

DIABETES AND RAMADAN: MORE RESEARCH REQUIRED

Habibullah Khan, Iftikhar Ahmad
Gomal Medical College, D.I.Khan, Pakistan

Ramadan is one of the twelve months of Islamic Lunar (Hijri) calendar. It is considered as the holy month because Muslims believe Qura'an was revealed in this month. Fasting is obligatory for every physically and mentally sound, adult during this month. However, patients and those on journey can observe it later when healthy or at home. Those who are weak due to advanced age or have faint chances of recovery from the disease are supposed to feed one poor person twice-a-day as an alternate to fasting.¹⁻³

The month of Ramadan (29 or 30 days long like any other lunar month) moves across different seasons because lunar year is smaller than the solar year by 12 to 13 days. Apart from spiritual and religious obligations, it is believed to have many health benefits. Although efforts have been made on this aspect of Ramadan but not sufficient to the point of clarity.⁴

Muslims represent more than 1.5 billion (23%) of the estimated world population of 6.8 billion with about 40-50 million diabetics, mostly type 2 globally fast during Ramadan. Many Muslims with diabetes whether type 1 or type 2 like to observe fasting either the whole month or at least for few days. The doctors working in Muslim communities are frequently asked to decide about the permission or exemption for fasting by their patients and the pattern of medications and care during the fast.^{5,6}

Although there is little high quality research on this matter but many efforts have been made in this regard to help these patients and their care-givers. The Royal College of Diabetologists has issued a guideline for patient with diabetes and their care-givers during Ramadan.⁷

Research is needed to clarify the health benefits and risks of fasting during the month of Ramadan, especially for diabetics and what is the optimal level of care for these patients.

Whereas those in categories 3 and 4 may fast i.e. all controlled overweight NIDDM patients (except

pregnancy or nursing mothers) with frequent checking of BSLs is must. If BSL is < 60 mg/dl or > 300 mg/dl any time of the day, breaking the fast must be considered.⁸

Many diabetics fast during Ramadan despite medical advice. A person's choice to fast should be made after discussion with care-providers concerning the risks involved. People who insist on fasting should undergo pre-ramadan assessment and receive health education, related to physical activity, meal planning, glucose monitoring, and dosage and timing of medications.⁸

To conclude, an awareness campaign in the Muslim communities focused at diabetics, their care-providers, the religious and community leaders must be designed. Besides, more research is required regarding the health benefits of fasting and to improve our understanding of diabetes and Ramadan to improve the safety of fasting.

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Corresponding author:

Prof. Dr. Habibullah Khan
Gomal Medical College, DI Khan, Pakistan
Email: habibgmc@hotmail.com

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CONFLICT OF INTEREST
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