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Biography

Mamdouh Abdulrhman has received his PhD from Ain Shams University, Egypt in 1993. Currently, he is working as a professor in pediatrics in Ain Shams University. His research has been mainly focused on clinical uses of bee honey. Based on his research he has been considered by the German Apitherapy Society as an Expert and Counselor in the clinical use of bee honey. He is serving as an expert Reviewer for journals like Journal of diabetes and its complications, Journal of Clinical Nutrition, European Journal of Clinical Nutrition and Journal of diabetes and metabolic disorders.

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HONEY IN TYPE 2 DIABETES MELLITUS

Honey, as a natural substance produced by honey bees, has many benefits for health and nutrition. The aim of the present study is to test the effects of honey consumption, as a sole treatment, in patients with type 2 DM. Twenty adult patients with type 2 DM volunteered to stop their medications and to use honey as an alternative and sole treatment of their diabetes and its associated metabolic derangements. Their mean age was 46.5 years and they were of both sexes. The mean duration of their diabetes was 5.1 years. At baseline; the mean HbA1C value was of 9.7%, the mean BMI was 32.5; twelve patients had systemic hypertension, twelve had dyslipidemia, ten had symptoms of peripheral neuritis, one had retinopathy with retinal hemorrhage, and four had coronary heart disease. All patients stopped their medicines and consumed honey in a minimum dose of 2 g/kg/day assuming body weight 75 kg. The duration of honey intervention, without medicines, ranged from 0.42 to 14 years, with a mean of 2.8 years. Ten patients continued the trial for more than one year, 5 completed one year intervention and 5 discontinued the intervention before one year. The only cause of discontinuation of the intervention was persistent hyperglycemia. Long-term honey intervention, without medicines, resulted in persistent hyperglycemia, persistent dyslipidemia, body weight reduction and improvement of macro-vascular complications. No patient developed coma, cerebral strokes or serious infections. The renal functions remained normal during honey intervention. Two patients, who did not receive anti-diabetic medicines after discontinuation of honey, developed DKA one and four months after discontinuation of honey, after periods of interventions of 0.5 and 2.6 years, respectively. This small sampled study showed that honey, as a sole treatment of type 2 DM, is superior to the current medications, and its benefits may outweigh the risks.

Note: