

Fasting safely: What diabetics need to know this Ramadan



By Melvin Ebin Bondi

AS Ramadan unfolds, many Muslims living with diabetes are navigating a deeply personal decision each day.

Fasting is not simply a change in meal timing. It is a metabolic shift that influences blood sugar control, medication timing, hydration, and overall energy balance.

The National Health Morbidity Survey (NHMS) 2023 reports that 15.6 per cent of Malaysian adults have known diabetes, while international estimates from the International

Diabetes Federation (IDF) suggest that total diabetes prevalence including undiagnosed cases may exceed 21 per cent.

This distinction highlights the large proportion of individuals who remain unaware of their condition.

These numbers reflect a continuing and serious public health challenge.

Ramadan introduces specific risks. The IDF, in collaboration with the Diabetes and Ramadan International Alliance (DAR), estimates that globally more than 150 million Muslims with diabetes fast during Ramadan each year.

Evidence from large observational studies, such as the EPIDIAR study, has shown that the incidence of severe hypoglycaemia may increase several folds during Ramadan among high-risk individuals, particularly those treated with insulin or sulfonylureas.

In Malaysia, clinical management of diabetes is guided by the Clinical Practice Guidelines on Management of Type 2 Diabetes Mellitus by Ministry of Health Malaysia (MoH).

These guidelines emphasise individualised care, medication adjustment and structured education.

Patients with recurrent hypoglycaemia, poor glycaemic

control, advanced chronic kidney disease (Stage 4 or 5), pregnancy with diabetes, or acute illness such as infection, fever, and recent hospitalisation, are categorised as high risk and are generally advised not to fast.

International guidelines also emphasise that patients in the very high-risk category are strongly advised not to fast due to the likelihood of severe complications.

This risk-based approach aligns with Islamic jurisprudence, which permits exemption from fasting when health is threatened.

The physiological risks during Ramadan are predictable. Hypoglycaemia or low blood sugar often occurs in the late afternoon after prolonged fasting, especially in patients taking insulin or insulin secretagogues.

Symptoms such as sweating, trembling, confusion and palpitations must not be ignored.

Severe hypoglycaemia can lead to seizures or coma; hyperglycaemia is equally concerning.

Large 'iftar' (break-of-fast) meals rich in refined carbohydrates and sweetened drinks can produce rapid glucose spikes.

Repeated hyperglycaemia contributes to dehydration, electrolyte imbalance and in severe cases, it may lead to severe dehydration and dangerous complications.

In insulin deficient individuals, there is also risk of diabetic ketoacidosis (DKA) if insulin doses are omitted or significantly reduced.

The MoH recommends pre-Ramadan assessment ideally one or two months before the fasting month.

This includes reviewing HbA1c levels, which reflect long term blood sugar control, kidney function and current medication regimens.

Medication timing is often adjusted rather than stopped.

Medication timing is individualised, with some once daily agents often shifted to 'iftar' under medical supervision.

Medication management during Ramadan must never be improvised.

The MoH emphasises

individualised adjustment rather than omission of therapy.

In general, medications with low risk of hypoglycaemia such as Metformin are often continued, with doses divided between 'iftar' and 'sahur' (pre-dawn meal-time) depending on the regimen.

Some older diabetes tablets carry a higher risk of low blood sugar, and may need dose adjustments.

Some newer diabetes medications carry lower risk of low blood sugar, but may still require caution, especially in hot climates where dehydration is a concern.

Insulin regimens often need modification, commonly involving reduction of daytime doses and careful monitoring in the late afternoon.

The IDF-DAR guidelines stress that patients should never stop insulin abruptly, and should not independently alter doses without professional advice.

The principle is adjustment, not abandonment.

In Sabah, geographic distance and healthcare access barriers may make timely pre-Ramadan review more difficult for some patients, increasing the importance of proactive follow-up.

A common scenario in primary care involves patients who decide independently to reduce insulin doses out of fear of hypoglycaemia, only to present later with persistently high glucose readings.

These preventable destabilisations often stem not from religious devotion, but from lack of structured guidance.

One patient from Semporna fasted throughout the month, believing that he was doing well because he felt no symptoms.

Living in a coastal district where access to healthcare might require significant travel, follow-up was not always immediate.

Like many patients managing diabetes independently during Ramadan, he assumed that feeling normal meant that his condition was stable.

When his blood tests were eventually reviewed, his blood sugar levels were significantly elevated.

Diabetes can behave like a slow rising river. It may appear calm on the surface, while dangerous levels build quietly underneath.

Without proper monitoring, timely medical review and structured medical guidance, serious complications can develop silently even when a patient feels well.

Dietary management remains central.

Malaysian dietary guidelines encourage balanced meals with controlled carbohydrate portions, adequate fibre and lean protein.

During Ramadan, this translates into moderation at 'iftar' and thoughtful planning at 'sahur'.

Slow-release carbohydrates such as whole grains may help maintain more stable glucose levels during fasting hours.

Adequate hydration between sunset and dawn is essential, particularly in Sabah's warm climate where dehydration can worsen hyperglycaemia and increase fatigue.

Another misconception persists in many communities where some believe that checking blood glucose invalidates fasting.

Religious authorities and medical councils have clarified that finger-prick glucose-testing does not break the fast.

The IDF-DAR guidelines explicitly recommend regular self-monitoring during Ramadan, especially mid-morning and late afternoon.

Blood glucose below 3.9 mmol/L, which is considered medically low and unsafe, or persistently elevated levels above 16.7 mmol/L with symptoms warrant immediate breaking of the fast for safety.

I spoke to Kenny Edward Potilu, assistant medical officer and diabetes educator at Penampang Health Clinic, who emphasised that the difference between safe and unsafe fasting would often come down to preparation.

"Many patients are still unaware that fasting safely requires proper preparation."

"We always encourage them to come to the clinic before Ramadan for a pre-fasting assessment."

"The medical officer will



Overindulgence at 'iftar' does not compensate for daytime fasting. — Bernama photo

screen their overall condition and determine their risk level.

"If there are areas that need further guidance, the diabetes educator will provide structured education on meal planning, medication timing, blood glucose monitoring, and when to break the fast."

"Knowledge is crucial. With proper assessment and education, many moderate-risk patients can fast safely."

"Without preparation, the risk of complications increases."

Diabetes management during Ramadan aligns with Malaysia's National Strategic Plan for Non-Communicable Diseases, which prioritises strengthening primary care, patient education, and continuity of treatment.

Ramadan specific counselling should not be seen as seasonal advice, but as part of continuous chronic disease management embedded in health clinic services.

There is also a longer-term perspective.

For some patients, Ramadan may become a turning point that encourages better portion control, improved medication adherence and greater health awareness when supported by structured medical guidance.

Reduced snacking, increased spiritual reflection and structured meal timing may reinforce healthier behaviours that extend beyond the fasting month.

When approached responsibly, the month can reinforce healthier behaviours that extend beyond Ramadan itself.

For the public, several realities must be understood.

Fasting is not obligatory for those whose health is at serious risk.

Feeling weak or dizzy is not always a sign of perseverance – it may be hypoglycaemia.

Overindulgence at 'iftar' does not compensate for daytime fasting – it may destabilise glucose control for weeks after the month ends.

Ramadan is a month of discipline, and for people living with diabetes, discipline must include medical responsibility.

When fasting decisions are guided by evidence, supported by clinical practice guidelines, and aligned with religious exemptions where appropriate, the month can remain spiritually meaningful without becoming a preventable medical emergency.

Faith and science are not in opposition. In diabetes care, especially in a state like Sabah where the burden is real and visible, they must move together.

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Breaking your fast healthily

It is not unusual for gut health issues to arise during Ramadan due to less-than-ideal food choices when breaking fast.

YOU wait all day for that first bite.

The aroma of freshly-prepared kuih, rich gravies and sweet drinks fill the table.

After hours of fasting, it is tempting to indulge.

But by midnight, you are bloated, uncomfortable and/or struggling with heartburn again.

For many, Ramadan is a time of spiritual renewal, and an opportunity to embrace a more mindful, balanced approach to physical well-being.

However, some may experience digestive discomfort.

Acid reflux, bloating, constipation and fatigue can sometimes occur during the fasting month because of dietary choices between iftar and sahur.

Consultant gastroenterologist and hepatologist Dr Sheikh Anwar Abdullah encourages those observing the fast to approach Ramadan as an opportunity to reset their gut health, rather than strain it.

"The digestive system experiences a period of rest when people choose to fast.

"The body produces less acid and experiences decreased inflammatory triggers, which leads to improved gut health.

"But we often undo those benefits by overeating at iftar or neglecting hydration and fibre," he explains.

Significant lifestyle changes

Research supports what many experience firsthand.

A study found an increase in gastrointestinal complaints such as bloating, acid reflux and constipation during Ramadan.

The reasons are familiar: heavy meals, oily and spicy food, dehydration and long gaps between eating.

"The biggest culprits are usually overeating at iftar, consuming deep-fried or spicy foods, not drinking enough water and skipping fibre.

"Another contributing factor is reduced physical activity.

"With altered sleep patterns and lower energy levels, many people move less during Ramadan, which slows digestion and worsens constipation," says Dr Sheikh Anwar.

When you eat

Skipping sahur or opting for fast food may seem convenient, but it often backfires.

Dr Sheikh Anwar advises a balanced, slow-digesting sahur that sustains energy and protects the gut.

"The ideal sahur includes complex carbohydrates like oats or brown rice; protein from eggs, fish or tofu; and water-rich fruits such as watermelon or cucumber.

"Yoghurt can also benefit gut health due to its probiotics, provided you do not have lactose intolerance.

"The major thing to avoid during sahur is spicy, greasy food that irritate the stomach lining and increase the risk of reflux later in the day," he says.

Meanwhile, at iftar, he recommends easing the stomach back into digestion.

Sugary drinks, excessive fried food and salty dishes may feel

satisfying in the moment, but often lead to bloating and indigestion.

"Start with water and a few dates, then pause perhaps for Maghrib prayers before eating a proper meal.

"Eat slowly.

"A balanced plate with complex carbs, lean protein and some healthy fats is ideal," he advises.

Late-night eating is another common issue.

Moreh, the post-tarawih supper often shared among family and friends, is a cherished Ramadan tradition in Malaysia.

However, it should also be done moderately.

"Keep it light during moreh.

"Try to leave two to three hours between your last meal and bedtime to reduce acid reflux or further digestive issues," adds Dr Sheikh Anwar.

Water and fibre

Constipation is one of the most frequent Ramadan complaints, often caused by inadequate fluid intake.

Global health guidance shows that many people consume less than their daily water intake needs during fasting month.

Proper hydration not only

supports digestion, but also helps prevent headaches and fatigue.

"Aim for at least two to 2.5 litres of water between iftar and sahur.

"Sip regularly instead of drinking large amounts at once.

"Include water-rich fruits, and avoid too much caffeine, which can worsen dehydration," says Dr Sheikh Anwar.

According to the 2024 National Health and Morbidity Survey (NHMS), only 17% of Malaysian adults and 13% of adolescents meet the recommended daily intake of fruits.

While just 12% of adults and 5% of adolescents get enough vegetables, the rest are well below the recommended daily fibre intake.

During Ramadan, this shortfall can worsen constipation and bloating.

"Fibre is essential for bowel regularity.

"It can also lower cholesterol, stabilise blood sugar and keep you full longer.

"Increase it gradually through fruits, vegetables, legumes and whole grains to avoid gas and discomfort," he says.

Those with tummy issues

While fasting is safe for most

healthy adults, a study shows that fasting may aggravate pre-existing gastrointestinal conditions.

Those managing conditions such as ulcerative colitis, duodenal ulcers, upper gastrointestinal bleeding and moderate-to-severe liver cirrhosis, could have a higher risk of developing flares and complications associated with fasting.

They require careful monitoring and guidance from healthcare professionals.

"If you are on gastric medication, take it about 30 minutes before sahur for maximum effect.

"If you develop persistent abdominal pain, vomiting, diarrhoea or see blood in your stool, please do not feel pressured to continue your fast and do seek medical attention," Dr Sheikh Anwar advises.

Stay healthy beyond Ramadan

Ramadan does not have to be a temporary reset.

Dr Sheikh Anwar encourages Malaysians to maintain healthier routines even after the fasting month ends.

"Continue eating mindfully, staying hydrated and spacing out meals.

"Older adults especially should ensure enough protein and fibre to maintain muscle strength and digestive health," he says.

This Ramadan, Dr Sheikh Anwar encourages us to go beyond cravings at iftar, and instead, focus on what truly nourishes the body.

A healthier gut supports a healthier fasting experience and a more meaningful month of reflection.

"Fasting and health go hand-in-hand.

"Eat in moderation, hydrate well and listen to your body.

"If something feels off, do not push through the pain and immediately get it checked," he says.



Matters of the mind

DATUK DR ANDREW MOHANRAJ

FROM time to time, a tragedy occurs that leaves a nation stunned.

Families are lost, communities are shaken, and the public is left grappling with an uncomfortable question on how it could have happened.

One such incident was the recent tragedy in Kuantan, Pahang, where an entire family was lost in a suspected murder-suicide.

In the aftermath, neighbours often describe the individual at the centre of such incidents in almost identical terms: that he was quiet, friendly, responsible, devoted to family and seemingly ordinary.

There were no obvious warning signs. Nothing appeared dramatically wrong.

Yet, beneath this appearance of normalcy, something had clearly gone terribly awry.

While investigations must rightfully take their course and conclusions should never be rushed, such incidents invite us to reflect on a broader and deeply concerning issue that receives far less attention than it deserves, i.e. the hidden mental health crisis among men.

Different presentation

Across many societies, including Malaysia, men are significantly less likely than women to seek help for psychological distress.

Yet, paradoxically, men account for the majority of suicide deaths and are disproportionately represented in severe acts of violence directed at themselves, or in rare cases, those closest to them.

This paradox suggests not greater aggression alone, but something more troubling, in that their suffering remains unseen until it reaches a crisis point.

Public understanding of depression still tends to revolve around visible sadness, tearfulness or emotional openness.

However, men frequently experience and express psychological distress differently.

Depression may present as irritability rather than sadness, anger rather than despair, with-

When men go mental

Males who experience mental health issues often tend to hold it in and exhibit different symptoms from females.

drawal rather than crying.

Sleep disturbances, chronic fatigue, increased alcohol use, risk-taking behaviour or emotional numbness may become the dominant features.

Because these signs are easily mistaken for personality traits, stress or temporary mood changes, distress often goes unnoticed, even within families.

Many men themselves do not recognise that they are experiencing a mental health condition.

They may interpret their struggles as personal failure rather than illness.

Instead of asking for help, they try to endure in silence, believing that perseverance alone will resolve their emotional pain.

Social expectations

From an early age, boys are frequently taught, subtly or explicitly, that strength lies in self-reliance.

Emotional vulnerability may be discouraged.

Expressions of fear, sadness or helplessness are sometimes met with reminders to "be strong" or "man up".

Over time, emotional restraint becomes intertwined with masculine identity.

As adults, many men therefore develop strong problem-solving abilities for external challenges, but limited skill in addressing internal struggles.

When faced with financial pressures, marital conflict, employment instability or caregiving responsibilities, they may feel compelled to carry burdens alone.

In Malaysia, rapid social and economic change has intensified these pressures.

Rising living costs, job insecurity, debt obligations and shifting family roles have altered traditional expectations of men as providers and protectors.

For some, financial strain does not merely represent economic difficulty.

It becomes a perceived loss of dignity, competence or purpose.

Converging factors

Stressful life events such as

jealousy, relationship conflict or financial hardship, are common human experiences.

The overwhelming majority of individuals facing such challenges do not become violent.

What differentiates those who cope from those who collapse is rarely a single trigger.

Rather, it is the interaction between external stressors and internal vulnerability.

Untreated depression, accumulated stress, personality factors, substance misuse, social isolation and limited coping strategies may gradually converge.

Over time, thinking patterns can become increasingly rigid and pessimistic.

Problems begin to feel permanent.

Options appear to narrow. Hope diminishes.

This state of cognitive constriction is described as "tunnel thinking", in which individuals lose

the ability to perceive alternatives or



imagine recovery.

Decisions made under such psychological conditions may appear incomprehensible

to others, but feel inevitable to the person experiencing them.

Such deterioration often occurs quietly.

Men in distress often continue to fulfil daily responsibilities.

They go to work, attend social gatherings and interact politely with neighbours.

Outward functioning can mask profound internal struggle.

Families may notice subtle changes, such as withdrawal, irritability, loss of interest, sleep disruption or increased pessimism, but these signs are often easily attributed to stress or fatigue.

By the time a crisis becomes visible, opportunities for early intervention may already have been missed.

Meaningful changes needed

Men's mental health is a public health priority.

Addressing this hidden crisis requires moving beyond awareness slogans towards meaningful structural change.

Help-seeking must be reframed.

Seeking psychological support should not be portrayed as a weakness, but as an act of responsibility, particularly for individuals carrying family and societal obligations.

Public messaging needs to speak directly to men in language that resonates with lived realities, rather than clinical terminology.

Mental health care must become more accessible within everyday environments.

Many men are more comfortable discussing distress with general practitioners (GPs), workplace health services, religious leaders or trusted community figures than within specialist psychiatric settings.

Integrating mental health screening and support into primary care and workplaces can enable earlier detection.

Recently, I met Maurizio Rosini, a Kuala Lumpur-based men's coach who runs a group dedicated to supporting men's mental health in Malaysia through workshops, retreats and "men's circles".

His group sessions focus on breaking the stigma of "man up" culture and promoting open discussion about mental struggles to combat male isolation and suicide.

Unfortunately, for now, the traction for such groups remains confined to urban populations.

Families also require a greater understanding of how distress manifests in men.

Men frequently express psychological distress differently from women, e.g. with depression manifesting as anger, irritability and withdrawal, rather than sadness, despair and crying.

— Freepik

Persistent withdrawal, expressions of hopelessness, escalating anger or sudden behavioural change should prompt concern rather than dismissal.

Emotional suffering rarely announces itself dramatically; it often whispers before it shouts.

Start with the boys

Emotional literacy – the ability to recognise, understand and communicate feelings – should be cultivated from childhood.

Boys must learn that vulnerability does not negate strength.

Teaching emotional regulation, conflict resolution and help-seeking skills equips future adults with psychological tools that reduce the risk of crisis later in life.

None of this implies that mental illness excuses harmful behaviour.

Accountability remains essential.

However, prevention depends on understanding pathways, not merely condemning outcomes.

Societies that ignore emotional suffering until catastrophe occurs will continue to respond only after irreversible loss.

The reality is that many men around us may be struggling quietly.

They fulfil expectations, meet responsibilities and maintain appearances while carrying fears about finances, relationships, ageing or personal adequacy that they feel unable to share.

If there is one lesson to be drawn from recurring national tragedies, it is that psychological suffering does not always look dramatic or disruptive.

Sometimes, it exists behind politeness, routine and silence.

The absence of visible distress should not be mistaken for well-being.

Creating safer families and communities therefore, requires more than crisis response.

It requires a cultural shift, one that allows men to speak openly about vulnerability without shame, to seek help without fear of judgement, and to recognise that emotional struggle is part of being human rather than evidence of failure.

A society that gives men permission to ask for help may ultimately prevent suffering that would otherwise remain hidden until it is too late.

Understanding men's mental health is not about assigning blame.

It is about recognising risk early, supporting resilience and ensuring that silence never becomes the most dangerous coping strategy of all.

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Panduan puasa selamat untuk pesakit diabetes

Ketahui beberapa tanda
bahaya dan bila perlu
berbuka segera tanpa risiko

Oleh ZAITON ABDUL MANAF

BERPUASA pada bulan Ramadan sememangnya dinantikan oleh umat Islam sebagai ibadah yang mulia. Namun, bagi mereka yang menghidap diabetes, puasa memerlukan persiapan lebih rapi agar paras gula dalam darah kekal stabil dan risiko komplikasi dapat dikurangkan.

Jika tanpa perancangan yang betul, turun naik gula darah boleh menjejaskan kesihatan dan keselamatan sepanjang berpuasa.

Pakar Diet dari Columbia Asia Hospital Batu Kawan, Maslissa Sazele menjelaskan, semasa berpuasa, badan tidak menerima glukosa dari makanan untuk tempoh lama.

"Pada awal puasa, badan menggunakan simpanan glikogen di hati untuk mengekalkan paras gula darah.

"Selepas beberapa jam, badan mula membakar lemak sebagai sumber tenaga," katanya.

Bagi individu tanpa diabetes, hormon seperti insulin dan glukagon membantu mengekalkan keseimbangan gula darah.

Berbeza dengan pesakit diabetes yang mengambil ubat atau insulin, keseimbangan ini boleh terganggu akibat rintangan insulin.

"Keadaan ini boleh meningkatkan risiko hipoglisemia, hiperglisemia dan dehidrasi.

"Hipoglisemia berlaku apabila paras gula terlalu rendah, contohnya akibat sahur tidak mencukupi atau dos ubat tidak disesuaikan.

"Sebaliknya, hiperglisemia pula terjadi jika berbuka dengan makanan tinggi gula dan karbohidrat ringkas.

"Bukan itu sahaja, dehidrasi turut menyukarkan kawalan gula darah kerana tubuh tidak dapat minum air yang mencukupi," kongsi beliau lagi.

Justeru, pemantauan dan strategi yang

betul menjadi kunci utama untuk pesakit diabetes menjalani puasa dengan selamat.

Berikut beberapa langkah penting:

Langkah 1: Pastikan sahur

Sahur membantu menstabilkan paras gula sepanjang hari. Pesakit diabetes digalakkan tidak meninggalkan sahur dan lebih baik melewatkan makan hampir waktu imsak. Komposisi sahur seimbang termasuk:

- Karbohidrat kompleks seperti nasi perang, roti gandum penuh atau oat.
- Protein seperti telur, ayam, ikan, tauhu atau tempeh.
- Sayur-sayuran segar.
- Air kosong secukupnya.
- Elakkan sahur yang terlalu manis atau minuman bergula kerana ia boleh menyebabkan lonjakan gula diikuti penurunan mendadak yang berisiko bagi pesakit diabetes.

Langkah 2: Rancang strategi berbuka

Berbuka secara berperingkat lebih baik untuk kawalan gula. Contohnya, mulakan dengan 1-2 biji kurma dan air kosong, kemudian hidangan utama selepas solat Maghrib. Gunakan konsep Suku-Suku-Separuh: ¼ pinggan karbohidrat, ¼ pinggan protein, ½ pinggan sayur.

Hindari gabungan pelbagai jenis karbohidrat sekali gus, kerana badan pesakit diabetes tidak mampu menukarkannya kepada tenaga dengan cepat.

Selain lebih stabil dari segi gula darah, cara ini juga lebih mengenyangkan.

Langkah 3: Kawal pengambilan karbohidrat

Karbohidrat memberi kesan paling besar pada paras gula darah. Pesakit diabetes tidak perlu mengelak sepenuhnya tetapi perlu kawal porsi dan pilih

karbohidrat yang sesuai:

Sebaiknya pilih karbohidrat kompleks, makanan berserat tinggi, buah dalam kuantiti sederhana.

Pada masa sama, hadkan pengambilan air manis, kuih-muih tinggi gula dan makanan bergoreng.

Keperluan karbohidrat berbeza bagi setiap individu, jadi rundingan dengan pegawai dietetik penting untuk menyesuaikan pengambilan berdasarkan berat badan, tahap aktiviti dan bacaan gula dalam darah.

Langkah 4: Utamakan hidrasi

Dehidrasi meningkatkan risiko komplikasi, terutama bagi pesakit Diabetes Jenis 2. Strategi: 2-3 gelas ketika berbuka, satu hingga dua gelas selepas tarawih, dua gelas ketika sahur.

Sasarkan enam hingga lapan gelas sehari dan utamakan air kosong berbanding minuman manis atau berkafein yang boleh menyebabkan kehilangan air lebih cepat.

Tanda bahaya: Bila perlu berbuka segera

- - Periksa gula darah tidak membatalkan puasa. Jika bacaan 16.7 mmol/L (hiperglisemia), berbuka dan dapatkan nasihat perubatan.
- Tanda yang kelihatan adalah terlalu haus, kerap kencing, sakit kepala, penglihatan kabur.

Dengan bimbingan yang betul, pesakit diabetes masih boleh berpuasa dengan yakin.

Puasa bukan sekadar menahan lapar dan dahaga, tetapi peluang memperbaiki disiplin pemakanan.

Dengan ilmu dan perancangan, ibadah dapat dijalankan selari dengan penjagaan kesihatan.



*Bukan itu sahaja,
dehidrasi turut
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dapat minum air
yang mencukupi."*

- Maslissa Sazele



Oleh Dr Iskandar Mirza Amran
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Ramadan adalah waktu yang amat dinantikan oleh umat Islam di Malaysia dan ia bukan sekadar fasa penyucian rohani melalui ibadat puasa, malah adalah peluang keemasan untuk melakukan 'detoks' fizikal bagi tubuh badan.

Bagaimanapun, peralihan rutin yang drastik, daripada kebiasaan makan tiga kali sehari kepada fasa berpuasa selama sebulan, menuntut kesedaran yang tinggi terhadap penjagaan kesihatan.

Perkara ini menjadi lebih kritikal bagi mereka yang mempunyai sejarah penyakit kronik, terutama hipertensi atau tekanan darah tinggi.

Ramai individu menganggap bahawa berpuasa secara automatik akan menurunkan berat badan dan menstabilkan tekanan darah.

Hakikatnya, jika tidak diuruskan dengan baik, Ramadan boleh menjadi waktu yang mencabar bagi sistem kardiovaskular kita.

Tanpa bimbingan perubatan yang betul dan perancangan gaya hidup yang rapi, risiko komplikasi kesihatan boleh meningkat secara senyap di sebalik tabir ibadat kita.

Oleh itu, berikut adalah tiga perkara utama yang perlu anda ambil perhatian.

1. Kualiti tidur dan kuasa 'power nap'

Ramadan sering kali dikaitkan dengan gangguan waktu tidur. Namun, kualiti tidur berkait rapat dengan kestabilan tekanan darah.

Apabila badan tidak mendapat rehat yang cukup, tahap hormon stres (kortisol) akan meningkat, yang secara langsung akan menaikkan tekanan darah dan kadar denyutan jantung.

Amalan power nap atau tidur singkat selama 10



DR Iskandar

sayuran goreng atau ikan sering kali dimasak dengan kicap yang kaya dengan garam tersembunyi.

Selain garam, pengambilan air manis yang berlebihan semasa berbuka juga mendatangkan risiko kandungan gula tidak terkawal dan dehidrasi yang membebankan fungsi buah pinggang dan jantung.

Cabaran utama: Ketekalan jadual ubat-ubatan

Salah satu punca utama kemerosotan kesihatan pesakit kronik semasa Ramadan adalah gangguan pada jadual pengambilan ubat-ubatan.

Apabila waktu makan berubah kepada fasa sahur

dan terbuka sahaja, ramai pesakit cenderung untuk mengubah sendiri waktu pengambilan ubat tanpa nasihat pakar atau lebih membimbangkan, terlupe untuk mengambilnya secara terus.

Bagi penghidap hipertensi, konsistensi pengambilan ubat adalah perkara yang tidak boleh dikompromi.

Ubat darah tinggi biasanya mempunyai tempoh keberkesanan tertentu dalam badan, lazimnya antara lapan jam sehingga 24 jam untuk setiap pengambilan ubat.

Apabila satu dos tertinggal, tekanan darah dalam salur darah boleh melonjak naik secara mendadak terutama pada waktu tengah hari atau petang.

Keadaan ini amat berbahaya bagi mereka yang menghidap 'uncontrolled hypertension' iaitu keadaan yang mana tekanan darah sukar dikawal walaupun pesakit mengambil tiga atau empat jenis ubat yang berbeza.

Lonjakan tekanan darah yang tidak terkawal ini merupakan punca utama

DETOKS RAMADAN

Tip elak 'perangkap' pemakanan dan kekal sihat sepanjang berpuasa

hingga 15 minit pada waktu tengah hari amat membantu menyegarkan semula sistem saraf dan memberikan rehat yang diperlukan oleh jantung.

Selain itu, pesakit yang mempunyai masalah berdengkur

kuat atau 'obstructive sleep apnea' (OSA) perlu lebih berwaspada kerana keadaan ini boleh menyebabkan tekanan darah melonjak secara drastik semasa tidur.

2. Rahsia kekal bertenaga: Karbohidrat kompleks dan rehidrasi pintar

Untuk memastikan badan kekal segar dan tekanan darah stabil daripada pagi hingga petang, pemilihan menu sahur memainkan peranan

yang sangat kritikal.

Pengambilan makanan berasaskan karbohidrat kompleks adalah kunci utama.

Makanan seperti oat, roti gandum penuh, beras perang dan barli dicerna secara perlahan oleh sistem

pengcernaan.

Proses pencernaan yang perlahan ini membekalkan tenaga secara berperingkat, sekali gus mengelakkan lonjakan gula darah dan memastikan anda merasa kenyang lebih lama.

Satu lagi aspek yang sering diabaikan adalah teknik rehidrasi.

Minum air dalam jumlah yang terlalu banyak sekali gus pada waktu sahur adalah tidak efektif.

Badan manusia mempunyai had penyerapan cecair, air yang berlebihan akan disingkirkan dengan cepat oleh buah pinggang.

Strategi yang lebih baik adalah meminum air secara konsisten antara 1.5 hingga dua liter bermula daripada waktu terbuka sehingga sahur.

Meminum sedikit demi sedikit sepanjang malam memastikan sel badan mendapat hidrasi yang berkualiti untuk bertahan sepanjang hari.

3. Bahaya tersembunyi di bazar Ramadan

Bazar Ramadan adalah fenomena yang tidak dapat dipisahkan daripada

budaya masyarakat kita.

Namun, di sebalik kepelbagaian juadah menyeleraan, terdapat ancaman tersembunyi yang sering kita abaikan iaitu kandungan garam dan gula yang sangat tinggi.

Garam secara

saintifiknya bertindak menarik air ke dalam salur darah.

Apabila kita mengambil makanan yang tinggi garam, jumlah cecair dalam salur darah meningkat, sekali gus memberikan tekanan yang lebih kuat kepada dinding arteri.

Keadaan ini memaksa jantung mengempap darah dengan lebih agresif untuk menampung beban cecair tambahan tersebut.

Jika tabiat pemakanan tinggi garam ini berterusan sepanjang bulan, otot jantung akan menebal dan ini akan menyebabkan seseorang itu mendapat penyakit darah tinggi atau sudah menghidapi penyakit darah tinggi.

Lama-kelamaan, jantung akan menjadi lemah disebabkan oleh komplikasi penyakit darah tinggi.

Had pengambilan garam harian yang disyorkan hanyalah satu sudu camca atau lima gram sahaja.

Namun, makanan yang nampak sihat di bazar seperti hidangan sayur-

kepada serangan jantung dan angin ahmar yang sering berlaku secara tiba-tiba di bulan puasa.

Oleh itu, konsultasi doktor sebelum Ramadan bermula adalah sangat penting untuk melakukan pelarasan dos atau menukar ubat kepada jenis yang berkesan sepanjang tempoh berpuasa.

Inovasi perubatan

Lazimnya, individu yang mempunyai masalah hipertensi tidak terkawal sering dinasihati oleh doktor untuk tidak berpuasa.

Namun, ini adalah keputusan yang sukar bagi mereka yang tetap ingin berpuasa. Sebagai alternatif, pesakit boleh berbincang dengan doktor mengenai intervensi perubatan lain seperti 'Renal Denervation' (RDN).

Bagi penghidap hipertensi tegar yang mendapati kawalan pemakanan dan ubat-ubatan masih belum mencukupi, teknologi RDN menawarkan sinar harapan baru.

Prosedur invasif minima ini bertindak terhadap saraf di sekitar arteri buah pinggang yang menghantar isyarat berlebihan untuk menaikkan tekanan darah.

Data klinikal menunjukkan bahawa prosedur RDN mampu menurunkan tekanan darah secara konsisten bagi pesakit yang berkelayakan.

sekali gus mengurangkan risiko jangka panjang terhadap kerosakan organ.

Mengutamakan kesejahteraan diri secara menyeluruh

Ramadan adalah waktu terbaik untuk kita menilai semula tabiat harian dan memberikan perhatian yang lebih mendalam terhadap kesihatan tubuh badan.

Walaupun cabaran menguruskan keadaan kronik seperti hipertensi wujud, ia bukanlah penghalang untuk kita menjalani ibadat dengan sempurna.

Dengan perancangan yang teliti, kita mampu mencapai keseimbangan antara tuntutan rohani dan fizikal.

Jadikanlah keberkatan bulan ini sebagai momentum untuk melangkah ke arah gaya hidup yang lebih lestari dan sihat, demi menjamin kesejahteraan jangka panjang bagi diri kita dan insan tersayang.

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