CHAPTER 6

Diabetes and Ramadan: A Medico-Religious Perspective

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CHAPTER 6

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WHAT IS KNOWN?

- Fasting during the month of Ramadan is a religious obligation to all Muslims, however Islamic regulations allow for people who are ill or unwell to be exempted.
- There needs to be a strong harmony between the medical and religious advice and guidance is desperately needed to ensure that people with diabetes can safely fast during Ramadan.

WHAT IS NEW?

- The new IDF-DAR risk stratification defines three risk categories and provides a risk score that includes multiple factors that play an important role in the fasting recommendation for each category.
- Individuals who decide to fast against the advice provided by their healthcare professionals should follow expert and detailed guidance to avoid the development of serious complications.

WHAT IS MISSING?

- There needs to be greater efforts made in aiming to improve communication between the medical experts and religious scholars are needed in order to ensure that guidance is best received by the public.
1. INTRODUCTION

Ramadan fasting is one of the five pillars of Islam. It is incumbent upon every Muslim once puberty is attained, and thereafter, to keep fast during this month. The Holy Quran says: “O you who believe! Fasting is prescribed to you as it was prescribed to those before you so that you may attain self-restraint” \([1]\) and “Whoever witnesses the month (of Ramadan) then he/she should fast. But, if any of you is ill or travelling – then he or she is exempted from fasting” \([1]\).

As stated, certain categories of individuals – including children, the sick, travellers, women during menses, pregnancy or breastfeeding, and anyone with reduced mental capacity – are exempt from fasting \([1]\). The missed days of fast should be made up later when the individual is of sound health in cases where the cause of missing fasting was a temporary.

2. SIGNIFICANCE OF RAMADAN

Muslims believe that Ramadan is a blessed month, it was honoured by the fact that the Quran was revealed to the Prophet Muhammad, peace be upon him, during it, and it is the month of fasting when Allah’s rewards for any good deeds are much higher than in any other time. This generally creates an intense and passionate desire to do one’s utmost in order to seek the nearness and pleasure of God. In addition to fasting, Muslims engage in various other forms of devotion to a far greater degree in the month of Ramadan.

It is therefore not surprising that many Muslims who fall in the exempt categories, which would include those with illness, are loath to take advantage of this concession. The reasons for such determination to keep the fast are not difficult to guess or conclude. Perhaps a major factor is that the ill person feels that he or she would not be discharging his/her duty as a Muslim, notwithstanding the fact that he/she is aware of the exemption granted in the event of such a disease. On the other hand, many scholars, in awareness of the possible serious health risk for some people with medical conditions, feel that those who insist on fasting against medical advice are performing a seriously wrong action from a religious point of view as they could be jeopardising their health. Indeed, collaborative work between medical and religious experts is essential to ensure that those who do not fast due to their medical condition understand that they are indeed equally rewarded like those who fast and that they should not feel guilty.

It is essential to ensure that those who do not fast due to their medical condition understand that they are indeed equally rewarded like those who fast and should not feel guilty.

3. FASTING AND ILLNESS

The Quran clearly states that if one is ill, “the missed fast should be completed at another time”, because “Allah intends ease for you and does not intend to put you in difficulty” \([1]\). But what constitutes an illness justifying such an exemption? Religious scholars have depended
on the specific personal advice of an “expert Muslim physician to decide illnesses in which fasting may make conditions worse or delay healing” [2]. In contrast, doctors have often used medical jargon such as ‘indications’ and ‘contraindications’ and have offered varying opinions. This disparity is not helpful to either the individual that is fasting or the healthcare professional (HCP) responsible for their care. People with diabetes can present with a range of complications and comorbidities all of which have an impact on the risk that fasting may impose on the individual. It should be acknowledged that not all individuals will seek advice from an HCP prior to Ramadan. In fact, there is evidence to suggest that some people with diabetes prefer to discuss fasting with their local imam rather than their physician [3, 4]. A study has shown that imams are willing to include diabetes education within their teachings [5] and it is, therefore, important to have unification between HCPs and religious leaders on who should fast and who should seek exemption.

It is important to have unification between HCPs and religious leaders on which individuals with diabetes should fast and who should seek exemption.

4. PRACTICAL GUIDELINES FOR THE MANAGEMENT OF DIABETES DURING RAMADAN

Guidelines for the management of diabetes during Ramadan were first published by the American Diabetes Association (ADA) in 2005 [6]. Within these guidelines were recommendations for the classification of people with diabetes into one of four risk categories: very high, high, moderate and low depending on the type of diabetes, medical history, glycaemic control, type of medication, presence of comorbidities and the individual’s personal circumstances [6]. In 2009, at The Council of International Fiqh (the study of Islamic regulations) Academy of The Organisation of Islamic Conference (19th session), and as a result of deliberations by Islamic scholars and medical experts, the Fiqh Academy accepted the expert opinion expressed in the ADA Ramadan recommendations [2]. It was decided that those individuals considered as very high and high risk should not fast while those in the remaining two categories could fast. With such recommendations in place, it is perhaps surprising that they were not always consulted.

Analysis of people with type 2 diabetes (T2DM) enrolled on the CREED study found that around one third of the physicians involved in their care did not consult guidelines for the management of diabetes during Ramadan [7].

When looking at the whole study population, including people with type 1 diabetes (T1DM), the average number of days fasted by the highest and lowest risk groups only differed by three days [7]. This could suggest that either HCPs are not stratifying the patients correctly or that patients are ignoring the advice given to them by their physician and fasting even when told not to. A recent study involving nearly 200 physicians, mainly from the Middle East and North Africa, revealed that a majority of stratified people with diabetes in accordance with the
categories defined in the ADA recommendations, but not all the risks of fasting, were identified by their care providers during Ramadan [8]. Hence, there is a clear need to reconsider the various risk categories and to provide a level of flexibility that would help the individual with diabetes and HCPs to make better decisions regarding fasting during Ramadan.

As part of these IDF-DAR Practical Guidelines, experts from the International Diabetes Federation (IDF) and the Diabetes and Ramadan (DAR) International Alliance have updated the risk classifications for fasting. As described in detail in chapter 4: The effects of fasting during Ramadan on physical and mental wellbeing, three categories are proposed, based on the most recent available information from science and practice during Ramadan fasting. These risk categories take into account a more practical approach while recognising the need to consider the everyday practice of many people with diabetes. Importantly, these recommendations are approved by the Mofty of Egypt, the highest religious regulatory authority in Egypt as well as being a scholar of Al-Azhar, one of the globally renowned Islamic academic organisations. The religious opinion on fasting for the three categories is outlined in Table 1. All individuals with diabetes are instructed to follow medical advice and should not fast if the probability of harm is high. A copy of the approval by the Mofty of Egypt is available as an appendix to this document in Arabic language. It should be noted that this opinion may not reflect the religious rulings in all countries so further regional discussions are needed.

The new diabetes and Ramadan fasting risk categorisations described in these IDF-DAR Practical Guidelines have been approved by the Mofty of Egypt.

The scoring system was designed considering various different factors that were deemed to influence fasting (these have been considered in the chapter 5: Risk stratification of people with diabetes before Ramadan). Some of the factors are discussed in 4.1 whereas the other factors are discussed in the other chapters of these guidelines.

For a given individual, each risk element should be assessed, and the score should be totalled. The resulting score will determine the overall risk level for an individual with diabetes that is seeking to fast during Ramadan (see Figure 1).
### TABLE 1: ELEMENTS FOR RISK CALCULATION AND SUGGESTED RISK SCORE FOR PEOPLE WITH DIABETES MELLITUS (DM) THAT SEEK TO FAST DURING RAMADAN

<table>
<thead>
<tr>
<th>Risk Element</th>
<th>Risk Score</th>
<th>Risk Element</th>
<th>Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Diabetes type and duration</strong></td>
<td></td>
<td><strong>7. Pregnancy</strong></td>
<td></td>
</tr>
<tr>
<td>Type 1 diabetes</td>
<td>1</td>
<td>Pregnant not within targets</td>
<td>4</td>
</tr>
<tr>
<td>Type 2 diabetes</td>
<td>0</td>
<td>Pregnant within targets</td>
<td>2</td>
</tr>
<tr>
<td>A duration of ≥ 10</td>
<td>1</td>
<td>Not pregnant</td>
<td>0</td>
</tr>
<tr>
<td>A duration of &lt; 10</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Presence of hypoglycaemia</strong></td>
<td></td>
<td><strong>8. Frailty and Cognitive function</strong></td>
<td></td>
</tr>
<tr>
<td>Hypoglycaemia unawareness</td>
<td>5</td>
<td>Impaired cognitive function</td>
<td>4</td>
</tr>
<tr>
<td>Recurrent/severe hypoglycaemia</td>
<td>4</td>
<td>Frail</td>
<td>3</td>
</tr>
<tr>
<td>Daily mild hypoglycaemia</td>
<td>3</td>
<td>&gt; 70 years old with no home support</td>
<td>1</td>
</tr>
<tr>
<td>Hypoglycaemia 1–6 times per week</td>
<td>2</td>
<td>No frailty or loss in cognitive function</td>
<td>0</td>
</tr>
<tr>
<td>Hypoglycaemia less than 1 time per week</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No hypoglycaemia</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1c levels &gt; 9% (11.7 mmol/L)</td>
<td>2</td>
<td>Intense physical labour</td>
<td>1</td>
</tr>
<tr>
<td>HbA1c levels 7.5–9% (9.4–11.7 mmol/L)</td>
<td>1</td>
<td>No physical labour</td>
<td>0</td>
</tr>
<tr>
<td>HbA1c levels &lt; 7.5% (9.4 mmol/L)</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicated but not conducted</td>
<td>2</td>
<td>Overall negative experience</td>
<td>1</td>
</tr>
<tr>
<td>Indicated but conducted sub-optimally</td>
<td>1</td>
<td>No negative or positive experience</td>
<td>0</td>
</tr>
<tr>
<td>Conducted as indicated</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Acute complications</strong></td>
<td></td>
<td><strong>11. Fasting hours (location)</strong></td>
<td></td>
</tr>
<tr>
<td>DKA/HONC in the last 3 months</td>
<td>3</td>
<td>≥ 16 hours</td>
<td>1</td>
</tr>
<tr>
<td>DKA/HONC in the last 6 months</td>
<td>2</td>
<td>&lt; 16 hours</td>
<td>0</td>
</tr>
<tr>
<td>DKA/HONC in the last 12 months</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No DKA or HONC</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6. Chronic Complications/Comorbidities</strong></td>
<td></td>
<td><strong>12. Diabetes treatment</strong></td>
<td></td>
</tr>
<tr>
<td>Unstable angina/Heart failure/eGFR &lt; 30 mL/min</td>
<td>6</td>
<td>Multiple daily mixed insulin injections</td>
<td>3</td>
</tr>
<tr>
<td>eGFR 30–45 mL/min</td>
<td>4</td>
<td>Basal Bolus/Insulin pump</td>
<td>2.5</td>
</tr>
<tr>
<td>Stable CVD/eGFR 45–60 mL/min</td>
<td>2</td>
<td>Once daily Mixed insulin</td>
<td>2</td>
</tr>
<tr>
<td>No CVD and normal eGFR</td>
<td>0</td>
<td>Basal Insulin</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Glibenclamide</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gliclazide/MR or Glimepride or Repeglanide</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other therapy not including SU or Insulin</td>
<td>0</td>
</tr>
</tbody>
</table>

**DKA**—Diabetic Ketoacidosis  
**HONC**—Hyperglycaemic Hyperosmolar Nonketotic Coma  
**eGFR**—Estimated glomerular filtration rate  
**CVD**—Cardiovascular disease

**FIGURE 1**  
Total risk score and risk categories
5. RELIGIOUS OPINION OF THE MOFTY OF EGYPT

According to document from The Egyptian Official Fatwa Authority, produced on January 11, 2021, religious recommendations for individuals with diabetes planning to fast the holy month of Ramadan were based on two principles: avoiding hardship and eliminating potential physical harm to all patients. The recommendations emphasise the importance of pre-Ramadan expert medical evaluation for individual patients and recognise their specific circumstances and needs. They confirm that the ability of some patients to fast with potential harm to their body is not justified.

Furthermore, the religious advice of the Mofty of Egypt stresses that where obvious contraindications are present, it behoves the doctor to give categorical advice against fasting and highlights the importance of accepting this advice by the person with diabetes. Indeed, such individuals should be reminded of the Quranic injunction: “Let not your own hands throw you into destruction” [9]. Moreover, there is a Hadith (Prophetic teaching) wherein he stated: “God has a right over you. Your body has a right over you …”. (For further religious advice from the Mofty of Egypt please see the appendix).

The document commends that fasting should be interrupted in case of hypoglycaemia <70mg/dl, hyperglycaemia >300mg/dl, or symptoms of hypo or hyperglycaemia or during the presence of symptoms of acute illness such as fever, diarrhoea, vomiting, and/or exhaustion.

The document states that fasting is obligatory for low risk patients, however, patients with low risk may consider not to fast if concerned about safety or wellbeing or to take prescribed medications. Conversely, patients in the high-risk group should not fast since it is potentially harmful.

For patients classified as moderate risk fasting is generally preferred and patients must follow medical recommendations with regards to glucose monitoring and medications modifications. Patients with moderate risk have the right not to fast if concerned about their safety or wellbeing (Table 2).

<table>
<thead>
<tr>
<th>TABLE 2: MEDICAL &amp; RELIGIOUS RISK SCORE RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk score/level</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>LOW RISK 0-3 points</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>MODERATE RISK 3.5-6 points</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>HIGH RISK &gt;6 points</td>
</tr>
</tbody>
</table>
With medical and religious experts in agreement it is important that these recommendations are disseminated and implemented. For this to happen the following ideals should be realised:

- Doctors should be briefed with an acceptable knowledge of Fiqh provisions on this subject
- Religious scholars should instruct people with diabetes to consult those doctors who understand the medical and religious aspects of fasting and are God fearing
- Imams need to acquaint themselves with these regulations and with the risks of diabetes when they are advising any Muslim person with diabetes with regards to fasting regulations
- All efforts need to be made using media and other communication avenues to ensure that people with diabetes are aware of these regulations; this should help to increase the level of acceptance of the medico-religious decision in the event that it is to refrain from fasting.

In recognition of the sincere efforts made in this regard by experts in their specialty, all doctors and patients should comply with the joint medical and religious recommendations. There is also a need for continued scientific research in this area to build up practical experiences that will in turn lead to more accurate decisions. However, it is important to clarify some points that are of concern for people with diabetes who intend to fast during Ramadan:

- The religious feelings and psychological state of people with diabetes must not be overlooked, as most of them find psychological and physical comfort in fasting and will insist on the performance of this duty despite medical advice to not fast. Many will have observed fasting before with no apparent harm to their health. As psychological satisfaction is important, it is the duty of their specialist doctor to make every effort to help people with diabetes fast unless they find a real medical risk. It is also essential to educate such individuals to help them avoid dramatic changes in their blood glucose while fasting and to give them strict instructions to break their fast if they need to.

- It should be emphasised that people who have had diabetes for many years are more prone to the chronic complications of this disease and even if they were classified as low risk one year, they should not assume they are still low risk the following year.
SUMMARY

- Fasting during the month of Ramadan is a religious obligation for all healthy adults. However, Islamic regulations have exempted those afflicted with illness from this obligation.
- Harmony between medical and religious advice is essential to ensure safe fasting for people with diabetes. Indeed, the risk stratification groups defined in these IDF-DAR Practical Guidelines have been endorsed by the highest religious regulatory authority of Egypt.
- HCPs, religious authorities, as well as people with diabetes, need to be made aware of these regulations through all possible avenues.
REFERENCES

1. The Quran. 2:183-5.
APPENDIX

Religious opinion from the Mofty of Egypt

[Transcript in Arabic]

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Email:  fatawa@dar-alifla.org
التراعي، وساعات الصيام، والعمل اليومي والجهد البدني، ووجود الحمل.

ويمت بعداً بجمع النقاط لكل مريض لتحديد مستوى الخطرة في حال فر صيام رمضان كما يلي:

من 0: = خطرة خفيفة، ومن 0.5: 6 = خطرة متوسطة، وأكبر من 6 = خطرة مرتفعة.

نصائح وإرشادات:

أولاً: يجب تقديم النصائح الطبية لكل المرضى بما كان مستوى الخطرة عنهم، وتعديل العلاج الدوائي بما يناسب كل حالة.

ثانياً: يجب تقديم النصائح وال соответة الدقيقة لكل المرضى، حتى في حال الإصرار على الصيام.

ثالثاً: ينصح المرضى الذين يفضل وضعهم على أنه رفع الخطرة بعدم الصيام مع توضيح احتمالات الضرر عليهم.

رابعاً: في حال المرضى متوسطي مستوى الخطرة، يتم التشاور بين الطبيب والمريض ومواجهة الوضع الصحي وخبرات المرض السابقة وأدويته، ويجب توضيح احتمال الخطرة الراقي، بشكل عام يسمح للمريض بالصيام مع الأنتابة لضمان المراقبة المستمرة للسكر في الدم حسب تعليمات الطبيب، وفي حال خوف المريض السديد، دون وجود سبب طبيعي مقنع يتم الجلو إلى الاستشارة الدينية.

خامساً: في حال مستوى الخطرة المافض، ينصح المرضى على الصيام، مع ضرورة المراقبة الطبية الموصى بها.

سادساً: ينصح على كل المرضى الذين قرروا الصيام بنصيحة طبية أو حتى ضد النصيحة الطبية.

معرة ضرورة التوقف عن الصيام في الحالات التالية:

جديد ارتفاع السكر إلى أكثر من 300 مع/دل.

انخفاض السكر أقل من 70 مع/دل.

وجود أعراض الانتفاض أو الارتفاع الشدیدة.

وجود أعراض محددة تسبب حدوث الحرارة أو الإسهال أو التعب أو الإرهاق العام.

الخلاصة: يجب على الأطباء مراجعة كل عوامل الخطرة المذكورة عند مرضاءهم للوصول إلى تحديد مستوى الخطرة الصحيح، ومستعدين لوضوعية نصيحة الخطرة عند المريض في الوصول إلى تقييمات حقيقية للمريض، حتى وإن أعطى الأطباء اختصاصاتهم، ومستعدين للأطباء الأول خبرة في الوصول إلى الخطرة إلى الدقة.

Web Site : http://www.dar-alifita.org , com , net
Email : fatwa@dar-alifita.org
لا يوجد نص يمكن قراءته بشكل طبيعي من الصورة المقدمة. يرجى تقديم نص يمكن قراءته بشكل طبيعي.
وهذا هو الذي عليه المذاهب الأربعة المتبعة، وهو الذي عليه العمل في الأمة عبر العصور، فإن كل مرض يصيب المكلف مرضًا له في الإفطار، بل نصوا على أن من الأماض ما يدفع معه الصوم في شقاء مرضه؛ فتكون الصوم حينئذ خيرًا لهم من الإفطار.
ولما تكون رخصة الفطر في المرض الذي يزداد بالصوم شديدة أو مدة أو يسبب آلامًا أو مشقة غير عبادية، فإن يخبر الطبيب المختص، أو يجرح المريض في الصوم السابق، أو لا يستطيع المريض مع الصوم، أو يستهله بمشقة شديدة، وربما كان الإفطار في بعض الحالات واجبًا، إذا كان الضرر بالنا وفقد احتمال حصوله غالبًا، وعلى من أsolete أن يقضى ما أظهره عند القدر.
وتنزح المناط في المرض المرجح للفرط: أنه ما تشأ بسبب الصوم عليه، أو تزداد به شدة، أو تطول معه مدة، أو يناسب في ألم شديد وط可愛ه؛ أي حين يكون ترك الدواء أو الغذاء أو المال: سببًا في حصول المرض في الإبادة، أو في تأثير الشفاء، أو زيادة الدواء، أو ما يستحق تحمله من الألم والتعباء.
قال الإمام السرخسي في "الم كال" (1/348/3، ط. دار الفكر): [إذا خاف الرجل وهو صائم إن هو لم يفطر تزداد عينه وجعه أو تزداد حامًا شدة: فينيغ أن يفطر].
وقال المعالج الكاساني الحنفي في "بائع الصنائع" (2/348، ط. دار الكتب العبرية):
[الاعتبار المنصفة الإيمان والمؤخة: هي المرض، والسفر، والإحرام، والحيلة والرضاعة، والجوع والعطش، وكثير السمن، لكن بعضروا مرض، وبعضهم ميبقى مطلق لا موجب، فعند فروع زيادة ضرر دون خوف الهاك: فهو مرض، وما خوف الهاك فهو ميبقى مطلق، بل موجب، فذكر جملة ذلك فقال: أما المرض: فالممرض هو الذي يختلف أمر ازداد بالصوم، والله وقعت الإشارة في "الم كال الصغير"، فإنه قال في رجل خاف إن لم يفطر أن تزداد عينه وجعه، أو حامًا شدة: فهو، وذكر الكزهي في "الم كال"، أن المرض الذي يسبب الإفطار هو ما يختلف منه الموت، أو زيادة العلة كأنما ما كتب القدرة، والمحب المطلق بل الموجب: هو الذي يختلف فيه الهاك؛ لأن فيه إقامة النفس في الطبقة لا إقامة حق الله تعالى، وهو الوجوب، والواجب لا ينفي في هذه الحالات لأنه مباح، في كان الإفطار مباحًا بل واجبًا].
وقال الفاضل ابن العربي المالكي في "أحكام القرآن" (1/348، ط. دار إحياء التراث العربي):
[من لا يطيح الصوم مجال، فعليه الفطر واجب، ومن يقدر على الصوم بضرر ومشقة، فهذا يستحب له الفطر، ولا يصوم إلا جاهل، أو بصرف.
وقال الإمام ابن جريج الطاهري في "القوانين الفقهية" (ص: 232، ط. دار ابن حزم):
[أما المريض فله أجل].

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Email: fatawa@dar-alifta.org
الأول: لا يقدر على الصوم أو يخف الهلاك من المرض أو الضعف إن صام: فالفطر عليه واجب.
والثاني: أن يقدر على الصوم بمشقة: فالفطر له جائز، وقال ابن العربي: يستحب.
والثالث: أن يقدر بمشقة ويخف زيادة المرض: ففي وجب فطره قوله.
والرابع: أن يخف عليه ولا يخف زيادة المرض: فلا يفطر عند الجهر، خلافًا لأن سبئين) ادع.
وقال العلماء الخطب الشرعي الشافعي في "مغني الحاج" (٤/١٩، ط: طارق الكتب العلمية).
[ويبقى الفطر إذا خشي الملاك، كما صرح به الغزالي وغيره، ووجزم به الأذري] ادع.
وقال الإمام ابن قادمة الحنفي في "المغني" (٥/٣): [إن تحل المريض وصام مع هذا، فقد فعل مكرهًا، مما يتضمنه من الإضرار نفسه، وترك تخفيف الله تعالى، وقيل: وخصه، وصدق صوته ويجزئه، لأنه عزية أبيه تركه خصبة، فإذا خلقه أجازه] ادع.
وجاء الشيخ ابن تيمية الطيلبي في "مجمع الفتاوى" (٦/٤٣٩، ط: طارق الملك فهد): [لا استطاعة الشرعية المشروطة في الأمر والنهي، لم يكتف الشرع فيها مجرد المكية ولو مع الضرر، بل من كان العبد قادرًا على الفعل مع ضرره بحقه، يفعل كالمعاجز، في مواقف كثيره من الضرورة] ادع.
أما تحقيقات الأخذ بخصرة الفطر في المرض فمرحبه إلى إدراك حال المريض، ومعرفة أثر الصوم على مرضه مخصوصًا، في الواقع والمتوقع، فإن السكري من الأمراض المزمنة المختلفة وطقها شدة وضعفًا، ومعرفة أحكام صوم مرضاه متوقدة على عرفه مدى تعرضهم للضرر أو الخطورة حال صومهم.
وذلك مبني - كما قرر أهل التخصص - على عوامل الخطرة وما يصاحب المرض من أمراض وأعراض يتعرض لها المريض إذا صام، وهذا شأن الأطباء المتخصصين، شأن المريض بما يجمعه من أنفسهم وما عاشوه من عناصر الصوم في حال المرض، والمطلق ترتل في ذلك منزلة الميثة؛ لأن ما قارب الشيء أخذ حكمه.
ومن مظاهر ذلك: تقييم عوامل الخطرة التي حدها الأطباء المتخصصون، حينما أظهره الأعراض والتجارب الطبية، فإنها سهلت تحقيق مناخ الأخذ بالخصرة؛ حيث تجمعت ذلك إلى إجراءات عملية، وقياسات محددة، لدة المرض، ونوعه، ونوع العلاج، والمضاعفات الحادة من الحمض الكيتيكي وارتفاع السكر الشديد مع الجفاف، والمضاعفات المزمنة، وارتفاع السكر، وخبرة الصوم السابقة، والصحة البدنية والثانية، ومعدل السكر اليومي، ومعدل السكر النبئي، ومساعات الصيام، والعمل اليومي، ومهبة الثاني، ووجود الخطر.

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وباء على ذلك: فلمرض السكري مع الصوم أربع حالات كما أفاد المختصون:

الحالة الأولى: إذا كانت الحالة متميزة بما يكفي لارتفاع السكر إلى أكثر من 100 مم/دل، أو انخفاض الأقل من 70 مم/دل، أو وجود أعراض الانخفاض أو الارتفاع الشديدة، أو وجود أعراض حادة تسببت حدوث الحرارة أو الإسهال أو الذهب أو الإرهام العام، حسبما أفاد المختص الطبي فأنه يجب النظر حيث أن نقصة السكر واجبة بإيقاف العلاج لأن المريض يكون بذلك عرضًا للهلاك والضرر الشديد، والله تعالى يقول: «ولا تطعوا أيديكم إلى التمكين» (البقرة: 195) ومقدار الحفاظ على النفس هو أول المقداد الكلية العليا في الشريعة، وهو مقدم على ما عدا عند التعارض.

الحالة الثانية: إذا كانت الحالة متميزة، وصول معدلاتها إلى أكثر من 6 نقاط حسبما جاء في السؤال: فالأخذ ب-fixة السكر حيثد، راجع; لأن المريض يكون بذلك على حافة الخطر، ولذاً الظل كلاً بين الحين، وال定点 مثلما أتيننا، وما قريب الشيخ أخذ حكمة، وال定点 نزل منزلة الهالة.

وقد نص الفقهاء على أن تكون بضعة محدد للقلط، إذا كان نظرًا غالباً، وخطرًا معتدى عليه، في عادة التشخيصية، ودلالة الطبية، التي يعرها الأطباء المتخصصون، أو بدركها صاحبته بجرية سابقة.

الحالة الثالثة: إذا كانت الحالة متوسطة، تراوح معدلاتها بين 3 إلى 6 نقاط: فالصوم أفضل، مع جواز الأخذ ب-fixة السكر حيثد، خاصة في حال خفيف المريض، لكن بشرط مشورة الطبيب ومراعاة الواقع الصحي وخبرات المريض السابقة، وأدواته وتوضيح احتمال الخطر، وإذا أراد المريض الصوم فعله بالرضا المستمرة لمستوى السكر في الدم، والأخذ بإرشادات الطبيب.

الحالة الرابعة: إذا كانت الحالة مختفية، تراوح معدلاتها بين صفر إلى 3 نقاط: فالصوم حيثد، راجع، ولا يوجد الترخص بالإفطار، ما لم تحصل مشقة بالصوم، وما لم ينتج المريض لتناول الدواء أو الغذاء أو الماء.

والإشعار ونما أعظم

مفتى جمهورية مصر العربية

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