HONEY& DIABETICS.

Honey is composed mainly of a variety of sugars, traces of pollen and water. There are also enzymes present. Because the sugars in Honey depend upon a carrier to move them across the membrane barrier, they are limited by how much carrier is available. This means that there is less of a “rush” of sugar to the body with honey i.e. ...Less of a strain on the pancreas to suddenly produce large amounts of insulin... Less likelihood of large peaks and valleys in the insulin /sugar curve... Less likelihood of hypoglycaemia.

The main practical difference in behaviour between that of cane sugar and the complex sugars in honey is the manner in which the body absorbs them. Sugar is absorbed via osmosis. This means that it simply enters the bloodstream, penetrating directly through membranes, when it is being digested. The implication is that large amounts of sugar can rapidly enter the system. This rapid entry can cause an overreaction of insulin production by the pancreas, resulting in the quick burning of the sugar in the system. A crash back to lower levels of sugar (caused by the over stimulation of insulin production/rapid digestion of sugar) may occur.

The complex sugars contained in honey are absorbed by a process known as “active transport.” While the term “active” may seem to denote that this occurs quickly, the opposite is true... Since the transport of the sugars through membranes and into the bloodstream is accomplished by an actual carrying agent (a chemical that binds the sugar), the speed with which it is absorbed is regulated by the availability of the transport agent. So complex sugars move into the bloodstream at a slower rate and are, therefore, less likely to cause an over stimulation of insulin production. Add to this the fact that honey is twice as sweet as sugar, you can use half as much in a given recipe, and you can see that diabetics are far less likely to shock themselves with honey as a sweetening agent than sugar.