

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

# TO FAST OR NOT TO FAST?

Hassan Chamsi-Pasha

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# RAMADAN FASTING

**O believers!**

**Fasting is prescribed to you  
as it was prescribed to those  
before you, that you may  
learn self-restraint .**

**[Quran 2:183]**

يَا أَيُّهَا الَّذِينَ آمَنُوا

اسْتَبِقُوا الصَّيَامَ

كَمَا كُتِبَ عَلَى الَّذِينَ مِنْ  
قَبْلِكُمْ لَعَلَّكُمْ تَتَّقُونَ

(سورة البقرة)

# Medical Advice

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- Physicians commonly face the difficult task of advising patients **who insist** on fasting whether it is safe to fast.
- Islamic jurisprudence **prohibits** fasting in conditions in which fasting might:
  - **harm** the health of the individual,
  - **increase his pain** or discomfort or
  - **delay** his recovery.

# RAMADAN FASTING AND SICK PATIENTS

“ALLAH intends for you ease,  
and He does not want to make  
THINGS DIFFICULT FOR YOU.”

THE QURAN 02:185

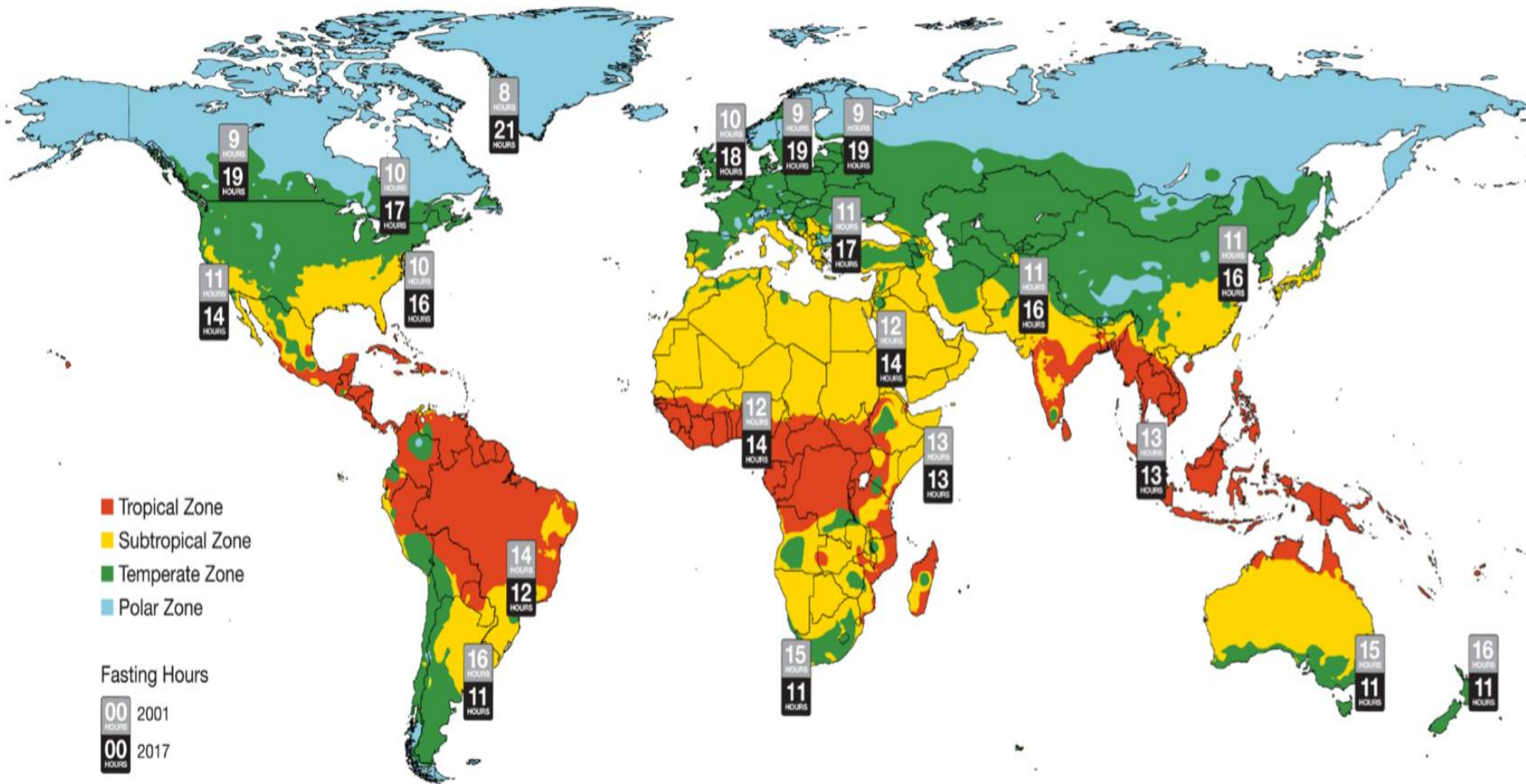
يُرِيدُ اللَّهُ بِكُمُ الْيُسْرَ



وَلَا يُرِيدُ بِكُمُ الْعُسْرَ



# Four major climate zones and average fasting hours



- The Prophet Muhammad (PBUH) said: “God likes his **permission** to be fulfilled, as he likes his **will** to be executed.”

الأخذ بالرخصة وبالعزيزمة  
في موضعهما الصحيح

قال رسول الله صلى الله عليه وسلم :

إِنَّ اللَّهَ تَعَالَى يُحِبُّ أَنْ  
تُؤْتَى رُخْصَتُهُ ، كَمَا  
يُحِبُّ أَنْ تُؤْتَى عَزَائِمُهُ

صححه الألباني ( صحيح الجامع )

- 
- Medical **checkup one month** before Ramadan is warranted, particularly for those with **chronic illnesses** eg. CVD, diabetes mellitus, and renal disease.
  - The decision whether the patient can fast or not is left to the **discretion** of the treating physician.

# The diabetic patient in Ramadan

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International  
Diabetes  
Federation



Invited review

**Diabetes Res Clin Pract. 2017 Apr;126:303-316**

## Diabetes and Ramadan: Practical guidelines



Mohamed Hassanein<sup>a,\*</sup>, Monira Al-Arouj<sup>b</sup>, Osama Hamdy<sup>c</sup>,  
Wan Mohamad Wan Bebakar<sup>d</sup>, Abdul Jabbar<sup>e</sup>, Abdulrazzaq Al-Madani<sup>f</sup>, Wasim Hanif<sup>g</sup>,  
Nader Lessan<sup>h</sup>, Abdul Basit<sup>i</sup>, Khaled Tayeb<sup>j</sup>, MAK Omar<sup>k</sup>, Khalifa Abdallah<sup>l</sup>,  
Abdulaziz Al Twaim<sup>m</sup>, Mehmet Akif Buyukbese<sup>n</sup>, Adel A. El-Sayed<sup>o</sup>,  
Abdullah Ben-Nakhi<sup>b</sup>, On behalf of the International Diabetes Federation (IDF),  
in collaboration with the Diabetes and Ramadan (DAR) International Alliance

- **Many Muslims with diabetes choose to fast during Ramadan, potentially in some, against medical advice.**
- **A pre-Ramadan assessment is vital for any patient with DM who intends to fast to:**
  - **evaluate** risks,
  - **educate** patient and
  - **produce a patient-specific treatment plan with medication adjustments.**
- **With the correct advice and support from HCPs, many people with T2DM may be able to fast safely during Ramadan.**

**Table 1 – IDF-DAR risk categories and recommendations for patients with diabetes who fast during Ramadan.**

Risk category and religious opinion on fasting <sup>a</sup>	Patient characteristics	Comments
<p><b>Category 1: very high risk</b></p> <p>Listen to medical advice MUST NOT fast</p>	<p>One or more of the following:</p> <ul style="list-style-type: none"> <li>• Severe hypoglycaemia within the 3 months prior to Ramadan<sup>b</sup></li> <li>• Unexplained DKA within the 3 months prior to Ramadan</li> <li>• Hyperosmolar hyperglycaemic coma within the 3 months prior to Ramadan</li> <li>• History of recurrent hypoglycaemia</li> <li>• History of hypoglycaemia unawareness</li> <li>• Poorly controlled T1DM</li> <li>• Acute illness</li> <li>• Pregnancy in pre-existing diabetes, or GDM treated with insulin or SUs</li> <li>• Chronic dialysis or CKD stage 4 &amp; 5</li> <li>• Advanced macrovascular complications</li> <li>• Old age with ill health</li> </ul>	<p>If patients insist on fasting, then they should:</p> <ul style="list-style-type: none"> <li>• Receive structured education</li> <li>• Be followed by a qualified diabetes team</li> <li>• Check their blood glucose regularly (SMBG)</li> <li>• Adjust medication dose as per recommendations</li> <li>• Be prepared to break the fast in case of hypo- or hyperglycaemia</li> <li>• Be prepared to stop the fast in case of frequent hypo- or hyperglycaemia or worsening of other related medical conditions</li> </ul>
<p><b>Category 2: high risk</b></p> <p>Listen to medical advice Should NOT fast</p>	<p>One or more of the following:</p> <ul style="list-style-type: none"> <li>• T2DM with sustained poor glycaemic control<sup>c</sup></li> <li>• Well-controlled T1DM</li> <li>• Well-controlled T2DM on MDI or mixed insulin</li> <li>• Pregnant T2DM or GDM controlled by diet only or metformin</li> <li>• CKD stage 3</li> <li>• Stable macrovascular complications</li> <li>• Patients with comorbid conditions that present additional risk factors</li> <li>• People with diabetes performing intense physical labour</li> <li>• Treatment with drugs that may affect cognitive function</li> </ul>	
<p><b>Category 3: moderate/low risk</b></p> <p>Listen to medical advice Decision to use licence not to fast based on discretion of medical opinion and ability of the individual to tolerate fast</p>	<ul style="list-style-type: none"> <li>• Well-controlled T2DM treated with one or more of the following: <ul style="list-style-type: none"> <li>○ Lifestyle therapy</li> <li>○ Metformin</li> <li>○ Acarbose</li> <li>○ Thiazolidinediones</li> <li>○ Second-generation SUs</li> <li>○ Incretin-based therapy (DPP-4 inhibitors or GLP-1 RAs)</li> <li>○ SGLT2 inhibitors</li> <li>○ Basal insulin</li> </ul> </li> </ul>	<p>Patients who fast should:</p> <ul style="list-style-type: none"> <li>• Receive structured education</li> <li>• Check their blood glucose regularly (SMBG)</li> <li>• Adjust medication dose as per recommendations</li> </ul>

**Diabetes Res Clin Pract. 2017 Apr;126:303-316**

CKD, chronic kidney disease; DAR, Diabetes and Ramadan International Alliance; DKA, diabetic ketoacidosis; DPP-4, dipeptidyl peptidase-4; GDM, gestational diabetes mellitus; GLP-1 RA, glucagon-like peptide-1 receptor agonist; IDF, International Diabetes Federation; MDI, multiple dose insulin; SGLT2, sodium-glucose co-transporter-2; SMBG, self-monitoring of blood glucose; SU, sulphonylurea; T1DM, Type 1 diabetes mellitus; T2DM, Type 2 diabetes mellitus.

<sup>a</sup> In all categories, people with diabetes should follow medical opinion if the advice is not to fast due to high probability of harm.

<sup>b</sup> Hypoglycaemia that is not due to accidental error in insulin dose.

<sup>c</sup> The level of glycaemic control is to be agreed upon between doctor and patient according to a multitude of factors.

Diabetes Res Clin Pract. 2022 Jan  
8;185:109185.

# Diabetes and Ramadan

Practical Guidelines – Jan 2021



Review > Diabetes Res Clin Pract. 2022 Jan 8;185:109185. doi: 10.1016/j.diabres.2021.109185.

Online ahead of print.

## Diabetes and Ramadan: Practical guidelines 2021

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Alaaeldin Mohammed K Bashier<sup>5</sup>, Salem Arifi Beshyah<sup>21</sup>, Mehmet Akif Buyukbese<sup>22</sup>,  
Tahseen Ahmad Chowdhury<sup>23</sup>, Said Norou Diop<sup>24</sup>, Nancy Samir Elbarbary<sup>25</sup>, Tarik A Elhadd<sup>26</sup>,  
Fatimah Eliana<sup>27</sup>, MoezAllIslam Ezzat Faris<sup>28</sup>, Khadija Hafidh<sup>29</sup>, Zanariah Hussein<sup>30</sup>,  
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Nazeer Ahmed Mohamed<sup>39</sup>, Sameer Pathan<sup>40</sup>, Fauzia Rashid<sup>5</sup>, Rakesh K Sahay<sup>41</sup>,  
Bashir Taha Salih<sup>42</sup>, Mohamad A Sandid<sup>43</sup>, Shehla Shaikh<sup>44</sup>, Ines Slim<sup>45</sup>, Khaled Tayeb<sup>46</sup>,  
Barakatun-Nisak Mohd Yusof<sup>47</sup>, Sueziani Binte Zainudin<sup>48</sup>

**TABLE 2: ELEMENTS FOR RISK CALCULATION AND SUGGESTED RISK SCORE FOR PEOPLE WITH DIABETES MELLITUS (DM) THAT SEEK TO FAST DURING RAMADAN**

Risk Element	Risk Score	Risk Element	Risk Score
<b>1. Diabetes type and duration</b>		<b>7. Pregnancy</b>	
Type 1 diabetes	1	Pregnant not within targets	4
Type 2 diabetes	0	Pregnant within targets	2
A duration of $\geq 10$	1	Not pregnant	0
A duration of $< 10$	0	<b>8. Frailty and Cognitive function</b>	
<b>2. Presence of hypoglycaemia</b>		Impaired cognitive function	4
Hypoglycaemia unawareness	5	Frail	3
Recurrent/severe hypoglycaemia	4	> 70 years old with no home support	1
Daily mild hypoglycaemia	3	No frailty or loss in cognitive function	0
Hypoglycaemia 1–6 times per week	2	<b>9. Physical Labour</b>	
Hypoglycaemia less than 1 time per week	1	Intense physical labour	1
No hypoglycaemia	0	No physical labour	0
<b>3. Characteristics of glycaemic control</b>		<b>10. Previous Ramadan Experience</b>	
HbA1c levels $> 9\%$ (11.7 mmol/L)	2	Overall negative experience	1
HbA1c levels 7.5–9% (9.4–11.7 mmol/L)	1	No negative or positive experience	0
HbA1c levels $< 7.5\%$ (9.4 mmol/L)	0	<b>11. Fasting hours (location)</b>	
<b>4. Self-Monitoring of Blood Glucose (SMBG)</b>		$\geq 16$ hours	1
Indicated but not conducted	2	$< 16$ hours	0
Indicated but conducted suboptimally	1	<b>12. Diabetes treatment</b>	
Conducted as indicated	0	Multiple daily mixed insulin injections	3
<b>5. Acute complications</b>		Basal Bolus/Insulin pump	2.5
DKA/ HONC in the last 3 months	3	Once daily Mixed insulin	2
DKA/ HONC in the last 6 months	2	Basal Insulin	1.5
DKA/ HONC in the last 12 months	1	Glibenclamide	1
No DKA or HONC	0	Gliclazide/MR or Glimepride or Repaglanide	0.5
<b>6. Chronic Complications/Comorbidities</b>		Other therapy not including SU or Insulin	0
Unstable angina/Heart failure/eGFR $< 30$ mL/min	6	DKA — Diabetic Ketoacidosis	
eGFR 30–45 mL/min	4	HONC — Hyperglycaemic Hyperosmolar Nonketotic Coma	
Stable CVD/eGFR 45–60 mL/min	2	eGFR — Estimated glomerular filtration rate	
No CVD and normal eGFR	0	CVD — Cardiovascular disease	

SCORE 0 TO 3

LOW RISK

SCORE 3.5 TO 6

MODERATE RISK

SCORE  $> 6$

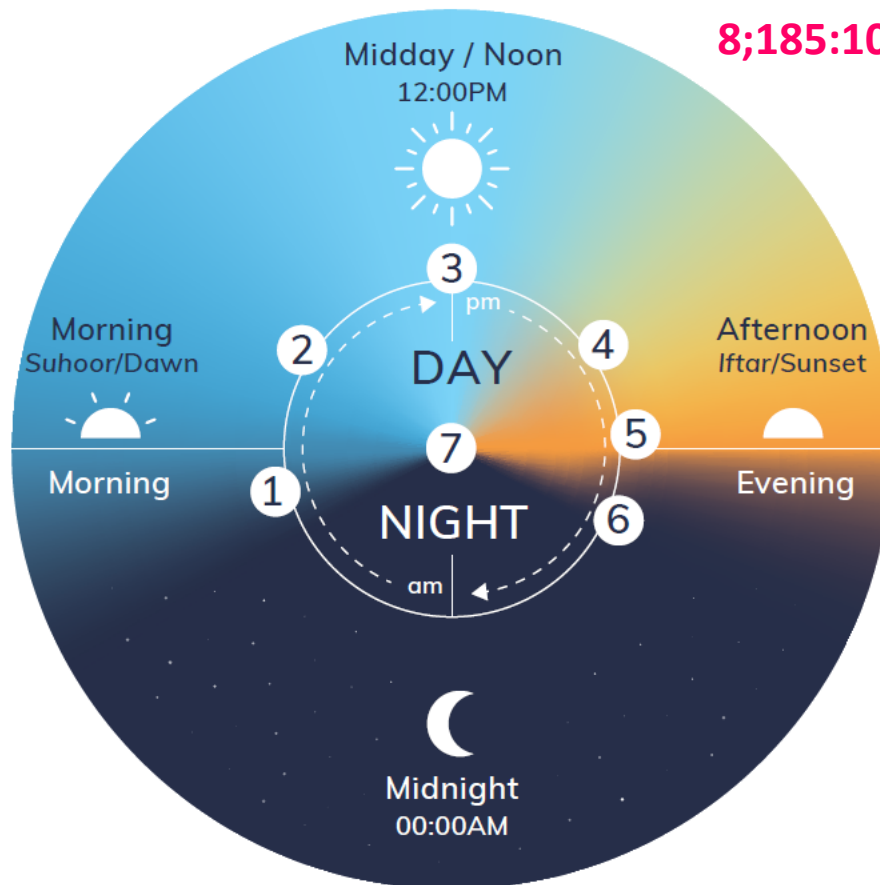
HIGH RISK

**TABLE 2: MEDICAL & RELIGIOUS RISK SCORE RECOMMENDATIONS**

Risk score/level	Medical Recommendations	Religious Recommendations
<b>LOW RISK</b> <b>0-3 points</b>	<b>Fasting is safe</b>	<ol style="list-style-type: none"> <li><b>1. Fasting is obligatory</b></li> <li><b>2. Advise not to fast is not allowed unless patient is unable to fast due to the physical burden of fasting or needing to take medication or food or drink during fasting hours</b></li> </ol>
<b>MODERATE RISK</b> <b>3.5-6 points</b>	<ol style="list-style-type: none"> <li><b>1. Medical Evaluation</b></li> <li><b>2. Medications adjustment</b></li> <li><b>3. Strict monitoring</b></li> </ol>	<ol style="list-style-type: none"> <li><b>1. Fasting is preferred but patients may choose not to fast if concerned about their health after consulting the doctor and taking into account the full medical circumstances and patient own previous experience.</b></li> <li><b>2. If patient fast, they must follow medical recommendations including regular blood glucose monitoring</b></li> </ol>
<b>HIGH RISK</b> <b>&gt;6 points</b>	<b>Advise against fasting</b>	<b>Advise against fasting</b>

## Self-Monitoring of Blood Glucose (SMBG) - 7 point guide for Ramadan

**Diabetes Res Clin Pract. 2022 Jan 8;185:109185.**



When to test?

Number of blood glucose monitoring differs according to the case.

1. Pre-dawn meal (suhoor)
2. Morning
3. Midday
4. Mid-afternoon
5. Pre-sunset meal (iftar)
6. 2 hours after iftar
7. At any time when there are symptoms of hypoglycaemia/ hyperglycaemia or feelings of being unwell

DURING RAMADAN

Frequency of SMBG needs to be guided by risk stratification and individualised

**ALL INDIVIDUALS SHOULD BREAK THEIR FAST IF:**

- Blood glucose <70 mg/dL (3.9 mmol/L)
  - Re-check within 1 hour if blood glucose 70–90 mg/dL (3.9–5.0 mmol/L)
- Blood glucose levels >300 mg/dL (16.6 mmol/L)
- Symptoms of hypoglycaemia or acute illness occur

**Diabetes Res Clin Pract. 2022 Jan 8;185:109185.**



## CHANGES TO METFORMIN DOSING DURING RAMADAN

Once-daily dosing

No dose modification usually required

Take at Iftar

Twice-daily dosing

No dose modification usually required

Take at Iftar and Suhoor

Three times daily dosing

Morning dose to be taken before Suhoor

Combine afternoon dose with dose taken at Iftar

Prolonged-release metformin

No dose modification usually required

Take at Iftar

## CHANGES TO SU DOSING DURING RAMADAN

### Once daily dosing

Take at  
*Iftar*

In individuals  
with well-controlled  
BG levels,  
the dose may  
be reduced

### Twice-daily dosing

*Iftar* dose  
remains  
the same

In individuals  
with well-controlled  
BG levels,  
the *Suhoor*  
dose should  
be reduced

### Older drugs in SU class

Older drugs  
(e.g. glibenclamide)  
carry a higher risk  
of hypoglycaemia  
and should  
be avoided

2nd generation  
SUs such as  
glicazide,  
glicazide MR,  
glimepiride should  
be used instead

Due to the low risk of hypoglycaemia with pioglitazone, NO DOSE MODIFICATION is required during Ramadan, but dose should be taken with *Iftar*.

As long as liraglutide, lixesenatide, exenatide have been appropriately DOSE-TITRATED prior to Ramadan (at least 2–4 weeks), NO FURTHER TREATMENT MODIFICATIONS are required.

DPP4-I do NOT REQUIRE TREATMENT MODIFICATIONS during Ramadan.







SGLT2 inhibitors have a low risk of hypoglycaemia. NO DOSE ADJUSTMENTS are required during Ramadan.

**Diabetes Res Clin Pract. 2022 Jan 8;185:109185**

**J Diabetes Res. 2022 Feb 18;2022:3846253**

*Review Article*

## **Safety Assessment of Glucose-Lowering Drugs and Importance of Structured Education during Ramadan: A Systematic Review and Meta-Analysis**

**Rashmi Shiju** <sup>1</sup>, **Ayesha Akhil** <sup>1</sup>, **Smitha Thankachan** <sup>1</sup>, **Jaakko Tuomilehto** <sup>2,3,4</sup>,  
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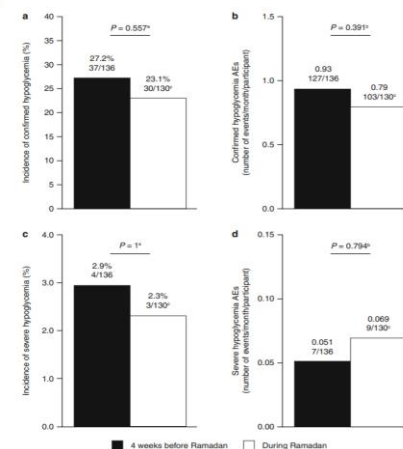
**Conclusion: The safest class of oral glucose-lowering drugs preferred during Ramadan fasting in T2DM patients is DPP-4 inhibitors.**



ORIGINAL RESEARCH

# DAR-MENA (Diabetes and Ramadan—Middle East and North Africa) study Patterns of Diabetes Care Among People with **Type 1** Diabetes During Ramadan: An International Prospective Study (DAR-MENA T1DM)

Fathey F. Al Awadi · Akram Echtay · Monira Al Arouj ·  
Sobia Sabir Ali · Naim Shehadeh · Abdulrahman Al Shaikh ·  
Khier Djaballah · Cecile Dessapt-Baradez · Mohamad Omar Abu-Hijleh ·  
Abdullah Bennakhi · Mohamed El Hassan Gharbi · Khaled El Sayed El Hadidy ·  
Faris Abdul Kareem Khazaal · Mohamed M. Hassanein



- **Of 136 participants with type 1 diabetes,**
  - 72.3% (94/130) fasted for at least 15 days, and
  - 48.5% (63/130) fasted for 30 days.

**(Current guidelines do not endorse fasting for type 1 DM)**

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A close-up photograph of a person's hands wearing white, textured knit gloves. The hands are cupped together, holding a white, heart-shaped object. The heart has the words "HAPPY HEART MONTH" printed on it in a red, serif font. The person is wearing a red sweater with a white geometric pattern. The background is a bright, snowy outdoor setting.

HAPPY  
HEART  
MONTH

# The effect of fasting in Ramadan on patients with heart disease

*Saudi Med J. 2004;25(1):47–51*

*Hassan Chamsi-Pasha, FRCP, FACC. Waqar H. Ahmed, FACP, FACC.*

- **86 outpatients with CVD.**
- **74 patients (86%) succeeded in fasting the whole month of Ramadan.**
- **9 (10.4%) missed fasting for up to 7 days.**
- **3 (3.5%) could not fast.**
- **No significant changes in NYHA class.**

**Majority of patients with stable cardiac disease fasted without significantly detrimental effects.**

**TABLE 2: STUDIES INVESTIGATING THE EFFECT OF FASTING DURING RAMADAN ON ACUTE CORONARY SYNDROME (ACS)**

Author (Date)	Sample size and study details	Study population and ACS measures related to Ramadan	Key outcomes
Chamsi-Pasha et al. (2004) [21]	N=86 Prospective observational study Location: Kingdom of Saudi Arabia	All participants were patients with stable cardiac disease  Measures were taken of biochemical markers and all patients were monitored for any deterioration	There were no significant changes to biochemical markers or deterioration measured using the Ney York Heart Association classifications
Khafaji et al. (2012) [10]	N=56 Prospective observational study Location: Qatar	All participants in the study were stable but had suffered from CVD  Electrocardiography, angiography and biochemical measurements were assessed before, during and after Ramadan	All participants finished the total duration of fasting without any cardiac or non-cardiac events
Al Suwaidi et al. (2006) [22]	N=465 Prospective observational Location(s): Various medical centres Kuwait, Qatar, United Arab Emirates, Bahrain	All participants were outpatients with acute heart disease  Clinical assessments were performed before, during and after Ramadan	91.2% of patients were able to fast for the duration of Ramadan; only 6.7% felt worsening symptoms due to fasting  Most participants were stable and able to safely fast
Mousavi et al. (2014) [15]	N=148 Prospective observational study	Fasting and non-fasting groups were compared for symptoms of coronary artery disease	There were no differences among both groups in terms of occurrences of chest pain  No differences were observed



## The cardiac patient during Ramadan and Hajj



Hassan Chamsi-Pasha<sup>a,\*</sup>, Waqar H. Ahmed<sup>a</sup>, Khaled F. Al-Shaibi<sup>a</sup>

<sup>a</sup>King Fahd Armed Forces Hospital, Jeddah

<sup>a</sup>Saudi Arabia

- Patients with **stable CAD** can observe fasting of Ramadan without anticipating any major adverse cardiac events.
- Pts with **unstable disease** or **recent revascularization** should largely **refrain**.
- Incidence of **AMI** is not increased in Ramadan.
- **No increase** in hospitalization with **heart failure**.

# Cardiac patients: Not to fast

- **Acute myocardial infarction or unstable angina.**
- **Acute cardiac illness.(e.g. serious arrhythmias, myocarditis).**
- **Recent cardiac intervention or cardiac surgery.**
- **Uncontrolled HTN requiring multiple dosages during the daytime.**
- **Severe CHF requiring high doses of diuretics.**



BRITISH ISLAMIC  
MEDICAL ASSOCIATION

## Ramadan Rapid Review & Recommendations

*This is a rapid review of the evidence on fasting in Ramadan undertaken by the British Islamic Medical Association (BIMA) in light of the COVID-19 pandemic. This work has not been through a formal consultation process. Rapid peer review was obtained for each topic area following methodological support from Healthcare Improvement Scotland; it should not replace individual clinical judgements and the sources cited should be checked. It does not form a directive and should be used by individuals to frame an informed discussion with their clinicians. The views expressed represent the views of the author(s) and not necessarily those of BIMA, and are not a substitute for professional advice.*

**05 May 2020**

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3. [General Principles](#)
4. [Acute Illness: During the COVID-19 Pandemic](#)
5. [Chronic Conditions: Decision Making Tool](#)
6. [Risk Table and Recommendations Summary](#)
7. [Cardiovascular Disease](#)
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23. [Immunity & Infection Risk](#)

# Cardiovascular disease

## Very High Risk Advise **MUST NOT** fast

- **Advanced heart failure** (optimal medical therapy, Left Ventricular Ejection Fraction <35%, with class III-IV NYHA symptoms, ≥1 hospitalisation in the last 6 months due to decompensated heart failure and severely impaired functional capacity (e.g. 6 min walk distance <300m))
- **Severe pulmonary hypertension** (defined as WHO/NYHA III-IV classification, right ventricular dysfunction and objective markers on right heart catheterisation e.g. SvO<sub>2</sub> <60%)

## High Risk Advise **should NOT** fast

- **Recent Acute Coronary Syndrome / myocardial infarction (<6 weeks)**
- Hypertrophic Obstructive Cardiomyopathy (HOCM) with significant left ventricular outflow tract gradient (e.g. peak gradient ≥50mmHg)
- Severe valvular disease (defined by echocardiographic criteria)
- Severe heart failure without advanced features
- Poorly controlled arrhythmias (as defined by your specialist)

## Low/Moderate Risk

- Hypertension
- Stable angina (episodes of angina are not occurring at rest or increasing significantly in frequency or severity)
- Mild heart failure with reduced ejection fraction (HFrEF) (Left Ventricular Ejection Fraction or LVEF ≥ 45%), Moderate HFrEF (LVEF 35 - 45%) or Heart Failure with preserved ejection fraction (HFpEF) (diagnosed by a combination of symptoms, LVEF ≥ 45-50%, Heart Failure Association score, natriuretic peptide levels +/- imaging - refer to specialist confirmation)
- Intracardiac devices (pacemaker, ICD, CRT-D)
- Mild/mild-moderate valvular disease (as defined by echocardiographic criteria)
- Supraventricular tachycardias/Atrial Fibrillation/Non sustained ventricular tachycardia
- Mild/moderate Pulmonary Hypertension

**ORIGINAL RESEARCH**

Effect of Religious Fasting in Ramadan on Blood Pressure: Results From LORANS (London Ramadan Study) and a Meta-Analysis

Rami Al-Jafar , MSPH; Maria Zografou Themeli, MSc; Sadia Zaman, MBBS, BSc; Sharmin Akbar, MSc; Victor Lhoste, MSc; Ahlam Khamliche, BSc; Paul Elliott , PhD; Konstantinos K. Tsilidis, PhD; Abbas Dehghan, PhD

**33 studies with 3213 participants were included. SBP and DBP after/before Ramadan were lower by 3.19 mm Hg and 2.26 mm Hg, respectively.**

**CONCLUSIONS:** The study suggests beneficial effects of Ramadan fasting on blood pressure independent of changes in weight, total body water, and fat mass and supports recommendations for some governmental guidelines that describe Ramadan fasting as a safe religious practice with respect to blood pressure.

# Warfarin & Fasting

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The effects of fasting in Muslim patients taking warfarin:  
comment








J Thromb Haemost 2014; 12: 807–8

Y. SKAIK\* and H. CHAMSI-PASHA†

- Ramadan fasting does **not adversely** influence the efficacy and safety of long-term oral anticoagulation.
- It does not affect the dosage of warfarin.



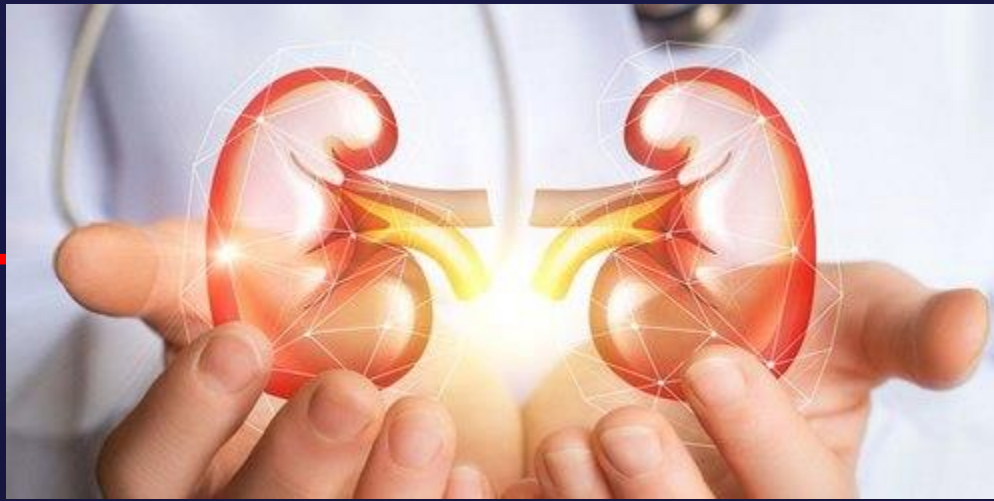
## Does ramadan fasting affect the therapeutic and clinical outcomes of warfarin? a systematic review and meta-analysis

Eslam Mohammed Rabea<sup>1</sup>  · Kirellos Said Abbas<sup>1</sup>  · Dina M. Awad<sup>1</sup>  · Nancy H. Elgoweini<sup>1</sup>  · Amro Ahmed El-Sakka<sup>2</sup>  · Nada H. Mahmoud<sup>1</sup>  · Basel Abdelazeem<sup>3,4</sup> 

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- A total of five studies with 446 patients were included in the meta-analysis.
- Conclusion: Ramadan fasting **did not affect INR level**, TTR, or the number of patients within the therapeutic range before, during, and after Ramadan.





# Effects of Ramadan fasting on moderate to severe chronic kidney disease

**Saudi Med J.2017 Jan;38(1):48-52**

*A prospective observational study*

*Amaar A. Bakhit, MBBS, MRCP (UK), Amr M. Kurdi, MBBS, Junaid J. Wadera, MD, MPH,  
Abdulkareem O. Alsuwaida, FRCPC, MSc.*

- **65 patients** (mean age of 53 y) with **stage 3 or higher** chronic kidney disease (CKD).
- At King Khalid University Hospital, during Ramadan (June 18-July 17, **2015**).
- Overall, **33%** of patients developed worsening of renal function (**Cr increase by 0.3 mg/dL** from baseline.)

**Conclusion:** In patients with stage 3 or higher CKD, Ramadan fasting during the summer months was associated with worsening of renal function. Clinicians need to warn CKD patients against Ramadan fasting.



**Ther Adv Endocrinol Metab. 2019 Nov 14**

## **Fasting during Ramadan in people with chronic kidney disease: a review of the literature**

*Ther Adv Endocrinol Metab*

2019, Vol. 10: 1–11

DOI: 10.1177/  
2042018819889019

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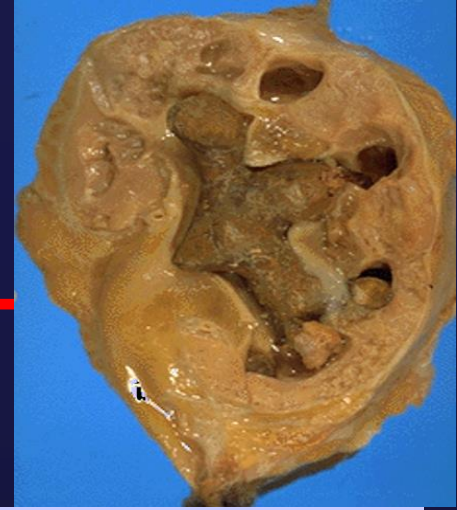
Shahzaib Ahmad and Tahseen A. Chowdhury  London, UK

- All patients with CKD should be deemed **high risk or very high risk for fasting.**
- Patients with stable **mild/moderate CKD (stage 1-3)** **may be able** to fast providing they are carefully monitored and counselled.
- Patients with **stable renal transplants** **may be able** to fast, providing they are monitored carefully.
- Patients on **haemodialysis or peritoneal dialysis** **should not** be encouraged to fast, but if they do so, they will need careful weekly monitoring.

**Saudi Med J. 2018 May;39(5):481-486.**

## **Does fasting in Ramadan increase the risk of developing urinary stones?**

*Abdullah O. Al Mahayni, Medical Student, Sultan S. Alkhateeb, MD, Ibrahim H. Abusag, MBBS,  
Abdullah A. Al Mufarrih, Medical Intern, Muath I. Jaafari, Medical Student, Amen A. Bawazir, PhD.*



- Retrospective study of **237 patients** admitted through ER with renal colic secondary to **urinary stones** over a **10-year period** at King Abdulaziz Medical City, Riyadh.
- Conclusion: Fasting in **Ramadan does not** increase the risk for developing urinary stones compared to non-fasting months.
- Fasting Ramadan **during the summer may** increase risk of developing ureter stones.

Can Urol Assoc J. 2021 Mar;15(3):E169-E174

## The association between renal stones and fasting: A systematic review

*Abirami Kirubarajan, MSc<sup>1,2</sup>; Andrew C.L. Lam, BSc<sup>1</sup>; Shawn Khan, BHSc<sup>1</sup>; Matthew Yau, BHSc<sup>1,2</sup>; Nicole Golda, MD<sup>3</sup>; Roger Buckley, MD<sup>3</sup>*

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**10 observational studies with a total of 9906 participants were included.**

**Conclusions: Based on the available evidence, it is unlikely that fasting significantly increases the risk of renal stones**

# Chronic kidney disease

## Very High Risk Advise **MUST NOT** fast

- CKD patients in stage 4-5 with eGFR < 30 ml/min
- Patients on all forms of hemodialysis and peritoneal dialysis
- Pregnant CKD patients
- Patients with inflammatory conditions of the kidney requiring immunosuppression
- CKD stage 3-5 patients with history of pre-existing cardiovascular disease
- CKD patients on tolvaptan

## High Risk Advise **should NOT** fast

- CKD patients in stage 3 (eGFR 30-60 ml/min)
- CKD patients with known electrolyte abnormalities
- Patients at risk of dehydration due to fluid restriction requirements or need for diuretics
- CKD patients in stage 1-3 on ACE-I/ARB

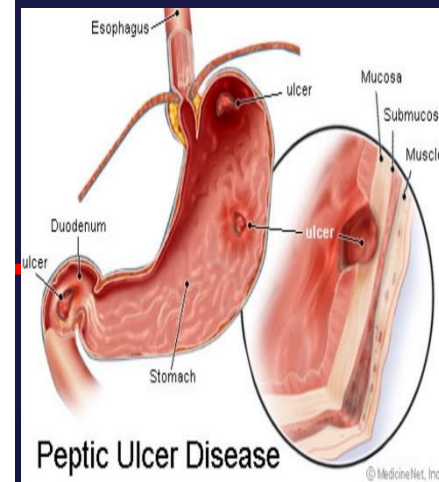
## Low/Moderate Risk

- CKD patients in stages 1-2 with stable kidney function
- CKD patients prone to urinary tract infections or stone formation

## Does Ramadan fasting contribute to the increase of peptic ulcer perforations?

A. KOCAKUSAK

General Surgery Clinic, Health Ministry Haseki Education and Research State Hospital, University of Health Sciences, Istanbul, Turkey



- Patients (No.2311) who were operated on due to peptic ulcer perforation in a teaching reference Hospital from January 1979 to January 2016 were analyzed.

	Months studied (432 months) (100%)	Group-I (396 months) (91.66%)	Group-II (36 months) (8.34%)	
Number of patients operated on	2311	1805 (78.1%)	506 (21.9%)	
Monthly number of surgical interventions (mean)	5.34	4.55	14.05	$p < 0.001$
Age (mean)	39 years (18-91)	38 years (19-91)	42 years (20-78)	$p > 0.05$

- Peptic ulcer perforation was significantly high during Ramadan fasting months.
- Pts with acute duodenal or gastric ulcers **should not** fast

# Gastrointestinal disease

## Very High Risk

Advise MUST NOT fast

- Patients with established cirrhosis especially Child-Pugh B and C
- Patients who are < 6months post Liver transplant
- Patients with symptomatic active inflammatory bowel disease
- Patients with significant acute or chronic diarrhoea
- Patients with high output ileostomy

## High Risk

Advise should NOT fast

- Liver transplant patients taking Tacrolimus are at high risk of renal toxicity if they become dehydrated. They are also at risk of rejection if adherence to immunosuppression medication is not maintained due to fasting.
- Patients on prednisolone at doses > 20mg per day

## Low/Moderate Risk

- Patients with stable chronic liver disease without cirrhosis
- Patients with stable chronic inflammatory bowel disease in remission, including those on immunosuppressants
- Patients with peptic ulcer disease, reflux oesophagitis and irritable bowel syndrome



Coronavirus Disease 2019 Outbreak

**COVID-19**



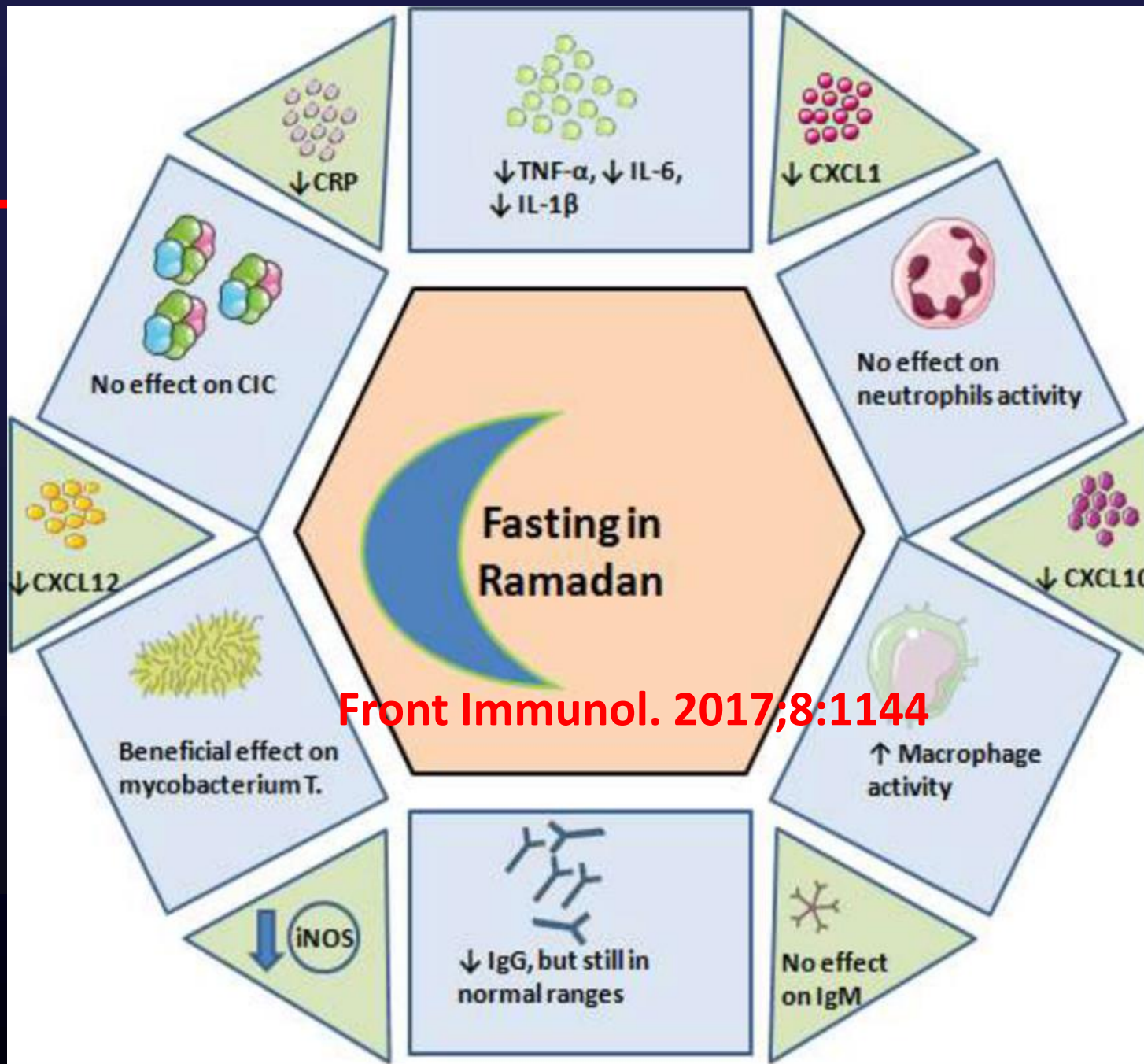
## Review Article

Ann Thorac Med. 2020 Jul-Sep;15(3):125-133.

# Ramadan intermittent fasting and immunity: An important topic in the era of COVID-19

Mo'ez Al-Islam E. Faris<sup>1</sup>, Mohamed L. Salem<sup>2</sup>, Haitham A. Jahrami<sup>3,4</sup>,  
Mohamed I. Madkour<sup>5</sup>, Ahmed S. BaHammam<sup>6,7</sup>

**The claim that there is a possible adverse effect of intermittent fasting on increasing the severity of the impact of the COVID-19 on the immune system is nullified.**



Front Immunol. 2017;8:1144



ELSEVIER

Contents lists available at ScienceDirect

Metabolism Open

journal homepage: [www.sciencedirect.com/journal/metabolism-open](http://www.sciencedirect.com/journal/metabolism-open)



The impact of dawn to sunset fasting on immune system and its clinical significance in COVID-19 pandemic

Sundus I. Bhatti<sup>a,b</sup>, Ayse L. Mindikoglu<sup>a,b,\*</sup>

**Metabol Open. 2022 Mar;13:100162.**

<sup>a</sup> Margaret M. and Albert B. Alkek Department of Medicine, Section of Gastroenterology and Hepatology, Baylor College of Medicine, Houston, TX, USA

<sup>b</sup> Michael E. DeBaakey Department of Surgery, Division of Abdominal Transplantation, Baylor College of Medicine, Houston, TX, USA

**In conclusion, dawn to sunset fasting has the potential to optimize the immune system function against SARS-CoV-2 during the COVID-19 pandemic as it suppresses chronic inflammation and oxidative stress, improves metabolic profile, and remodels the gut microbiome.**

# Ramadan Fasting and Immune System

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- In **asthmatic** patients, Ramadan fasting does not alter immunologic parameters.
- In **HIV patients**, Ramadan fasting was shown to be safe
- In patients with **autoimmune disorders**, Ramadan was generally safe.

# Respiratory disease

## Very High Risk Advise **MUST NOT** fast

- Those experiencing an acute exacerbation of their chronic lung disease
- Asthma/COPD sufferers at high risk of exacerbation and preventative inhaler timings cannot be altered to a fasting compatible regime

## High Risk Advise **should NOT** fast

- Poorly controlled lung disease with frequent exacerbations/hospital admissions
- Poorly controlled symptoms requiring frequent rescue inhaler and/or nebuliser use throughout the day
- Those receiving immunosuppressants for active lung disease
- Those receiving anti-fibrotic therapy

## Low/Moderate Risk

- Well controlled asthma/COPD requiring intermittent inhaler use only
- Stable disease with infrequent exacerbations
- Those receiving immunosuppressants for stable disease (in remission)

# Neurological disease

## Very High Risk Advise **MUST NOT** fast

- Any condition predisposing to respiratory complications e.g. bulbar weakness, neuromuscular disorders\*
- Myasthenia Gravis on regular pyridostigmine more than 3 times per day
- MND
- Poorly controlled epilepsy, on multiple antiepileptic medications, history of status epilepticus
- Parkinson's disease requiring regular levo-dopa
- Neurodegenerative disorders with cognitive impairment

## High Risk Advise **should NOT** fast

- Epilepsy requiring a medication regime incompatible with fasting which cannot be modified safely in time for Ramadan 2020
- Myasthenia gravis on pyridostigmine 3 times daily or less
- Parkinson's disease with low requirement for levo-dopa in younger patients

## Low/Moderate Risk

- History of cerebrovascular disease dependent on level of disability
- History of MS, dependent on level of disability. See ABN guidance for management of immunosuppression during the COVID-19 pandemic
- Well controlled epilepsy with medication regime compatible with length of fast
- Myasthenia gravis not requiring pyridostigmine or purely ocular
- Migraine

# Benign haematological disorders

## Very High Risk Advise MUST NOT fast

- Sickle cell disease including HbSS, HbSC, HbS/Beta-Thal, HbSO, HbSD and those prone to sickle cell crisis.
- Cold Haemagglutinin Disease with ongoing haemolysis
- Amyloidosis with renal impairment
- Antiphospholipid Syndrome with history of blood clots
- Paroxysmal Nocturnal Haemoglobinuria with active haemolysis or history of recurrent thrombosis
- Thrombophilias with history of recurrent thrombosis despite being on anticoagulation

## High Risk Advise should NOT fast

- Warm Auto-Immune Haemolytic Anaemia with active haemolysis
- Other Haemolytic Anaemias with active haemolysis
- Clotting disorders like the thrombophilias with history of thrombosis
- Aplastic anaemia on immunosuppression
- Thrombophilia with a history of thrombosis within the last three months and are on anticoagulation.

## Low/Moderate Risk

- Thalassaemia carriers and sickle cell carriers who are not prone to crises
- Aplastic Anaemia not on active treatment
- White cell disorders with low count
- Inherited Bleeding disorders
- Immune Thrombocytopenias in remission
- Thrombophilia with history of thrombosis on Anticoagulation

# Rheumatological disease

## Very High Risk Advise **MUST NOT** fast

- Active SLE with renal involvement
- Active vasculitis with renal involvement
- Low eGFR secondary to connective tissue diseases/vasculitis
- Scleroderma leading to pulmonary hypertension

## High Risk Advise **should NOT** fast

- Uncontrolled Gout
- Higher dose of steroids >20mg/day\*

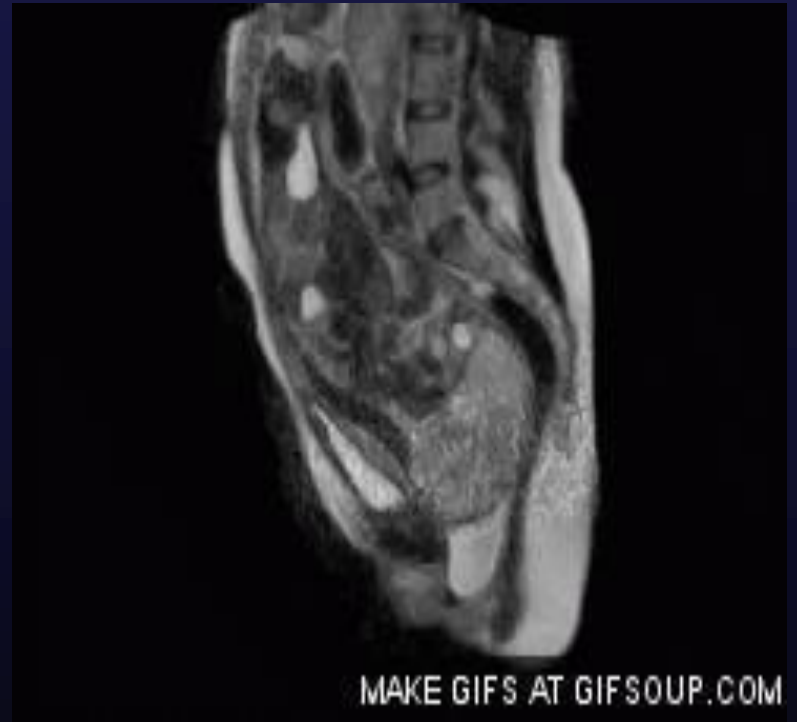
## Low/Moderate Risk

- Rheumatological conditions in remission e.g. rheumatoid arthritis, polymyalgia rheumatica, connective tissue diseases and vasculitis.
- Osteoarthritis
- Osteoporosis
- Sjogren's syndrome
- Well controlled gout



# Fasting & Pregnancy

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# Fasting during Ramadan Increases Risk of Very Preterm Birth among Arabic-Speaking Women

*J Nutr.* 2019 Oct 1;149(10):1826-1832.

Rasmi M Tith, Marianne Bilodeau-Bertrand, Ga Eun Lee,  
Jessica Healy-Profitós, Nathalie Auger ✉

- Study of **78,109 births to Arabic-speaking** women in Quebec, Canada, from 1981 to 2017.
- Fasting during Ramadan between weeks 15-21 of pregnancy was associated **with 1.33 times the risk of very preterm birth (28-31 wk)** relative to no fasting.
- Between weeks 22 and 27, fasting Ramadan was associated with **1.53 times** the risk of very preterm.

J Dev Orig Health Dis. 2019 Dec 11:1-8.

*Journal of Developmental  
Origins of Health and Disease*

Ramadan exposure and birth outcomes:  
a population-based study from the Netherlands

[www.cambridge.org/doh](http://www.cambridge.org/doh)

Ary I. Savitri<sup>1</sup>, Rebecca C. Painter<sup>2</sup>, Maarten Lindeboom<sup>3</sup>, Tessa J. Roseboom<sup>2,4</sup> and Reyn J. G. van Ewijk<sup>5</sup>

- Data from the Perinatal Registry of Netherlands on all births between 2000 and 2010 to mothers recorded as Mediterranean ( a proxy for Muslim) (n = 139,322) or as ethnically Dutch (n = 1,481,435) were used.
- Conclusion: Occurrence of Ramadan during pregnancy among Muslims was not associated with altered birth weight, gestational length, newborn's sex, perinatal mortality, low Apgar, or mild congenital anomalies.


## BMC Pregnancy Childbirth. 2018 Oct 25;18(1):421

### RESEARCH ARTICLE

### Open Access



# The effect of Ramadan fasting during pregnancy on perinatal outcomes: a systematic review and meta-analysis

Jocelyn D. Glazier<sup>1</sup>, Dexter J. L. Hayes<sup>1</sup>, Sabiha Hussain<sup>1</sup>, Stephen W. D'Souza<sup>1</sup>, Joanne Whitcombe<sup>2</sup>, Alexander E. P. Heazell<sup>1</sup> and Nick Ashton<sup>3\*</sup> 

- 22 studies of 31,374 pregnancies were included, (18,920 pregnancies were exposed to Ramadan fasting).
- Birth weight was reported in 21 studies and was not affected by maternal fasting.
- Ramadan fasting had no effect on preterm delivery based on 5600 pregnancies (1193 exposed to Ramadan fasting).
- No data were presented for perinatal mortality.



## Policy statement Fasting of pregnant women and breastfeeding mothers May 2019/Ramadan 1440

### *IBFAN therefore calls upon :*

- **Midwives, physicians and nurses** to recommend against fasting for pregnant women and breastfeeding mothers during Ramadan as it could put the health of their babies at risk.
- **Healthy Pregnant women who are willing to fast:**
  - Should follow up with their Health Care Provider throughout Ramadan to ensure adequate fetal growth.
  - If Ramadan coincides with summer (hot weather and long daytime), pregnant women are advised to hydrate and consume nutritious foods during the predawn and evening meals.

# Pregnancy

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## Very High Risk Advise **MUST NOT** fast

- Pregnancy with severe underlying maternal health conditions
- Complicated pregnancy

## High Risk Advise should **NOT** fast

- Uncomplicated pregnancy in an otherwise healthy woman in first trimester
- Pregnancy with moderately severe underlying maternal health conditions

## Low/Moderate Risk

- Uncomplicated pregnancy in an otherwise healthy woman beyond first trimester
- Pregnancy with mild/well controlled underlying maternal health conditions



## Ramadan fasting and dental treatment considerations: a review

Shaeesta Khaleelahmed Bhavikatti, MDS ▪ M.L.V. Prabhuji, MDS ▪ Shruthi J.R., MDS

- **Dental extractions** can be carried out for immediate pain relief without violating a patient's fast if preventive measures such as high-vacuum suction tips are used.
- Swallowing of blood will invalidate the fast.
- Administration of **local anesthetics** will not invalidate a person's fast.



# Effect of Diurnal Fasting on Sleep During Ramadan. A Systematic Review and Meta-Analysis

ec 12. Sleep Breath. 2020 Jun;24(2):771-782

Mo'ez Al-Islam E Faris<sup>1</sup>, Haitham A Jahrami<sup>2 3</sup>, Fatema A Alhayki<sup>3</sup>, Noor A Alkhawaja<sup>3</sup>, Ameera M Ali<sup>3</sup>, Shaima H Aljeb<sup>3</sup>, Israa H Abdulghani<sup>3</sup>, Ahmed S BaHamam<sup>4 5</sup>

- **24 studies (involving 646 participants, median age 23.7 years, 73% men) conducted in 12 countries from 2001 to 2019.**
- **Total sleep time decreased from 7.2 h before Ramadan to 6.4 h per night during Ramadan.**





**Ramadan: an opportunity for better life**

- **Weight loss**
- **Better dietary habits**
- **Stop smoking**









## RESOLUTION N° 99/1/10 ON FAST-BREAKING SUBSTANCES IN MEDICAL TREATMENT

The International Islamic Fiqh Academy, holding its Tenth session in Jeddah (Kingdom of Saudi Arabia), from 23 to 25 Safar 1418H (28 June to 3 July 1997);

• قرار رقم: 93 (10/1) بشأن المفطرات في مجال التداوي

• إن مجلس مجمع الفقه الإسلامي الدولي المنعقد في دورة مؤتمره العاشر بجدة بالمملكة العربية السعودية خلال الفترة من 23-28 صفر 1418هـ الموافق 28 حزيران (يونيو) -3 تموز (يوليو) 1997م،

# RESOLUTION N° 99/1/10 ON FAST-BREAKING SUBSTANCES IN MEDICAL TREATMENT

The following substances do not cause fast-breaking :

1. Eye drop or ear drop, ear washing, nasal drop or puffing, provided that the liquid reaching the throat is not swallowed.

2. Tablets placed under the tongue to treat angina or any other illness, provided nothing is swallowed.

• الأمور الآتية لا تعتبر من المفطرات:

1- قطرة العين، أو قطرة الأذن، أو غسول الأذن، أو قطرة الأنف، أو بخاخ الأنف، إذا اجتنب ابتلاع ما نفذ إلى الحلق.

2- الأقراص العلاجية التي توضع تحت اللسان لعلاج الذبحة الصدرية وغيرها إذا اجتنب ابتلاع ما نفذ إلى الحلق.

3. Anything introduced into the vagina, be it suppositories, bath water, vaginoscopy or intra vaginal examination.

4. Introduction into the uterus of a ureteroscope, an intra-uterine device (IUD) or any similar device.

5. Anything introduced into the urinary tract of a man or a woman: probe, ureteroscope, radio-opaque substances, solutions for cleaning the bladder.

3- ما يدخل المهبل من تحاميل (لبوس)، أو غسول، أو منظار مهبلي، أو إصبع للفحص الطبي.

4- إدخال المنظار أو اللوئب ونحوهما إلى الرحم.

5- ما يدخل الإحليل أي مجرى البول الظاهر للذكر والأنثى، من قثطرة (أنبوب دقيق) أو منظار، أو مادة ظليلة على الأشعة، أو دواء، أو محلول لغسل المثانة.

6. Tooth removal, or cleaning one's teeth with a toothpick or a toothbrush, provided nothing is swallowed.

7. Mouthwash, gargle, mouth-spray, provided nothing is swallowed.

8. Subcutaneous, intramuscular or intravenous injections, excluding any perfusions and injection of nutritious fluids (serums).

6- حفر السن، أو قلع الضرس، أو تنظيف الأسنان، أو السواك وفرشاة الأسنان، إذا اجتنب ابتلاع ما نفذ إلى الحلق.

7- المضمضة، والغرغرة، وبخاخ العلاج الموضعي للفم إذ اجتنب ابتلاع ما نفذ إلى الحلق.

8- الحقن العلاجية الجلدية أو العضلية أو الوريدية، باستثناء السوائل والحقن المغذية.

9. Oxygen

10. Anesthesia by vaporization, provided nutritious fluids are not injected to the patient.

11. Whatever penetrates into the body through the skin, like creams, ointments or coetaneous patches containing medicinal or chemical substances.

9- غاز الأوكسجين.

10- غازات التخدير (البنج) ما لم يعط المريض سوائل (محاليل) مغذية.

11- ما يدخل الجسم امتصاصاً من الجلد كالدھونات والمرام والصلقات العلاجية الجلدية المحملة بالمواد الدوائية أو الكيمائية.



12. Introduction of catheter for coronary angiography of heart vessels and other organs.

13. laparoscopy to examine the intestines for surgery.

14. Biopsy of the liver or other organs without administration of any solutions or liquids.

12- إدخال قثطرة (أنبوب دقيق) في الشرايين لتصوير أو علاج أوعية القلب أو غيره من الأعضاء.

13- إدخال منظار من خلال جدار البطن لفحص الأحشاء أو إجراء عملية جراحية عليها.

14- أخذ عينات (خزعات) من الكبد أو غيره من الأعضاء ما لم تكن مصحوبة بإعطاء محاليل.

قرار رقم: 219 (23/3)

بشأن المفطرات في مجال التداوي (استكمال ما سبق)

- **The International Islamic Fiqh Academy held in Madina (28/10-01/11/2018)**

- **إن مجلس مجمع الفقه الإسلامي الدولي المنبثق عن منظمة التعاون الإسلامي، المنعقد في دورته الثالثة والعشرين بالمدينة المنورة، خلال الفترة من: 19-23 صفر 1440هـ، الموافق: 28 أكتوبر- 1 نوفمبر 2018م،**

## ما لا يفسد معه الصيام:

# What does not invalidate fasting?

1. Asthma spray does not affect fast, as it targets the respiratory system, and what reaches the stomach is a small, unintended part, less than what reaches the stomach from the remnants of rinsing the mouth and the toothpicks.

2. Drawing blood for laboratory analysis or donating it.

3. All injections, suppositories, speculums and ointments that enter through the anus, except for feeding syringes.

1. بخاخ الربو لا يؤثر على صحة الصوم، فهو يستهدف الجهاز التنفسي، وما يصل إلى المعدة منه جزء يسير مغتفر غير مقصود، أقل مما يصل المعدة من بقايا المضمضة والسواك.

2. سحب الدم للتحاليل المخبرية أو التبرع به.

3. كل ما يدخل عن طريق الشرج من حقن وتحاميل ومنظار ومراهم، ما عدا الحقن المغذية.

4. Hunger relief patch.
5. Liposuction unless accompanied by the use of nutritious fluids.
6. Anal endoscope and medical examination finger.
7. Cupping and phlebotomy.
8. Loss of consciousness (fainting) due to general anesthesia for part of the day, even if unconsciousness continues for the rest of the day; If the anesthesia occurred during fasting, unless it was accompanied by the administration of fluids.

4. لصقة إزالة الشعور بالجوع.
5. عملية شفط الدهون مالم تترافق باستخدام السوائل المغذية.
6. المنظار الشرجي وإصبع الفحص الطبي.
7. الحجامة والفضد.
8. فقد الوعي (الإغماء) بسبب التخدير العام لجزء من النهار، ولو استمر فقدان الوعي بقية يومه؛ إن كان قد وقع التخدير أثناء الصوم، مالم يصاحب ذلك إعطاء السوائل.

# ما يفسد الصوم:

## What invalidates fasting?

1. Everything that enters the digestive system bypassing the mouth and pharynx, and what is digester of food, which is the esophagus and small intestine.

2. Everything that is nourished by the body of the fasting person, and from any natural outlet, because it is in the sense of eating, and contrary to the purpose of fasting is like a feeding injection.

3. The nebulizer used in the treatment of asthma breaks the fast, because the amount that enters the stomach is much greater than the amount that is excused.

1. كل ما يدخل إلى الجهاز الهضمي متجاوزًا الفم والبلعوم، و مما هو محيل- هاضم- للطعام، وهو المريء والأمعاء الدقيقة.

2. كل ما يتغذى به جسم الصائم، ومن أي منفذ طبيعي، لأنه في معنى الأكل، ولمنافاته لمقصد الصوم كالحقنة المغذية.

3. جهاز التبخير الرئوي (النيبوليزر) المستخدم في علاج الربو مفطر، لأن الكمية الداخلة منه إلى المعدة أكبر بكثير من القدر المعفو عنه.

1. Transfusion of blood because it contains a large amount of water.
2. Peritoneal and hemodialysis, which involves the introduction of a large amount of water, salts and sugar.
3. The capsules used in the asthma inhaler contain dry powder, to remove part of it, which is an object that reaches the stomach.

4. نقل الدم لاحتوائه على كمية كبيرة من الماء.

5. الغسيل الكلوي البريتواني والدموي، لما فيه من إدخال كمية كبيرة من الماء والأملاح والسكر.

6. الكبسولات المستخدمة في بخاخ الربو المحتوية على البودرة الجافة، لخروج جزء منها وهو جرم يصل إلى المعدة.



# Conclusion

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- **Although the Qur'an exempts sick people from the duty of fasting, a significant number of patients with chronic diseases insist on fasting despite advice to the contrary by their physicians.**
- **With the correct advice and support from the physician, many patients may be able to fast safely during Ramadan.**
- **The decision is left to the discretion of the treating physician.**



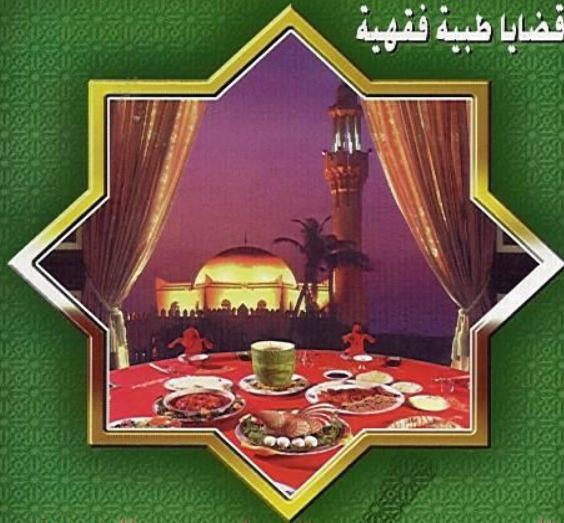
أَلَا بِذِكْرِ اللَّهِ تَطْمَئِنُّ الْقُلُوبُ

Verily, in the remembrance of Allah  
do hearts find rest.

Sura Ar-Ra'd 13:28



فضايا طبية فقهية



الصوم بين الطب والفقه

تأليف

الدكتور محمد علي البار      الدكتور حسان شمسي باشا

من يصوم  
ومن يفطر  
في رمضان؟



الدليل الطبي والفقهية  
للمريض في شهر الصيام

للدكتور حسان شمسي باشا

مُضَوِّاتُ الْكَلِمَاتِ الْمَكْتَبَةِ الْأَطْبَاءِ فِي رِبْطَاتِنَا  
عُضُو الْكَلِمَةِ الْمَكْتَبَةِ الْأَطْبَاءِ فِي رِبْطَاتِنَا

مكتبة السوادي للوزع  
جدة هاتف ٢١٢ ٦٨٨٤



كتب قيمة

صوم هو الصيام

[www.drchamsipasha.com](http://www.drchamsipasha.com)

الدكتور حسان شمسي باشا

الزوار الشارعية  
بيروت

دار الفاء  
دمشق

# THANK YOU



May Allah Bless you  
In all your endeavors,  
And lead you to the  
Path of continued Success  
And Prosperity

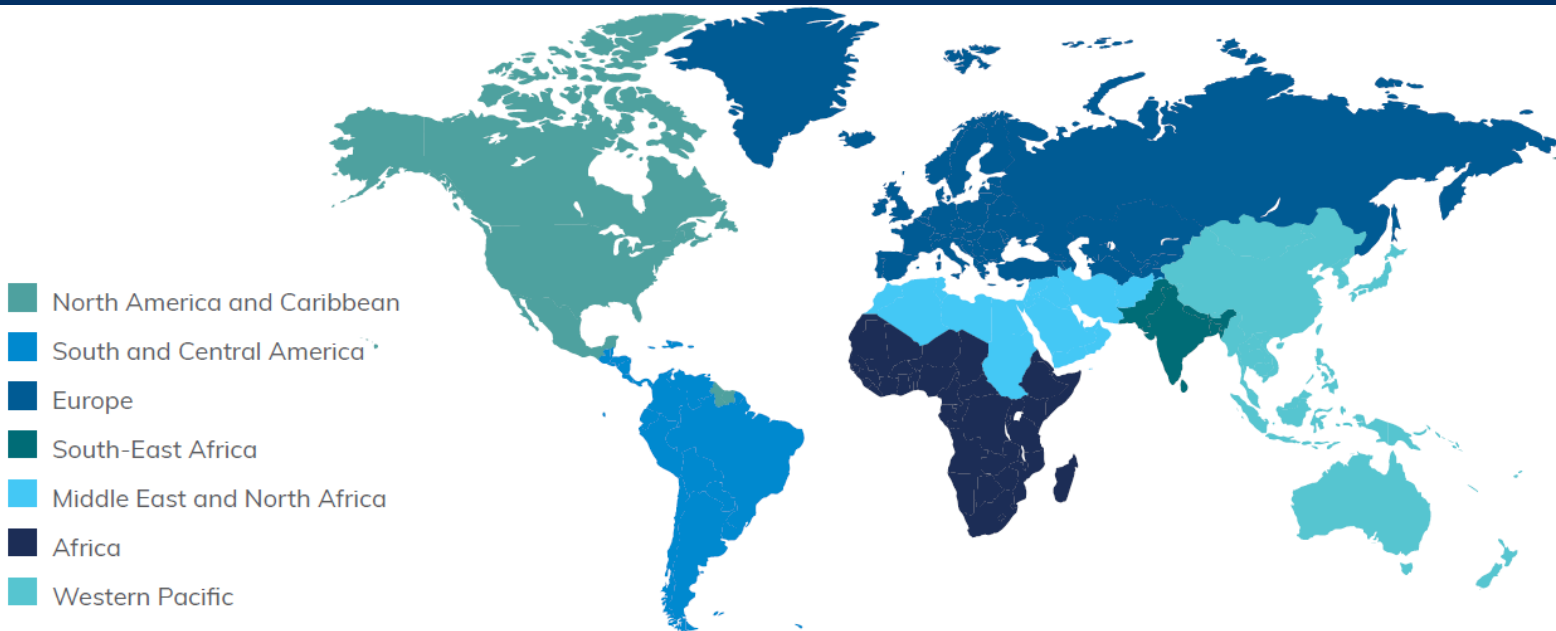
*Ramadan Kareem*

[www.drchamsipasha.com](http://www.drchamsipasha.com)

- حذار أيها الصائمون أن تهزموا ..
- حذار أن تجوعوا في النهار لتملؤوا بطونكم في الليل..
- حذار أن تصوم بطونكم عن الطعام والشراب ، وتفطر أسننتكم وأيديكم وأعينكم على الآثام
- حذار أن تنشطوا للسمر وتكسلوا عن العبادة.
- حذار من هذا كله فإنها الهزيمة التي يشمت فيها الشيطان .. ولا يرضى عنها الرحمن !.

رحم الله الشاعر معروف الرصافي حين قال :

ولكن لا أصوم صيام قوم تكاثر في فطورهم الطعامُ  
فإن وضح النهار طووا جياً وقد نهموا إذا اختلط الظلامُ  
وقالوا يا نهارُ لئن تجعنا فإن الليل منك لنا انتقام  
وناموا متخمين على امتلاءٍ وقد يتجشؤون وهم نيام  
فقل للصائمين أداء فرضٍ إلا ما هكذا فرض الصيامُ



NORTH AMERICA	LATIN AMERICA-CARIBBEAN	EUROPE	MIDDLE EAST-NORTH AFRICA	SUB-SAHARAN AFRICA	ASIA-PACIFIC
<p>Estimated muslim population (2010): <b>3,480,000</b></p> <p>Proportion of worls Muslim population: <b>0.2%</b></p>	<p>Estimated muslim population (2010): <b>840,000</b></p> <p>Proportion of worls Muslim population: <b>&lt;0.1%</b></p>	<p>Estimated muslim population (2010): <b>43,470,000</b></p> <p>Proportion of worls Muslim population: <b>2.7%</b></p>	<p>Estimated muslim population (2010): <b>310,070,000</b></p> <p>Proportion of worls Muslim population: <b>19.8%</b></p>	<p>Estimated muslim population (2010): <b>248,420,000</b></p> <p>Proportion of worls Muslim population: <b>15.5%</b></p>	<p>Estimated muslim population (2010): <b>986,420,000</b></p> <p>Proportion of worls Muslim population: <b>61.7%</b></p>