

RAMADAN AND DIABETES

Muslims constitute 25% of world's population. Among them 50 million muslims with diabetes world wide fast for a month each year. According to a study (EPIDIAR) conducted in 13 Islamic countries, 43% of people with type 1 diabetes and 79% of type 2 diabetic muslims fast during ramadan.

Fasting during Ramadan, one of the five pillars of Islam is obligatory for all healthy adult Muslims. Quran specifically exempts people with medical condition from duty of fasting, especially if it can have harmful consequences. People with diabetes can be at high risk of complications due to variations in meal and fluid intake. Therefore it is very important to be aware of potential risks associated with fasting.

If blood sugars are inadequately controlled there are risks for hypoglycemia (low sugar), hyperglycemia (high sugar), diabetic ketoacidosis, and risk of blood clotting. All these happen secondary to change in dosage of oral medications, insulin, varied meal pattern and dehydration.

It is important to monitor blood sugar levels, even if it calls for several times a day while fasting, more so with people using insulin. A healthy and balanced diet is very important during Ramadan fast for a diabetic. It is usual to take large amount of food rich in carbohydrates and fat at the time of breaking the fast. It is recommended that this practice should be avoided and frequent meals with lesser quantity and low calorie food be ingested and predawn meal to be taken as late as possible before the fast starts. An excessive physical activity may be avoided due to risk of low sugar. Taraweeh prayers are good enough as exercise during month of Ramadan.

If blood sugars drop to less than 60mg% (or) if blood sugars reach 70mg% in the morning hours itself (or) if sugars go above 300mg% the fast should be immediately ended.

It is very essential that diabetes who wish to fast to consult their doctor and get checking done for their sugar control, cholesterol control, BP control, meal planning, glucose monitoring, physical activity, adjustments in tablets and insulin and to learn how to recognize and manage complications.

The pregnant diabetes women are advised not to fast during Ramadan especially because it can cause harm to the fetus. It is very crucial that a patient's decision to fast be made after sufficient discussion with the physician concerning the risks involved. There should be an individual based plan and close follow-up to be done.

It is generally advised that pregnant diabetic and Type I diabetes along with long standing Type II diabetes with complications on insulin are advised not to fast. The others like diet-controlled diabetic and people on minimum medications can observe fasting after consulting their physicians. In the religion there are alternative methods to compensate for fasting during Ramadan, which should be utilized in these circumstances.

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