



Dr Sanjay Kalra
Dept. of Endocrinology,
Bharti Hospital, Karnal,
Haryana, India



Dr Saqib Ahmad Khan
Dept. of Endocrinology,
Chandan Hospital, Lucknow,
Uttar Pradesh, India



Dr Sunil Kota
Dept. of Endocrinology,
Diabetes and Endocare Clinic,
Berhampur, Odisha, India



Dr Shehla Shaikh
Dept. of Endocrinology,
Saifee Hospital, Mumbai,
Maharashtra, India

Preparing for the Ramadan Fast During the Month of Shabaan

As we approach the month of Ramadan, believers begin to prepare for the fasting that is one of the five pillars of Islam.¹ Ramadan fasting is decreed for spiritual growth and self-control, discipline and empathy with the less fortunate. There are sudden changes in dietary pattern and composition, physical and spiritual activity and sleep practices. This change creates some difficulties in the initial days, especially for persons living with diabetes or other chronic diseases. The Quran exempts people with illness from fasting, especially if fasting can worsen their health. In view of the enormous spiritual benefits of fasting, many people will insist on fasting. It is also allowed to fast later in case you miss out on fasts during Ramadan, but people prefer fasting during Ramadan as the entire community observes the fast.

In this editorial, we discuss how the month of Shabaan which precedes the month of Ramadan can be utilized to prepare for Ramadan fasting, and how it can serve as a springboard for enhanced healthcare-related behavior.

INTERMITTENT FASTING

Intermittent fasting (IF) is considered a “modern” development by many, but the Ramadan fast is actually a prototype of IF.² IF includes a wide-spectrum of meal-related practices. One may fast for 12 to 16 hours daily or a few days every week. Certain dietary restrictions are also mandatory which are accepted by patients who

follow IF. Shabaan can be used to inculcate the habit of IF, in a graded manner. This habit has been advocated from the time of the Prophet, but not really inculcated seriously. It must be noted that such a change should be carried out in consultation with the treating physician, especially for persons on antihyperglycemic therapy.

Some individuals may choose to try a “practice” fast for 3 days, on the 15th, 16th and 17th day of Shabaan. This helps persons with diabetes understand and monitor their response to fasting and allows for more efficient titration of medication, especially in case of hypoglycemia.

PHYSICAL ACTIVITY

Ramadan is also marked by offering of the Tarawih prayers (prolonged prayers), which are equivalent of structured physical activity or exercise. This may be a daunting task for the exercise-naïve devotee. Shabaan can be used to begin exercising, achieve physical conditioning and prepare for the coming month. Gradual escalation of prayers, perhaps on a weekly basis, can be kept as an individual goal.

HEALTH CHECK-UP

It is important to have a comprehensive pre-Ramadan check-up, and impart structured pre-Ramadan education.³ This helps in better risk stratification⁴ of the patient regarding the risk of fasting. Shabaan, and

Table 1. Shabaan as an Opportunity for Better Health, Prior to Ramadan

Diet	Lifestyle	Healthcare assessment
<ul style="list-style-type: none"> • Moderation in diet • Practice of intermittent fasting • Practice dawn to dusk fast for 3 days 	<ul style="list-style-type: none"> • Physical conditioning/exercise • Spiritual health/stress management • Avoidance of substance abuse • Regular sleep hygiene 	<ul style="list-style-type: none"> • Regular healthcare check-up • Risk stratification for fasting • Adjustment and titration of medicine • Pre-Ramadan structured education • Awareness of healthcare support available during Ramadan

the preceding month, offer an opportunity for better patient-physician interaction and communication. This allows institution of practices such as annual preventive check-ups before Ramadan, investigations for screening and monitoring of chronic complications, and reinforcement of healthy lifestyle measures.

One must include optimization of healthcare seeking and healthcare accepting behavior as a prelude to Ramadan during Shabaan. An example may be completing one’s vaccinations prior to the start of Ramadan. Availability of healthcare, including emergency services, can also be reinforced.

LIFESTYLE OPTIMIZATION

Undesirable habits, such as substance abuse (including betel nut chewing), poor sleep hygiene and negative stress coping styles can be tackled during Shabaan to ensure a fulfilling and meaningful Ramadan fast. Ramadan fasting stands for self-control, sacrifice and empathy for the unfortunate. These are achieved through discipline, determination and devotion. This discipline and determination should be fortified throughout the year. This reflection helps motivate persons to integrate healthy behaviors as part of daily life.

HEALTHCARE AND DIALOGUE

All this is possible only through dialogue.⁵ Healthcare professionals should take the lead in speaking about Ramadan and health conversations should start weeks

before the onset of the holy month and should extend to every member of the society. Shabaan is an opportunity that we must not miss.

Religious leaders can be involved to explain and clarify the exemptions from fasting that have been listed in the scriptures.

SUMMARY

Shabaan, and the preceding month of Rajab, can be used as a springboard for initiation and strengthening of healthy practices. This will help in observance of Ramadan in a safe and fulfilling manner.

REFERENCES

1. Jawad F, Kalra S. Ramadan and diabetes management - The 5 R’s. *J Pak Med Assoc.* 2015;65(5 Suppl 1):S79-80.
2. Roky R, Houti I, Moussamih S, Qotbi S, Aadil N. Physiological and chronobiological changes during Ramadan intermittent fasting. *Ann Nutr Metab.* 2004;48(4):296-303.
3. Gad H, Al-Muhannadi H, Purra H, Mussleman P, Malik RA. The effect of Ramadan focused education on patients with type 2 diabetes: a systematic review and meta-analysis. *Diabetes Res Clin Pract.* 2020;162:108122.
4. Al-Arouj M. Risk stratification of Ramadan fasting in person with diabetes. *J Pak Med Assoc.* 2015;65(5 Suppl 1):S18-21.
5. Jawad F, Kalra S. Diabetes care in Ramadan: an exemplar of person centered care. *J Pak Med Assoc.* 2015;65(5 Suppl 1):S1-2.



Empower Diabetes Patient

GLYCIPHAGE[®]

Metformin 250 mg Tablets, 500 mg & 850 mg Press Tablets

GLYCIPHAGE SR[®]

Metformin 500 mg, 850 mg & 1000 mg Sustained Release Tablets

GLYCIPHAGE-G[®] 1mg / 2mg

Metformin SR 500 mg + Glimepiride 1 mg / 2 mg

GLYCIPHAGE-G FORTE[®] 1mg / 2mg

Metformin SR 1000 mg + Glimepiride 1 mg / 2 mg

GLYCIPHAGE-G[®] 0.5

Metformin SR 500mg + Glimepiride 0.5mg

GLYCIPHAGE-VG[®]

Metformin SR 500 mg + Voglibose 0.2 mg + Glimepiride 1 mg / 2 mg Tablets

 **GLYPTEN**[®]

Teneligliptin 20 mg

 **GLYPTEN-M**[®]

Teneligliptin 20 mg and Metformin Hydrochloride 500 mg SR Tablets

 **GLYPTEN-M FORTE**[®]

Teneligliptin 20 mg and Metformin Hydrochloride 1000 mg SR Tablets

VILDAPHAGE[®]

Vildagliptin 50mg Tablets

VILDAPHAGE-M[®]

Vildagliptin and Metformin Hydrochloride 50mg/500mg Tablets

VILDAPHAGE-M Forte[®]

Vildagliptin and Metformin Hydrochloride 50mg/1000mg Tablets

BENALGIS[®]

Benfotiamine 100 mg Tablets

Benalgis[®] Forte

Pregabalin 75 mg + Methylcobalamin 0.750 mg + Folic Acid 0.750 mg + Vitamin B₁₂ 1.5 mg + Benfotiamine 7.5 mg

DIAVIT[®] PLUS

Addex[™]

Cadexomer Iodine (0.9% w/w Iodine) Powder / Ointment


DIABÉTIX

A Division of
**FRANCO-INDIAN
PHARMACEUTICALS PVT. LTD.**