

# Common health problems & solutions during Ramadan

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### blems and their solutions

**Constipation:** Constipation can cause piles (haemorrhoids), fissures (painful cracks in anal canal) and indigestion with a bloated feeling.

Too much refined foods, too little water and not enough fibre in the diet can cause constipation.

Avoid excessive refined foods, increase water intake, use bran in baking, brown flour when making roti to get remedy for constipation.

**Indigestion and wind:** Over-eating and too much fried and fatty foods, spicy foods, and foods that produce wind e.g. eggs, cabbage, lentils, carbonated drinks like Cola produce gas and indigestion.

Do not over-eat, drink fruit juices or better still drink water to avoid these problems. Avoid fried foods, add ajmor to wind-producing foods.

**Lethargy:** Excessive sweating, weakness, tiredness, lack of energy, dizziness, especially on getting up from sitting position, pale appearance and feeling faint are symptoms associated with "low blood pressure". This tends to occur towards the afternoon during fasting hours in Ramadan.

Too little fluid intake, decreased salt intake usually cause these problems.

To get remedy, keep cool, increase fluid and salt intake. Low blood pressure should be confirmed by taking a blood pressure reading when symptoms are present. Persons with high blood pressure may need their medication adjusted during Ramadan. They should consult a physician.

**Headache:** Caffeine and tobacco-withdrawal or doing too much in one day, lack of sleep,

hunger usually cause headache as the day goes by and it worsens at the end of the day. When associated with "low blood pressure", the headache can be quite severe and can also cause nausea before iftar.

Cut down caffeine and tobacco slowly starting a week or two before Ramadan. Herbal and caffeine-free teas may be substituted. Reorganise your schedule during the Ramadan so as to have adequate sleep.

**Low blood sugar:** Weakness, dizziness, tiredness, poor concentration, perspiring easily, feeling shaky (tremor), unable to perform physical activities, headache, palpitations are symptoms of low blood sugar.



Causes of low blood sugar in non-diabetics are having too much sugar i.e. refined carbohydrates especially during the meal before Dawn (sehri or suhur). The body produces too much insulin (hormone that lowers blood glucose) causing the blood glucose to drop.

To avoid the problem eat something at suhur (sehri) and limit sugar-containing foods and drinks. Diabetics may need to adjust their medication in Ramadan. Consult a diabetologist in this regard.

**Muscle cramps:** Inadequate intake of calcium, magnesium and potassium foods may cause muscle cramp.

Eat foods rich in the above minerals e.g. vegetables, fruit, dairy products, meat and dates.

Those on high blood pressure medication and with kidney stone problems should consult their doctors.

**Peptic ulcers, heart burn, gastritis and hiatus hernia:** Increased acid levels in the empty stomach in Ramadan aggravate the conditions. It presents as a burning feeling in the stomach area under the ribs and can extend up to the throat. Spicy foods, coffee, and Cola drinks worsen these conditions.

Medications are available to control acid levels in the stomach. People with proven peptic ulcers and hiatus hernia should consult their doctor well before Ramadan.

**Kidney stones:** Kidney stones may occur in people who have less liquid to drink. Therefore, it is essential to drink extra liquids so as to prevent stone formation.

**Joint pain:** The increased pressure on the knee joints during Salat (Prayer) and pain due to this may aggravate during Ramadan. In the elderly and those with arthritis this may result in pain, stiffness, swelling and discomfort.

Lose weight so that the knees do not have to carry any extra load. Exercise the lower limbs. Being physically fit allows greater fulfillment, thus enabling one to be able to perform salat with ease.

# Diabetes and Ramadan fasting

## Changing lifestyle

TAREQ SALAHUDDIN

Diabetes mellitus affects people of all faiths. Muslims are no exception. Many diabetic Muslims have a desire to fast during the month of Ramadan, although if they cannot for health reasons, they have a valid exemption. The dilemma for physicians and Muslim scholars is whether or not Muslim diabetic patients—

(1) should be allowed to fast if they decide to;

(2) can fast safely;

(3) can be helped to fast if they decide to;

(4) can have their disease monitored at home; and

(5) are going to derive any benefit or harm to their health.

Fasting during Ramadan by a Muslim diabetic patient is neither his right nor Islamic obligation, but only a privilege to be allowed by his physician, at the patient's request, knowing all the dangers and assuming full responsibility in dietary compliance and glucose monitoring, with good communication between the physician and the patient.

**Psychological state of diabetes during Ramadan**

Diabetes mellitus itself adversely affects patients' psychological states by changes in glucose metabolism, blood and CSF osmolality, needs for discipline and compliance, fear of long term complications and threat of hypoglycaemic attacks (state of unconsciousness affecting diabetics) and the possibility of dehydration and coma.

On the other hand, fasting during Ramadan has a tranquillising effect on the mind, producing inner peace and decrease in anger and hostility. Fasting Muslims realise that manifestations of anger may take away the blessings of fasting or even nullify them.

Diabetics know that stress increases the blood glucose by increasing the catecholamine (the hormones adrenaline and noradrenaline which are released by the adrenal glands) level and any tool to lower the stress; i.e., biofeedback or relaxation improves diabetic control. Thus, Islamic fasting during Ramadan should have a potentially beneficial effect with regard to diabetic control.

**Check list for diabetics**  
Patients should be taught home glucose monitoring, checking urine for acetone, doing daily weights, calorie-controlled diabetic diet, need for sleep and normal exercise. They should be able to take pulse, temperature, look for skin infection and notice changes in the sensorium (mental alertness). They should be on special alert for any colicky pain, a sign for renal colic (sudden pain caused by kidney stone or stones in the ureter), or hyperventilation, a sign of dehydration, and to be able to seek medical help quickly rather than wait for the next day.

**Exercise of diabetics during Ramadan**

Diabetic patients should avoid heavy exercise during fasting hours. It is better to exercise after iftar or meal at night. Saying tarabih prayer is a good

way of exercise.

**Change of dosages for diabetics during Ramadan**

• Diabetic patients who take oral hypoglycemic drug once daily, should take the medicine immediately after iftar at a low dose.

• Patients who take oral medicine more than one time daily should reschedule the dose in the morning and at night (of regular time) respectively to after iftar and 30 minutes before sehri.

• Patients who take insulin, should adapt the dosage schedule of insulin prior to Ramadan after consulting with a diabetologist. Usually long-acting basal insulin (*Insulin Glargin*, available in our country in the trade name Lantus) is safe and recommended during Ramadan fasting. It should be administered after iftar at a higher dose and at sehri time at a lower dose. Other medication of diabetes should be continued as per the advice of the physician.

**Preparation for Ramadan fasting**

Knowing about diabetes completely is an important component of diabetes control.

We should keep in mind that the same management policy is not applicable for each individual. This is why patients should know their own state of diabetes very well. And people should consult with doctors whether they are able to fast during Ramadan at their body condition or not.

## Ramadan is a perfect time to quit smoking



If you are a smoker, it is a perfect time to take the necessary steps to stop smoking this Ramadan. This will allow you to gain the full benefits of this holy month and will be an important step towards restoring your health.

The atmosphere surrounding Ramadan helps one to have more discipline and strive to be a better Muslim in all aspects of life, it is an ideal time to give up smoking once and for all.

## Don't overeat at iftar!



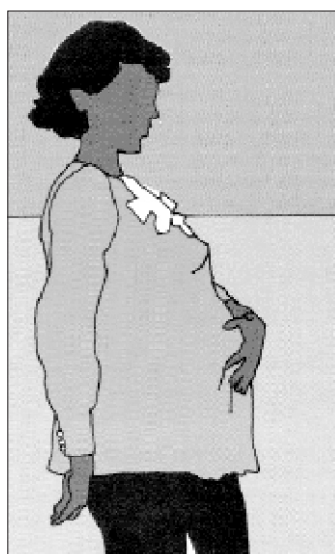
Ramadan is the month of forbearance. Fasting at daytime during Ramadan and overeating at iftar makes no sense in fact.

# Fasting for pregnant women in Ramadan

STAR HEALTH DESK

Pregnant women are always vulnerable to any physical and mental stress. In Ramadan, it becomes difficult for them to tolerate hunger pain and stress. Pregnant women are generally weak and need more nutrition and care than others. Performing Ramadan in pregnancy is guided by Islam. If the physical and mental condition of the woman is not satisfactory she can avoid Ramadan. Islam permits this rule. Again if she is good in health and have no complications, she should perform Ramadan.

In case of pregnant women, performing Ramadan depends upon the doctor's opinion. The woman who is under the guidance of a physician should follow the advice given by doctor. The concerned doctor will suggest whether she can perform Ramadan or not. Nausea and



vomiting is a common feature for pregnant women. Some women avoid Ramadan in their first pregnancy. Usually they are more tensed at that time because of a new experience.

### Diet and drug

It is necessary to ensure proper attention and nutrition for the pregnant women. During pregnancy, they need much food. Especially Vitamin C, folic acid and Iron is needed for them. Green leafy vegetables, animal liver and kidney, nuts, meat, milk and dairy products should be included in their diet chart. Besides diet, we need to give them the required drugs regularly. The schedule of taking drug may be changed for Ramadan. The physician can give you a complete diet and drug chart.

Performing Ramadan is really tuff for pregnant women. Women become more tensed this time. If they take physician's advise and follow the regular diet and drug, there is no need to get worried. This month they need extra care and we should ensure it for the betterment of mother as well as her baby.

# RAMADAN DIET

### Avoid

- Fried and fatty foods.
- Foods containing too much sugar.
- Over-eating especially during the meal before Dawn (sehri or suhur)
- Too much tea during the meal before Dawn (sehri or suhur). Tea makes you pass more urine taking with it valuable mineral salts that your body would need during the day.
- Smoking cigarettes should be avoided. If you cannot give up smoking, cut down gradually starting a few weeks before Ramadan. Smoking is unhealthy and one should stop completely.

### Eat

- Complex carbohydrates during the meal before Dawn (sehri or suhur) so that the food lasts longer making you less hungry.
- Haleem is an excellent source of protein and is a slow-burning



- Almonds are rich in protein and fibre with less fat.
- Bananas are a good source of potassium, magnesium and carbohydrates.

### Drink

As much water or fruit juices as possible between iftar (Breaking fasting) and bedtime so that your body may adjust fluid levels in time.

# Muslim scholars allow diabetic patients to take insulin and blood sugar monitoring even during Ramadan fasting.

Source: Ahsanul Fatwah, Fatwaye Rahimiya, Fatwaye Mahmudia

## Medical recommendations

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Diabetes mellitus is a global health problem including Bangladesh. Majority of the diabetics are Non Insulin Dependent and they usually try to fast during Ramadan.

Recent study shows that about 50 million people with diabetes fast during Ramadan worldwide. Fasting during Ramadan are associated with some risks like hypoglycemia, hyperglycemic coma and dehydration.

These risks are more who are on insulin or oral anti-diabetic agents which increases insulin secretion in our body. Those who are controlled with diet and exercise or on Metformin and Glitazone like drugs are in low risk. Risk increases when diabetic patients fast without consulting with their physician before and during Ramadan and not monitor their blood sugar regularly.

Diabetic fasters can reduce all these complications if they obey the following medical recommendations.

### Monitoring recommendation

- Patients should monitor their blood glucose level even during the fasting to recognise sub-clinical hypo and hyperglycemia and for dose adjustment. According to Muslim scholars it will not harm for the fasting.
- 2 hours post post-sehri and 1 hour pre-iftar are likely to pick sub-clinical hypoglycemia.
- 1-2 hour post iftar is likely to pick sub-clinical hyperglycemia.
- If blood glucose is noted to be low (<60 mg/dl), the fast must be broken.
- If glucose is not noted to be > 300 mg/dl, ketones in urine should be checked and medical advice should be sought.

### Dosages recommendations

Dosages before Ramadan	Dosages during Ramadan
Sulfonylurea e.g. Glymepride Once daily dose.	Immediately after iftar at a lower dose than that of normal time.
Sulfonylurea e.g. Glibenclamide Twice daily dose.	The dose at morning should be taken at iftar and the dose at night should be taken 30 min before sehri at half dose.
Metformin 500 mg three times daily.	At iftar time 1000 mg and at sehri 500 mg.
Thiazolidinedione (Pioglitazones, Rosiglitazones) once daily.	Any time at night at the same dose.
Ripaglinide or Natiglinide.	At any time during iftar to sehri.

Dosages of Insulin should be changed before Ramadan after consulting with a physician. Once daily used basal insulin is highly recommended during Ramadan to avoid hypoglycaemic attacks.

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