee pupae, and bee corpses. These bodies are rich in proteins, lipids, and sugars, and have therapeutic potential such as antitumor, antimetastatic, and antidepression properties, as well as the ability to inhibit the development of atopic dermatitis-like sun lesions^{89–92} (Fig. 3) Compounds such as alkaloids, terpenes, and phenolics obtained from these natural products have shown promise in inhibiting uncontrolled cell growth, preventing metastasis, and inducing cell death in several cancer lines, including liver, lungs, renal, prostate, lymphoid, and thyroid cancers, indicating their potential as alternative therapies⁹³ (Fig. 3). Overall, honey bee engineered products can be categorized into four types, each with unique therapeutic potential: (a) bee products synthesized by honey bees, (b) bee products

derived from plants and modified by bees, (c) bee ecological bodies, and (d) other products such as bee bread (Fig. 3). Among them some of the bee engineered bioactive compounds are competitive with standard drugs such as; melittin, apamin, 10-HDA, artepillin and CAPE (Fig. 4).

Bee Products Synthesized by Honey Bees

Bee Venom: Bee venom, also known as apitoxin, is an essential substance produced by venom glands and stored in the venom sac located at the end of the abdomen of honey bees, both workers and queens. It is primarily composed of peptides, including melittin, apamin, mast cell degranulating peptide (MCD), and enzymes such as phospholipase-A2, hyaluronidase, as well as biologically active amines, like histamine and dopamine. 94,95 The protein content of bee venom ranges from 48-58% consisting of small proteins and peptides, while enzymes constitute 15-17%, and amino acids make up 0.13-1%. Additionally, it contains 2-4% carbohydrates, 4-5% lipids, 4-8% of volatile components (pheromones), and 3–4% minerals. 88,96 Melittin is the most abundant component of bee venom, accounting for 40-60% of its composition. It is known for its potent biological

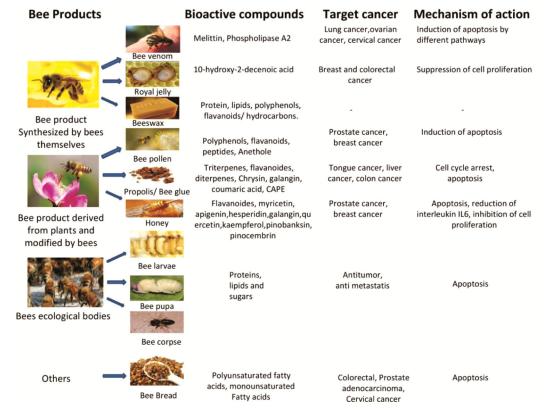


Fig. 3 — Bee products, their anticancerous bioactive compounds and mechanism of action

Fig. 4 — Important bioactive components of bee products competitive with standard drugs

activities against tumor cells, as it can create pores in membranes and disrupt their integrity in a non-selective manner, leading to hemolysis, antimicrobial and anticancer activities. ^{94,95}

Bee venom exerts its anticancer effects by altering the cell cycle, suppressing the activation of growth factor receptors, inducing apoptosis, inhibiting cell migration and proliferation, as well as regulating the activity of caspases and matrix metalloproteinases, which play a role in apoptotic and necrotic cell death. Numerous studies have supported the anticancer properties of bee venom against various types of cancers, including breast, cervical, ovarian, prostate, colon, pancreatic, and malignant hepatocellular carcinoma in humans. 97-101

Royal Jelly: Royal jelly, a milky secretion produced by worker honey bees from their hypopharyngeal and mandibular salivary glands, is a highly nutritious substance. It serves as the primary source of nutrition for young worker larvae during their first three days of life and for the entire lifespan of colony queens, making it a super food. The major components of royal jelly include water, sugar, proteins and lipids (with 90% of the lipids being free fatty acids), while enzymes, amino acids, vitamins, hormones, and minerals are present in smaller

amounts. 104,105 The bioactive peptides, which are the primary proteins found in royal jelly, are responsible for its various pharmacological and therapeutic properties. 106 Recent studies have demonstrated that royal jelly possesses therapeutic potential, including antioxidative, anticancer, anti-aging, antimicrobial, antiproliferative, and anti-inflammatory activities. These properties can arrest or inhibit the proliferation of cancer cells and tumorigenesis by activating immune cells and inhibiting tumor-induced angiogenesis. 107 Due to these benefits, royal jelly is commonly used in the preparation of functional foods, nutraceutical products, and cosmetics.

The mechanism of action behind the anticancer activity of royal jelly is attributed to the presence of 10-hydroxy-2-decenoic acid (10-HDA), a major fatty acid component found exclusively in this milky secretion of worker honey bees. 10-HDA plays a significant role in suppressing tumor metastasis and malignant invasiveness. ^{104,108,109} In addition to 10-HDA, other compounds identified for their anticancer properties in royal jelly include hesperetin, naringenin, isosakuranetin, chrysin, acacetin, luteolin, coumestrol, apigenin, genistein, and formononetin. ¹¹⁰ It is worth noting that among the various bee products, 10-HDA is unique to royal jelly.

Beeswax: Worker honey bees possess wax glands in their abdominal segments, which produce a crystalline liquid called beeswax, suitable for constructing honeycomb. Beeswax is composed of over 300 constituents, with mono wax esters (35–45%), complex wax esters (15–27%), hydrocarbons (12–16%), and free fatty acids (12–14%) being the main components, along with vitamins and minerals. Although beeswax is commonly used as an additive in the nutraceutical, pharmaceutical, and cosmetic industries, there is limited literature available on its potential as an anticancer therapeutic agent. 112–114

Bee Products Derived from Plants

Propolis: Propolis, also referred to as bee glue, is a substance that is gathered by worker bees from the sap flows, tree buds, and other botanical sources. The bees mix this resin-like material with their saliva and beeswax to create a defensive and sealing material for their hive. 115,116 It helps to keep out unwanted intruders and regulate the temperature within the hive for optimal growth. Additionally, it is utilized as an embalming material for larger deceased organisms, which helps to maintain a clean and sterile environment within the hive. 117 The presence of certain chemical components in propolis, such as aromatic acids, phenolic acids, carbohydrates, terpenes, and alkaloids, are responsible for its pharmacological and therapeutic properties. 118-121 Terpenes, in particular, are known for their anticancer potential. 122,123 Compounds like caffeic acid, caffeic acid phenethyl ester (CAPE), quercitin, artepillin C, and other polyphenols found in propolis have been shown to induce apoptosis/necrosis and prevent abnormal cell division in carcinomas and malignant melanomas. 124-131

The mechanism of action of propolis involves natural cell death, which can occur through either an energy-dependent or independent process known as apoptosis and necrosis. 132–134 In addition to apoptosis and necrosis, secondary necrosis, also known as late apoptosis, can occur when phagocytes are not available, or due to physicochemical injuries. 135,136 The regulation of these pathways is typically governed by intracellular proteolytic enzymes called caspases, as well as the BCL protein family. The BCL family can be subdivided into BH3 proteins, which promote the onset of apoptosis; BCL2 proteins, which support anti-apoptotic action to ensure cell survival; and BAK and BAX, which are pro-apoptotic effector proteins. 137

Pollen: Pollen, also known as the life-giving dust, is collected by worker honey bees from the male gametophyte of flowering plants, along with floral nectar and salivary secretions, to feed developing larvae in the hive. 138,139 This substance is rich in carbohydrates (35-61%), proteins (14-30%), lipids (1-13%), as well as both saturated and unsaturated fatty acids. 140,141 Pollen is also an abundant source of both micro and macro nutrients, including watersoluble (0.6%) and fat-soluble (0.1%) vitamins. 142, 143 Due to its impressive nutritional composition, pollen the world's best considered food properties. 144 pharmacological These therapeutic properties are attributed the presence of to phytoconstituents such as flavonoids kaempferol, quercetin, isorhamnetin. apigenin, catechin and epicatechin, naringenin, luteolin, and hesperetin), phenolic acids (e.g., caffeic, p-coumaric, p-hydroxybenzoic, rosmarinic, vanillic, protocatechuic acids) and tannins. 139,145,146

Honey: Honey, also known as liquid gold, is produced by honey bees from honeydew and nectar of plants, and is the most important and versatile product of the bee hive in terms of its economic value. 147 The floral nectar is collected, mixed with salivary secretions, and then stored in honeycomb to ripen.¹⁴⁷ The chemical composition of honey is highly dependent on various factors, such as the species of honey bee, the flora of the area, as well as climatic, geographic, and storage conditions. 148 Honey is chemically complex, composed mainly of sugars with small quantities of acids, minerals, vitamins, enzymes (invertase, glucose oxidase, sucrose diastase, acid phosphatase, diastase, catalase, and amylase), antibiotic substances, and amino acids (alanine, asparagine, glutamine, glycine, and proline). The main sugars in honey are reducing sugars, namely dextrose and laevulose/fructose, which are absorbed bloodstream directly into the upon human consumption after passing through the stomach's membrane. 149 The phytoconstituents responsible for honey's anti-cancer properties are primarily flavonoids such as apigenin, catechin, naringenin, quercetin, hesperetin, kaempferol. myricetin, luteolin, chrysin, and galangin. 113

Conclusions

Cancer is a debilitating disease that affects various cell signaling pathways. Although chemotherapeutic treatments are cost-effective, they often have severe side effects that may be more harmful than cancer itself. Hence, research on medicinal plants and beeengineered products is crucial to identify novel therapies that minimize after-effects, enhance the efficacy of current treatments, and facilitate the development of more potent drugs. Some components of these natural products, such as melittin, apamin, artepillin, 10-HDA, MRJP, royalisin, jelleins, and CAPE, have shown promising results and are competitive with standard drugs. However, only CAPE has been reported in online clinical trial databases, indicating a need for clinical trials and standardization of the bio-prospecting potential of phyto-therapeutic and api-therapeutic products.

Conflict of interest

Authors declare no conflict of interest.

Reference

- DeVita VT Jr & Chu E, A history of cancer chemotherapy, *Cancer Res*, 68 (2008): 8643–8653, https://doi: 10.1158/0008-5472.CAN-07-6611.
- 2 Altun I & Sonkaya A, The most common side effects experienced by patients were receiving first cycle of chemotherapy, *Iran J Public Health*, 47 (2018) 1218–1219.
- 3 Kumar P V, Vishwabhan S & Vishal S, A review on recent approaches for cancer treatment, *J Pharm Res*, 5 (2012) 274–276.
- 4 Munstedt K & Mannle H, Bee products and their role in cancer prevention and treatment, *Complement Ther Med*, 51 (2020) 102390, https://doi.org/10.1016/j.ctim.2020.102390.
- Tamura K, Saito H, Asakura H, Kohji O, Jun T, Toru H & Nobu A, Recombinant human soluble thrombomodium to treat disseminated intravascular coagulation in solid tumors: results of a one arm prospective trial, *Int J Clin Oncol*, 20 (2015) 821–828.
- 6 Campos J F, dos Santos U P, Macorini F B, Felipe de Melo A M M, Balestieri J B P, Paredes-Gamero E J, Cardoso C A L, de Picoli Souza K & dos Santos E L, Antimicrobial, antioxidant and cytotoxic activities of propolis from Melipona orbignyi (Hymenoptera, Apidae), Food Chem Toxicol, 65 (2014) 374–380.
- 7 Al-Amri A, Alzahrani R S, Alhajri K, Alqarzea S M, Alzahrani F & Alturky S, Complementary and alternative medicine among cancer patients and its complications: local experience, *IJMDC*, 5 (2021) 2103–2107, doi:10.24911/IJMDC.51-1634153885.
- 8 Badolato M, Carullo G, Cione E, Aiello F & Caroleo M C, From the hive: Honey, a novel weapon against cancer, Eur J Med Chem, 142 (2017) 290–299.
- 9 Ahmad F, Seerangan P, Mustafa M Z, Osman Z F, Abdullah J M & Zamzuri I, Anti-cancer properties of *Heterotrigona itama* sp. honey via induction of apoptosis in malignant glioma cells, *Mal J Med Sci*, 26 (2019) 30–39.
- 10 Amjad M T, Chidharla A & Kasi A, Cancer chemotherapy, [Updated 2022 Mar 3], in StatPearls [Internet], Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK564367/

- 11 Rahman & Mahbub, Metabolic pathways and chemotherapy drugs, 2016, 10.2174/9781681081656116070003.
- 12 Arslan F T, Basbakkal Z & Kantar M, Quality of life and chemotherapy-related symptoms of Turkish cancer children undergoing chemotherapy, *Asian Pac J Cancer Prev*, 14 (2013) 1761–1768.
- 13 Partridge A H, Burstein H J, Winer E P, Side effects of chemotherapy and combined chemohormonal therapy in women with early-stage breast cancer, *J Natl Cancer Inst Monogr*, **30** (2001) 135–142.
- 14 Schnell F M, Chemotherapy-induced nausea and vomiting: The importance of acute antiemetic control, Oncologist 8 (2003) 187–198.
- 15 Farrell C, Brearley S G, Pilling M & Molassiotis A, The impact of chemotherapy-related nausea on patients' nutritional status, psychological distress and quality of life, Support Care Cancer, 21 (2013) 59–66.
- 16 Moradian S & Howell D, Prevention and management of chemotherapy-induced nausea and vomiting, *Int J Palliat Nurs*, 21 (2015) 216–218.
- 17 Haidinger R & Bauerfeind I, Long-term side effects of adjuvant therapy in primary breast cancer patients: results of a web-based survey, *Breast Care (Basel)*, 14 (2019) 111–116.
- 18 Schirrmacher V, From chemotherapy to biological therapy: A review of novel concepts to reduce the side effects of systemic cancer treatment, *Intl J Oncol*, 54 (2019) 407–419.
- 19 Liu Y Q, Wang X L, He D H & Cheng Y X, Protection against chemotherapy and radiotherapy induced side effects: A review based on the mechanisms and therapeutic opportunities of phytochemical, *Phytomed*, 80 (2021) 153402.
- 20 Lin S R, Chang C H, Hsu C F, Tsai M J, Cheng H, Leong M K & Ping-Jyun S, Natural compounds as potential adjuvants to cancer therapy: Preclinical evidence, *Br J Pharmacol*, 177 (2020) 1409–1423.
- 21 Barlow J, Wright C, Sheasby J, Turner A & Hainsworth J, Self-management approaches for people with chronic conditions: A review, *Patient Edu Counsel*, 48 (2002) 177–187.
- 22 Godfrey C, Harrison M B, Lysaght R, Lamb M, Graham I D & Oakley P, Care of self-care by other-care of other: The meaning of self-care from research, practice, policy and industry perspectives, *Int J Evid Based Healthc*, 9 (2011) 3-4
- 23 Aranda S, Jefford M, Yates P, Gough K, Seymour J, Francis P, Baravelli C, Breen S & Schofield P, Impact of a novel nurse-led prechemotherapy education intervention (ChemoEd) on patient distress, symptom burden, and treatment-related information and support needs: Results from a randomised, controlled trial, Ann Oncol, 23 (2012) 222–231.
- 24 Haghpanah S, Amini M, Kherad M & Sadeghimehr R, Knowledge and practice of patients with breast cancer about complication of chemotherapy, *J Res Health Sci*, 6 (2006) 28–32.
- 25 Saraswat N, Chopra A, Sood A, Kamboj P & Kumar S, A descriptive study to analyze chemotherapy-induced hair loss and its psychosocial impact in adults: our experience from a tertiary care hospital, *Indian Dermatol Online J*, **10** (2019) 426–430.
- 26 Rosman S, Cancer and stigma: Experience of patients with chemotherapy-induced alopecia, *Patient Educ Couns*, 52 (2004) 333–339.

- 27 Williams J, Woods C & Cunningham-Warburton P A narrative study of chemotherapy-induced alopecia, *Oncol Nurs Forum*, 26 (1999) 1463–1468.
- 28 Arunachalam S S, Shetty A P, Panniyadi N, Meena C, Kumari J, Rani B, Das P & Kumari S, Study on knowledge of chemotherapy's adverse effects and their self-care ability to manage the cancer survivor's impact, Clin Epidemiol Glob Health, 11 (2021) 100765.
- 29 Protiere C, Evans K & Camerlo J, Efficacy and tolerance of a scalp-cooling system for prevention of hair loss and experience of breast cancer patients treated by adjuvant chemotherapy. Support Care Cancer. 10 (2002) 529–537.
- 30 Bajracharya N, Karki P, Sapkota S, Bastakoti S, Yagol N, Khan G M, Shakya R & Rao B S, Prevalence pattern of cancer and handling of cytotoxic drugs, Kathmandu University, J Sci Eng Technol, 2 (2006) 1–7.
- 31 Athavale A, Athavale T & Roberts D M, Antiemetic drugs: What to prescribe and when, *Aust Prescr*, **43** (2020) 49–56.
- 32 Mock V, Atkinson A, Barsevick A, Cella D, Cimprich B, Cleeland C, Donnelly J, Eisenberger M A, Escalante C, Hinds P, Jacobsen P B, Kaldor P, Knight S J, Peterman A, Piper B F, Rugo H, Sabbatini P & Stahl C, Cancer-related fatigue clinical practice guidelines in oncology, *J Natl Comp Cancer Network*, 1 (2003) 308–331.
- 33 Littlewood T J, Bajetta E, Nortier J W R, Vercammen E & Rapoport B, Effects of epoetin alfa on hematologic parameters and quality of life in cancer patients receiving nonplatinum chemotherapy: results of a randomized, double-blind, placebo-controlled trial, *J Clin Oncol*, 19 (2001) 2865–2874.
- 34 Gabrilove J L, Cleeland C S, Livingston R B, Sarokham B, Winer E & Einhorn L, Clinical evaluation of once-weekly dosing of epoetin alfa in chemotherapy patients: Improvements in hemoglobin and quality of life are similar to three-times weekly dosing, *J Clin Oncol* 19 (2001) 2875–2882.
- 35 Wickham R J, Managing constipation in adults with cancer, J Adv Pract Oncol, 8 (2017) 149–161.
- 36 Helen H P & Jun B J, A comparison of sennosides-based bowel protocols with and without docusate in hospitalized patients with cancer, *J Palliat Med*, **11** (2008) 575–581.
- 37 Rodriguez-Wallberg K A & Oktay K, Options on fertility preservation in female cancer patients, *Cancer Treat Rev*, 38 (2012) 354–361.
- 38 Zeltzer L K, Cancer in adolescents and young adults psychosocial aspects, Long-term survivors, *Cancer*, 71 (1993) 3463–3468.
- 39 Wu H & Pang Q, The effect of vitamin D and calcium supplementation on falls in older adults: a systematic review and meta-analysis, *Orthopade*, **46** (2017) 729–736.
- 40 Dawson-Hughes B, Vitamin D and muscle function, J Steroid Biochem Mol Biol, 173 (2017) 313–316.
- 41 Dhaliwal R & Aloia J F, Effect of vitamin D on falls and physical performance. Endocrinol, Metab, *Clin North Am*, **46** (2017) 919–933.
- 42 Dent S F, Kikuchi R, Kondapalli L, Khan R I, Brezden-Masley C, Barac A & Fradley M, Optimizing cardiovascular health in patients with cancer: A practical review of risk assessment, monitoring, and prevention of cancer treatment-related cardiovascular toxicity, Am Soc Clin Oncol Educ Book, 40 (2020) 501–515.

- 43 Rock C L, Doyle C, Demark-Wahnefried W, Meyerhardt J, Courneya K S, Schwarrtz A L, Bandera E V, Hamilton K K, Grant B, McCullough M, Byers T & Gansler T, Nutrition and physical activity guidelines for cancer survivors, *CA Cancer J Clin*, 62 (2012) 243–274.
- 44 Chlebowski R T, Aiello E & McTiernan A, Weight loss in breast cancer patient management, *J Clin Oncol*, **20** (2002) 1128–1143.
- 45 Kroenke C H, Fung T T, Hu F B & Holmes M D, Dietary patterns and survival after breast cancer diagnosis, *J Clin Oncol*, 23 (2002) 9295–9303.
- 46 Kwan M L, Weltzien E, Kushi L H, Castillo A, Slattery M L & Caan B J, Dietary patterns and breast cancer recurrence and survival among women with early-stage breast cancer, *J Clin Oncol*, 27 (2009) 919–926.
- 47 Charles J, Chaperot L, Hannani D, Costa J B, Templier I, Trabelsi S, Gil H, Moisan A, Persoons V, Hegelhofer H, Schir E, Quesada J L, Mendoza C, Aspord C, Manches O, Coulie P G, Khammari A, Dreno B, Leccia M T & Plumas J, An innovative plasmacytoid dendritic cell line-based cancer vaccine primes and expands antitumor T-cells in melanoma patients in a first-in-human trial, *Oncoimmunology*, 9(1) (2020) 1738812, doi:10.1080/2162402X.2020.1738812.
- 48 Parasramka M A & Gupta S V, Synergistic effect of garcinol and curcumin on antiproliferative and apoptotic activity in pancreatic cancer cells, *J Oncol*, (2012) 709739.
- 49 Ma H, Carpenter CL, Sullivan-Halley J & Bernstein L, The roles of herbal remedies in survival and quality of life among long-term breast cancer survivors - results of a prospective study, BMC Cancer, 11 (2011) 222.
- 50 McLay J S, Stewart D, George J, Rore C & Heys S D, Complementary and alternative medicines use by Scottish women with breast cancer, What, why and the potential for drug interactions?, Eur J Clin Pharmacol, 68 (2012) 811– 819.
- 51 Yan Z, Wang H, Liu L, Guohua D U, Chen R, Study on *in vitro* anti-tumor activity of triterpenoids from *Ganoderma lucidum*, *Int J Lab Med*, **38** (2017) 633–634.
- 52 Pink J J, Wuerzberger-Davis S, Tagliarino C, Planchon S M, Yang X, Froelich C J & Booth D A, Activation of a cysteine protease in MCF-7 and T47D breast cancer cells during β-lapachone-mediated apoptosis, Exp Cell Res, 255 (2000) 144–155.
- 53 Liu M H, Ko C H, Ma N, Tan P W, Fu W M & He J Y, Chemical profiles, antioxidant and anti-obesity effects of extract of *Bambusa textilis* McClure leaves, *J Funct Foods*, **22** (2016) 533–546.
- 54 Abu-Dahab R, Afifi F, Kasabri V, Majdalawi L & Naffa R, Comparison of the antiproliferative activity of crude ethanol extracts of nine salvia species grown in Jordan against breast cancer cell line models, *Pharmacogn Mag*, 8 (2012) 319–324.
- 55 Huang P H, Huang C Y & Chen M C, Emodin and Aloe-Emodin suppress breast cancer cell proliferation through ER α Inhibition, Evid-Based Complement Altern Med, (2013) 376123.
- 56 Mandal S & Stoner G D, Inhibition of *N*-nitrosobenzylmethylamine-induced esophageal tumorigenesis in rats by ellagic acid, *Carcinogenesis*, **11** (1990) 55–61.
- 57 Riva L, Coradini D, Di Fronzo G, De Feo V, De Tommasi N, De Simone F & Pizza C, The antiproliferative effects of *Uncaria tomentosa* extracts and fractions on the

- growth of breast cancer cell line, *Anticancer Res*, **21** (2001) 2457–2461.
- 58 Shirode A B, Bharali D J, Nallanthighal S, Coon J K, Mousa S A & Reliene R, Nanoencapsulation of pomegranate bioactive compounds for breast cancer chemoprevention, *Int J Nanomedicine*, **10** (2015) 475.
- 59 Ghasemzadeh, A, Jaafar H Z, Rahmat A, Devarajan T, Evaluation of bioactive compounds, pharmaceutical quality, and anticancer activity of curry leaf (*Murraya koenigii* L.), Evid-based Complement Altern Med (2014) 1–8.
- 60 Mgbeahuruike E E, Yrjonen T, Vuorela H & Holm Y, Bioactive compounds from medicinal plants: Focus on *Piper* species, *S Afr J Bot*, 112 (2017) 54–69.
- 61 Wargovich M J, Anticancer properties of fruits and vagatables, Hortic Sci, 35 (2000) 573–574.
- 62 Lu J N, Panchanathan R, Lee W S, Kim H J, Kim D H, Choi Y H, Anthocyanins from the fruit of *Vitis coignetiae* Pulliat inhibit TNF-augmented cancer proliferation, migration, and invasion in A549 cells, *Asian Pac J Cancer Prev*, 18(11) (2017) 2919–2923.
- 63 Liu Y, Zhu P, Wang Y, Wei Z, Tao L, Zhu Z, Sheng X, Wang S, Ruan J, Liu, Z. Cao Y, Shan Y, Sun L, Wang A, Chen W & Lu Y, Antimetastatic therapies of the polysulfide diallyl trisulfide against triple-negative breast cancer (TNBC) via suppressing MMP2/9 by blocking NF-κB and ERK/MAPK signaling pathways, *PLOS ONE*, **10** (2015) e0123781.
- 64 Wu C H, Ho Y S, Tsai C Y, In vitro and in vivo study of phloretin-induced apoptosis in human liver cancer cells involving inhibition of type II glucose transporter, Int J Cancer, 124 (2009) 2210–2219.
- 65 Eswaraiah G, Peele K A, Krupanidhi S, Kumar R B & Venkateswarulu T C, Identification of bioactive compounds in leaf extract of *Avicennia alba* by GC-MS analysis and evaluation of its *in-vitro* anticancer potential against MCF7 and HeLa cell lines, *J King Saud Univ Sci*, 32 (2020) 740–744.
- 66 Castro-Puyana M, Pérez-Sánchez A & Valdes A, Pressurized liquid extraction of *Neochloris oleoabundans* for the recovery of bioactive carotenoids with anti-proliferative activity against human colon cancer cells, *Food Res Int*, 99 (2017) 1048–1055.
- 67 Lee J, Cho K, Flaxseed sprouts induce apoptosis and inhibit growth in MCF-7 and MDA-MB-231 human breast cancer cells, *In Vitro Cell Dev Biol Anim*, **48** (2012) 244–250.
- 68 Seki T, Hosono T & Hosono-Fukao T, Anticancer effects of diallyl trisulfide derived from garlic, *Asia Pac J Clin Nutr*, 17 (2008) 249–252.
- 69 Jia L, Jin H, Zhou J, Chen L, Lu Y, Ming Y, Yu Y, A potential anti-tumor herbal medicine, Corilagin, inhibits ovarian cancer cell growth through blocking the TGF-β signaling pathways, BMC Complement Altern Med, 13 (2013) 1-1.
- 70 Thangapazham R L, Passi N & Maheshwari R K, Green tea polyphenol and epigallocatechin gallate induce apoptosis and inhibit invasion in human breast cancer cells, *Cancer Biol Ther*, 6 (2007) 1938–1943.
- 71 Nadaf S J & Killedar S G, Curcumin nanocochleates: Use of design of experiments, solid state characterization, in vitro apoptosis and cytotoxicity against breast cancer MCF-7 cells, J Drug Deliv Sci Technol, 47 (2018) 337–350.

- 72 Lee Y R, Chen M & Lee J D, Reactivation of PTEN tumor suppressor for cancer treatment through inhibition of a MYC-WWP1 inhibitory pathway, Science, 364 (2019) 6441.
- 73 Wong S, Che C M & Leung K W, Recent advances in ginseng as cancer therapeutics: a functional and mechanistic overview, *Nat Prod Rep*, 32 (2015) 256–272.
- 74 Kuttan R, Bhanumathy P, Nirmala K & George M C, Possible anticancer activity of turmeric, *Cancer Lett*, 29 (1985) 197–202.
- 75 Rwigemera A, Mamelona J, Martin L J, Comparative effects between fucoxanthinol and its precursor fucoxanthin on viability and apoptosis of breast cancer cell lines MCF-7 and MDA-MB-231, Anticancer Res, 35 (2015) 207–219.
- 76 Jayaprakasha G K, Mandadi K K, Poulose S M, Jadegoud Y, Gowda G N, Patil B S, Inhibition of colon cancer cell growth and antioxidant activity of bioactive compounds from Poncirus trifoliata (L.) Raf., Bioorg Med Chem, 15 (2007) 4923–4932.
- 77 Patel B, Das S, Prakash R & Mohammad Y, Natural bioactive compound with anticancer potential, *Int J Chem Pharm Sci*, 1 (2010) 32–41.
- 78 Lin Y, Collier A C, Liu W, Berry M J & Panee J, The inhibitory effect of bamboo extract on the development of 7, 12-dimethylbenz [a] anthracene (DMBA)-induced breast cancer, *Phytother Res*, 22 (2008) 1440–1445.
- 79 Pryme F, Bardocz S, Pusztai A & Ewen S W B, Suppression of growth of tumour cell lines in vitro and tumours in vivo by mistletoe lectins, *Histol Histopathol*, 21 (2006) 285–299.
- 80 Record I R & Dreosti I E, Protection by tea against UV-A + B-induced skin cancers in hairless mice, *Nutr Cancer*, 32 (1998) 71–75.
- 81 Qi W, Weber C R, Wasland K, Savkovic S D, Genistein inhibits proliferation of colon cancer cells by attenuating a negative effect of epidermal growth factor on tumor suppressor FOXO3 activity, BMC Cancer, 11 (2011) 1–9.
- 82 Efferth T, Saeed M E M, Mirghani E, Alim A, Yassin Z, Saeed E, Khalid H E & Daak S, Integration of phytochemicals and phytotherapy into cancer precision medicine, Oncotarget, 8 (2017) 50284–50304, doi: 10.18632/oncotarget.17466.
- 83 Woll S, Kim S H & Efferth T, Animal plant warfare and secondary metabolite evolution, *Nat Prod Bioprospect*, **3** (2013) 1–7.
- 84 Liu R H, Potential synergy of phytochemicals in cancer prevention: Mechanism of action, *J Nutr*, 134 (2004): 3479S–3485S.
- 85 Donaldson M S, Nutrition and cancer: A review of the evidence for an anti-cancer diet, *Nutr J*, **3** (2004) 3–19.
- 86 Sengupta A, Ghosh S, Bhattacharjee S & Das S, Indian food ingredients and cancer prevention an experimental evaluation of anticarcinogenic effects of garlic in rat colon, Asian Pac J Cancer Prev, 5 (2004) 126–132.
- 87 Prakash O, Kumar A, Kumar P & Ajeet P, Anticancer potential of plants and natural products: A review, *Am J Pharm Sci*, 1 (2013) 104–115, doi: 10.12691/ajps-1-6-1.
- 88 Şengü I F & Vatansev H, Overview of apitherapy products: Anti-cancer effects of bee venom used in apitherapy, Int J Tradit Complement Med Res, 2 (2021) 36–48.
- 89 Pasupuleti V R, Sammugam L, Ramesh N & Gan S H, Honey, propolis and royal jelly: a comprehensive review of

- their biological actions and health benefits, *Oxid Med Cell Longev*, (2017) 1259510, doi: 10.1155/2017/1259510
- 90 Zheng Y, Electrochemical determination of antioxidant activity of different bee products, *Int J Electrochem Sci*, **14** (2019) 3663–3672, doi: 10.20964/2019.04.09.
- 91 Luo X, Dong Y, Gu C, Zhang X & Ma H, Processing technologies for bee products: An overview of recent developments and perspectives, *Front Nutr*, **8** (2021) 727181.
- 92 Rana A & Parmar A S, Re-exploring silver nanoparticles and its potential applications, *Nanotechnol Environ Eng*, 2022 (2022), https://doi.org/10.1007/s41204-022-00301-w.
- 93 Premratanachai P & Chanchao C, Review of the anticancer activities of bee products, *Asian Pac J Trop Biomed*, **4** (2014) 337–344.
- 94 Wehbe R, Frangieh J, Rima M, Obeid D El, Sabatier J M & Fajloun Z, Bee venom: Overview of main compounds and bioactivities for therapeutic interests, *Molecules*, 24 (2014) 2997.
- 95 Kwon N Y, Sung S H, Sung H K & Park J K, Anticancer activity of bee venom components against breast cancer, Toxins (Basel), 14 (2022) 460.
- 96 Rady I, Siddiqui I A, Rady M & Mukhtar H, Melittin a major peptide component of bee venom, and its conjugates in cancer therapy, *Cancer Lett*, 402 (2017) 16–31.
- 97 Gajski G & Garaj-Vrhovac V, Melittin: A lytic peptide with anticancer properties, *Environ Toxicol Pharm*, 36 (2017) 697–705.
- 98 Zheng J, Lee H L & Ham Y W, Anti-cancer effect of bee venom on colon cancer cell growth by activation of death receptors and inhibition of nuclear factor kappa B, *Oncotarget*, **6** (2015) 44437–44451.
- 99 Duffy C, Sorolla A, Wang E, Golden E & Woodward E, Honeybee venom and melittin suppress growth factor receptor activation in HER2-enriched and triple-negative breast cancer, *Precis Oncol*, 4 (2020) 24.
- 100 Kim D H, Lee H W & Park H W, Bee venom inhibits the proliferation and migration of cervical-cancer cells in an HPV E6/E7-dependent manner, *BMB Rep*, **53** (2020) 419–424.
- 101 Zhao J, Hu W, Zhang Z, Zhou Z & Duan J, Bee venom protects against pancreatic cancer via inducing cell cycle arrest and apoptosis with suppression of cell migration, *J Gastrointest Oncol*, **2** (2022) 847–858.
- 102 Pavel C I, Mărghitaş L A, Bobiş O, Dezmirean D S & Şapcaliu A, Biological activities of royal jelly-review, J Anim Sci Biotechnol, 44 (2011) 108–118.
- 103 Ahmad S, Campos M G, Fratini F, Altaye S Z & Li J, New insights into the biological and pharmaceutical properties of royal jelly, *Int J Mol Sci*, 21 (2020) 382–389.
- 104 Miyata Y & Sakai H Anti-Cancer and protective effects of royal jelly for therapy-induced toxicities in malignancies, *Int* J Mol Sci, 19 (2018) 3270.
- 105 Al-Kahtani S & Taha E K A, Effect of harvest time on royal jelly yield and chemical composition, *J Kansas Entomol Soc*, 93 (2020) 132–139.
- 106 Li S, Tao L, Yu X, Zheng H & Wu J, Royal jelly proteins and their derived peptides: Preparation, properties, and biological activities, *J Agric Food Chem*, **69** (2021) 14415–14427.

- 107 Kimura Y, Antitumor and antimetastatic actions of various natural products, Stud Nat Prod Chem, 34 (2008) 35–76.
- 108 Miyata Y, Ohba K, Matsuo T, Mitsunari K & Sakai H, A randomized, double-blinded clinical trial of royal jelly intake for anticancer effects and suppressing adverse events in renal cell carcinoma patients treated with tyrosine kinase inhibitors, *J Clin Oncol*, 38 (2020) 697.
- 109 Sobral F, Sampaio A, Falcão S, João M & Queiroz R P, Chemical characterization, antioxidant, anti-inflammatory and cytotoxic properties of bee venom collected in Northeast Portugal Filipa, Food Chem Toxicol, 94 (2016) 172–177.
- 110 Salama S, Shou Q, Abd El-Wahed A A, Elias N & Xiao J, Royal jelly: Beneficial Properties and synergistic effects with chemotherapeutic drugs with particular emphasis in anticancer strategies, *Nutrients*, 14 (2022) 4166.
- 111 Saralaya S, Jayanth B S, Thomas N S & Sunil S M, Bee wax and honey-a primer for OMFS, *Oral Maxillofac Surg*, **25** (2022) 1–6.
- 112 Fratini F, Cilia G, Turchi B & Felicioli A, Beeswax: A minireview of its antimicrobial activity and its application in medicine, *Asian Pac J Trop Med*, 9 (2016) 839–843.
- 113 Nainu F, Masyita A, Bahar M A, Raihan M, Prova S R, Mitra S, Emran T B & Simal-Gandara J, Pharmaceutical prospects of bee products: special focus on anticancer, antibacterial, antiviral and antiparasitic properties, Antibiotics, 10 (2021) 822.
- 114 Hashem N M, Hassanein E M & Simal-Gandara J, Improving reproductive performance and health of mammals using honeybee products, *Antioxidants*, **10** (2021) 336.
- 115 Teixeira E W, Negri G, Meira R M, Message D & Salatino A, Plant origin of green propolis: Bee behavior, plant anatomy and chemistry, *Evid Based Complement Alternat Med*, 2 (2005) 85–92, doi:10.1093/ecam/neh055.
- 116 Silva-Carvalho R, Baltazar F & Almeida-Aguiar C, Propolis: A complex natural product with a plethora of biological activities that can be explored for drug development, Evid Based Complement Alternat Med, 3 (2015) 29.
- 117 Simone-Finstrom M & Spivak M, Propolis and bee health: The natural history and significance of resin use by honey bees, *Apidologie*, 41 (2010) 295–311.
- 118 Campos J F, Dos Santos H F, Bonamigo T, de Campos Domingues N L, de Picoli Souza K & Dos Santos E L, stingless bee propolis: New insights for anticancer drugs, Oxid Med Cell Longev, (2021) 2169017, doi:10.1155/2021/2169017.
- 119 Torres A R, Sandjo L P, Friedemann M T, Tomazzoli M M, Maraschin M, Mello C F & Santos A R S, Chemical characterization, antioxidant and antimicrobial activity of propolis obtained from *Melipona quadrifasciata* and *Tetragonisca angustula* stingless bees. *Braz J Med Biol Res*, 51 (2018) 7118–7210.
- 120 Cisilotto J, Sandjo L P, Faqueti L G, Fernandes H, Joppi D, Biavatti M W & Creczynski-Pasa T B, Cytotoxicity mechanisms in melanoma cells and UPLC-QTOF/MS2 chemical characterization of two Brazilian stingless bee propolis: uncommon presence of piperidinic alkaloids, J Pharm Bio med Anal, 149 (2018) 502–511.
- 121 Desamero M J, Kakuta S, Tang Y, Chambers J K, Uchida K, Estacio M A, Cervancia C, Kominami Y, Ushio H, Nakayama J, Nakayama H & Kyuwa S, Tumor-suppressing potential of stingless bee propolis in *in vitro* and

- in vivo models of differentiated-type gastric adenocarcinoma, *Sci Rep*, **9** (2019) 19635, doi:10.1038/s41598-019-55465-4.
- 122 Hueso-Falcón I, Girón N, Velasco P, Amaro-Luis J M, Ravelo A G, de las Heras B & Hortelano S, Estevez-Braun, Synthesis and induction of apoptosis signaling pathway of ent-kaurane derivatives, *Bioorg Med Chem*, 18 (2010) 1724–1735, doi: 10.1016/j.bmc.2009.11.064.
- 123 Souto E B, Zielinska A, Souto S B, Durazzo A, Lucarini M, Santini A, Silva A M, Atanasov A G, Marques C, Andrade L N & Severino P, (+)-Limonene 1,2-Epoxide-Loaded SLNs: Evaluation of Drug Release, Antioxidant Activity, and Cytotoxicity in an HaCaT Cell Line, *Int J Mol Sci*, 21 (2020) 1449, doi: 10.3390/ijms21041449.
- 124 Umthong S, Phuwapraisirisan P, Puthong S & Chanchao C, In vitro antiproliferative activity of partially purified *Trigona laeviceps* propolis from Thailand on human cancer cell lines, BMC Complement Altern Med, 1 (2011) 1–8.
- 125 Kustiawan P M, Phuwapraisirisan P, Puthong S, Palaga T, Arung E T & Chanchao C Propolis from the stingless bee *Trigona incisa* from East Kalimantan, Indonesia, induces *In Vitro* cytotoxicity and apoptosis in cancer cell lines, *Asian Pac J Cancer Prev*, **16** (2015) 6581–6589, doi:10.7314/apjcp.2015.16.15.6581.
- 126 Chiu H F, Han Y C, Shen Y C, Golovinskaia O, Venkatakrishnan K & Wang C K, Chemopreventive and chemotherapeutic effect of propolis and its constituents: A mini-review, *J Cancer Prev*, 25 (2020) 70–78, doi: 10.15430/JCP.2020.25.2.70.
- 127 Doğan H, Silici S & Ozeimen A A, Biological effects of propolis on cancer, *Turk J of Food and Agri Sci*, **8** (2020) 573–579.
- 128 Rana A, Antibacterial, antifungal and antihelminthic properties of ethanolic, methanolic and water extracts of pollen, *J Pharm Res Int*, **33** (2021) 78–88, doi.org/10.9734/jpri/2021/v33i53B33682.
- 129 Rana A & Kumar N R, Antioxidative potential of propolis on *Staphylococcus aureus* infected BALB/c mice: A biochemical study, *Indian J Biochem Biophys*, **59** (2022) 1006–1015.
- 130 Rana A, Kumar N R & Kaur J, Therapeutic effect of propolis on *Staphylococcus aureus* induced oxidative stress in kidney of BALB/c mice: a biochemical and histopathological study, *Indian J Exp Biol*, **60** (2022a) 597–606
- 131 Rana A, Kumar N R & Kaur J, Therapeutic effect of propolis on *Staphylococcus aureus* induced oxidative stress in spleen of BALB/c mice: A biochemical and histopathological study, *Indian J Nat Prod Resour*, 13 (2022b) 1–13.
- 132 Orrenius S, Gogvadze V & Zhivotovsky B, Calcium and mitochondria in the regulation of cell death, *Biochem Biophy Res Comm*, 460 (2015) 72–81.
- 133 D'arcy M S, Cell death: A review of the major forms of apoptosis, necrosis and autophagy," *Cell Biol Intl*, 43 (2019) 582–592.
- 134 Sepúlveda C, Núñez O, Torres A, Guzmán L & Wehinger S, Antitumor activity of propolis: Recent advances in cellular perspectives, animal models and possible applications, *Food Rev Intl*, 36 (2020) 429–455.
- 135 Berghe T V, Linkermann A, Jouan-Lanhouet S, Walczak H & Vandenabeele P, Regulated necrosis: The expanding

- network of non-apoptotic cell death pathways, *Nature Rev Mol Cell Biol*, **15** (2014) 135–147.
- 136 Pasparakis M & Vandenabeele P, Necroptosis and its role in inflammation, *Nature*, **517** (2015) 311–320.
- 137 Czabotar P E, Lessene G, Strasser A & Adams J M, Control of apoptosis by the BCL-2 protein family: Implications for physiology and therapy, *Nat Rev Mol Cell Biol*, **15** (2014) 49–63.
- 138 Rana & Kumar, Antioxidative potential of pollen, propolis and bee bread against damage caused by *Staphylococcus aureus* in liver and kidney of BALB/c mice: A biochemical study, *J Sci Ind Res*, **82** (2023) 652–660.
- 139 Thakur M & Nanda V, Composition and functionality of bee pollen: A review, *Trends Food Sci Technol*, 98 (2020) 82–106.
- 140 Gardana C, Del Bo C, Quicazán M C, Corrrea A R & Simonetti P, Nutrients, phytochemicals and botanical origin of commercial bee pollen from different geographical areas, *J Food Compos Ana*, **73** (2018) 29–38.
- 141 Abdelnour S A, Abd El-Hack M E, Alagawany M, Farag M R & Elnesr S S, Beneficial impacts of bee pollen in animal production, reproduction and health, *J Anim Physiol Anim Nutr.*, 103 (2019) 477–484.
- 142 Sattler J A G, de Melo I L P, Granato D, Araújo E, da Silva de Freitas A, Barth O M, Sattler A & de Almeida-Muradian L B, Impact of origin on bioactive compounds and nutritional composition of bee pollen from southern Brazil: A screening study, Food Res Int, 77 (2015) 82–91.
- 143 Sattler J A G, De-Melo A A M, Nascimento K S D, Melo I L P D, Mancini-Filho J, Sattler A & Almeida-Muradian L B D, Essential minerals and inorganic contaminants (barium, cadmium, lithium, lead and vanadium) in dried bee pollen produced in Rio Grande do Sul State, Brazil, Food Sci Technol, 36 (2016) 505–509.
- 144 Nassar A M K, Salim Y M M, Eid K S A, Shaheen H M, Saati A A, Hetta H F, Elmistekawy A & Batiha G E, Ameliorative effects of honey, propolis, pollen, and royal jelly mixture against chronic toxicity of sumithion insecticide in white albino rats, *Molecules*, 25 (2016) 2633, doi:10.3390/molecules25112633.
- 145 Komosinska-Vassev K, Olczyk P, Kaźmierczak J, Mencner L & Olczyk K, Bee pollen: Chemical composition and therapeutic application, Evid Based Complement Altern Med, 3 (2015) 297425.
- 146 Kostić A Ž, Milinčić D D, Gašić U M, Nedić N & Stanojević S P, Polyphenolic profile and antioxidant properties of bee-collected pollen from sunflower (*Helianthus annuus* L.) plant, LWT, 112 (2019) 108244.
- 147 Aw Yong P Y, Islam F, Harith H H, Israf D A, Tan J W & Tham C L, The Potential use of honey as a remedy for allergic diseases: A mini review, Front Pharmacol, 11 (2021) 599080, doi:10.3389/fphar.2020.599080.
- 148 Santos-Buelga C & González-Paramás A M, Chemical composition of honey, in *Bee Products-Chemical and Biological Properties* edited by J M Alvarez-Suarez (Springer International Publishing: Cham, Switzerland) 4 (2021) 43–82.
- 149 Samarghandian S, Farkhondeh T & Samini F, Honey and health: A review of recent clinical research, *Pharmacogn Res*, 9 (2017) 121–127.