



THE LINK BETWEEN FASTING AND WOMEN'S HEALTH: A COMPARATIVE STUDY ANALYZING THE NUTRITIONAL STATUS OF WOMEN

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ABSTRACT

The present paper investigates the effects of fasting by activating the metabolic switch from glucose to fat to ketones. This increase in ketones increases in turn the brain energy, with improved cognition. Fasting is known for its multiple health benefits from increased weight loss to better brain functions. It also improves blood sugar control, which is beneficial in type2 diabetes. Fasting leads to lower risk of coronary heart diseases and reduces blood pressure triglycerides and cholesterol level. Fasting also helps in maintaining the hormone cortisol, which helps in reducing stress.

Fasting helps us to think better, increase our will power and helps us to focus more.

Keywords: Dextox diet, Glycogen, Ketones, Abstains

INTRODUCTION

For thousands of years, fasting is one of the oldest medical treatments. Many great healers of ancient times and many ancient healing programs have recommended it as an important form of treatment and prevention. Hippocrates, the father of Western medicine, believed that fasting enabled the body to sustain itself. Paracelsus, another great physician of Western culture, wrote 500 years ago that "fasting is the greatest remedy, the doctor within." Ayurved medicine, the oldest healing system in the world, has long promoted fasting as a major treatment.

Fasting has been used in Europe as a treatment for years. Many spas and treatment centers, especially those in Germany, Sweden, and Russia, use a fast-track diet. Fasting has gained popularity in various American medicine over the past few decades and many doctors feel it is beneficial. Fasting is a major remedy for detoxification, a treatment based on the principle that the accumulation of toxins in the body causes many diseases and conditions.

The process of fasting is simple. When food is temporarily suspended, many body systems are given a break from the hard work of digestion. More energy gives the body a chance to recover and regenerate itself, and burning stored calories releases toxins stored in the body.

Many therapists claim that fasting is a useful treatment especially for Americans and the modern lifestyle, which is controlled by heavy diets, overeating, and frequent exposure to dietary supplements and chemicals.

FAST PHYSIOLOGY

The body has a special mechanism that starts when food is not eaten. Fasting is not a hunger, but rather a burning of the body's stored energy. Hunger occurs when the body loses its ability to store energy and begins to use vital tissues as part of the energy source. Therapeutic fasting is stopped long before this happens.

Many physical changes occur in the body during fasting. During the first day or so, the body uses its own reserves of glycogen, a sugar that is a source of vital energy. After these are exhausted, the body begins to use up fat. However, the brain, which has high levels of fuel, still needs glucose (a sugar converted from glycogen). To get brain glucose, the body begins to break down muscle tissue on the second day of fasting. Thus, during fasting some muscle loss will occur. To heal the brain, the body will need to burn more than a pound of muscle a day, but the body has developed another way to make vital muscle-saving energy. This process of protein storage is called ketosis, which occurs on the third day of fasting for men and the second day for women. In this highly

efficient environment, the liver begins to convert stored fat and other non-essential tissues into chains, which can be used by the brain, muscles, and heart as energy. It is in this fasting period where feelings of hunger usually end, and many people experience normal or elevated levels of energy.

Weight loss will be followed by weight gain during the first few days of fasting, up to 2 pounds [2 kg] a day. In the following days, the number dropped to about 0.5 pounds per day.

MAKING IT QUICK

Fasting can be done for a variety of duration, depending on the individual and his or her health needs. In chronic cases, therapists recommend from two to four weeks for maximum benefits. Seven-day fasting is also commonly performed. A popular fasting and preventive health program is a three-day fast that is taken four times a year, at the change of each season. These can be easily done on long weekends. One-day preventive fasting week is used by many people as well.

People can add a few days of fasting to their normal routine without a significant drop in energy. Fasting juice is also said to have the effects of cleansing and removing toxins.

Medical supervision is recommended for any fast for three days. Most alternative therapists, such as homeopaths, naturopathic doctors, and ayurvedic doctors, can monitor and monitor patients during fasting. Those who practice extended fasting and those with health conditions may need blood, urine, and other tests during fasting.

Body Earth: Fasting

In fasting, individuals or entire communities withhold food and drink, often for a specific reason and at a certain time. Fasting differs from selling or avoiding certain foods, for it means complete abstinence from food, with only minor changes such as time restrictions or liquidity.

All mainstream religions have called for some form of fasting. Although many factors contribute to religious fasting, effective fasting reflects a person's ability to satisfy the physical needs of the spiritual needs, and it has been thought to bring instant closeness to the divine.

Diet and Fitness: Fasting

People may go without food for religious reasons, to lose weight, or to believe that they are healthy, even though there is no evidence of health benefits. Religious fasting usually involves occasional fasting (e.g. between sunrise and sunset). It is rarely a health hazard and can be spiritually and psychologically beneficial. On the other hand, prolonged and uncontrolled fasting (i.e. not eating more than 12 hours) to lose weight is often considered foolish. Although strict dietary restrictions have been used successfully in the treatment of obesity, this type of fasting should be used only under the supervision of a physician. Weight loss during fasting is due to water loss, and it is quickly restored. If fasting is prolonged, muscles, vitamins and minerals may be lost. Many fasting people claim to have a sense of improved mental awareness. This may be related to the fact that the brain changes from the use of glucose as fuel to ketones (chemicals caused by fat loss). The American College of Sports Medicine states, however, that prolonged fasting is unscientific and potentially dangerous, it may cause hair loss, dizziness; fainting, muscle cramps, and serious complications that lead to permanent damage, such as kidney failure and heart failure that can lead to heart failure.

As well as being dangerous, prolonged fasting may not work as a way to lose weight.

Eating and Healthy Eating: Fasting

If you do not eat, fasting begins 4 hours after a meal, when digestion and absorption are complete and the body breaks down fats and glycogen stores and weight loss begins. Political activists have used fasting or 'hunger' to gain attention, to justify their cause, Fasting is used to 'cleanse' our body.

Although fasting or abstinence from certain 'fat' foods may differ from strict fasting habits, those who want to lose weight may be unaware of it. This is the kind of fasting that is probably most common in modern Western culture, where, even among the faithful, religious fasting is often avoided. Many are prone to occasional weight loss for the sake of beauty (weight loss to fit the principles of beauty) without incident, but such strong weight loss regimens have also contributed to the increase in eating disorders among young women.

BENEFITS OF FASTING

1. Mental Function- Due to fasting the body contains less toxic substances that flow through the blood and lymphatic system, thus making one think better.
2. Rehabilitation healing - Fasting has a rejuvenating experience. There is also a significant redistribution of nutrients in the body.
3. Extra will- If a person chooses to fast he should have strong willpower, thus it is an energy exercise available. Medically, fasting has been found to speed up craving for nicotine, alcohol, coffee, and other drugs.
4. Fasting reduces the risk of having a stroke.
5. Fasting raises your ability to concentrate and focus.
6. Fasting "restores" your immune system to serious damage that controls inflammatory processes in the body and kills the formation of cancer cells.
7. Fasting improves blood pressure levels.
8. Fasting resets our negative emotional patterns.
9. Fasting cleanses the skin and makes the eyes white.

10. She smiles a lot, laughs a lot, and has more understanding.

FASTING EXERCISES

Fasting is not for everyone and, in some cases, can be dangerous. Anyone who fasts for more than three days should seek medical attention. Those who are in good health should always seek medical support during fasting. Too much water should be taken as soon as possible dehydration. Saunas and sweating treatments are sometimes recommended to help eliminate toxins, but they should be used sparingly. Those who fast should greatly reduce their lifestyle. Taking a break from work helps, or at least reduces work. Fast ones should also get plenty of rest. Exercise should be kept simple, such as walking and stretching a little.

SIDE EFFECTS

Those who mourn may experience side effects of fatigue, depression, aches and pains, emotional distress, acne, headaches, allergies, inflammation, vomiting, bad breath and symptoms of fever and chills. These reactions are sometimes referred to as healing problems, which are caused by temporary levels of toxins in the body as a result of dehydration and vomiting. Low levels of energy should be expected during fasting.

Factors that cause fasting are education, economic status, personality, religion, illness

The recommended aspects responsible for fasting culture, religion, separation, superstition, style, health awareness.

Medical fasting and various problems

Prolonged fasting for health reasons usually lasts a week or more and includes certain foods, such as fruits or vegetable juices, as part of a diet that eliminates toxins.

Some doctors believe that fasting can cleanse not only of toxins and cells but also to the immune system, but it can relieve diseases and conditions such as heart disease, rheumatoid arthritis, asthma, high blood pressure, type 2 diabetes, colitis, and psoriasis, lupus and other autoimmune diseases. when combined with a healthy diet. They believe that "Fasting is a Restorer of Nature."

Recent studies in mice show that daily fasting while eating twice the normal amount of fasting on non-fasting days led to improved insulin and blood sugar control, neuronal resistance to injury and health indicators higher than mice at 40 percent of calorie restricted diets. Some daily calorie restrictions may prolong life and reduce diseases associated with inflammation, oxidative stress and aging.

Ayurveda defines fasting as a talisman which is an important medical tool used in alternative therapies such as heat treatment and oil treatment.

Health problems associated with fasting women

1. Who have diabetes
2. B.P.
3. Pregnancy.
4. Aging.

In view of the above facts, (so the current study is designed to investigate the problems faced by women who mourn specific GOALS.

1. To study the socio-economic status of fasting and fasting women.
2. Study of anthropometry, clinical measurement, diet pattern and nutrition for fasting and non-fasting women.

(i) **Selection of wards / areas:** Kanpur district is selected, and samples are randomly selected.

(ii) **Selection of respondents:** The survey conducted a sample size of 250, of which 125 respondents were fasting women and 125 were housewives referred to as fasting women. Only those women who were approved for the interview were selected and ready to respond. Respondents' age ranged from 20 to 40 years.

(iii) **Preliminary testing of tools:** Prior to collecting the required data from the final selected sample of 250 fasting and non-fasting women identified other than those included in the final sample of respondents. The 125 mourning and 125 fasting women were interviewed with the help of schedules and questionnaires designed to gather information. This enabled the researcher to make the necessary changes to the tools for the final use of names and inventions.

Clinical survey

All studies were evaluated for the detection of various deficiency diseases in clinical trials. This method is based on examining changes that are believed to be related to malnutrition that can be seen as felt in the upper epithelial muscles especially the skin, eyes, hair. Clinical examinations have a history of general medical and physical examination. To determine nutritional adequacy a clinical trial was performed. Eyes tested for pale conjunctiva, bitot spot, xerophthalmia. Hair was tested for abnormalities, hair loss and color loss (whitening). Teeth are tested for common, caries or tooth decay. The skin was tested for common loss, dry shine and wrinkles.

Food pattern

Strong symbolic and cultural influences as well as emotional reasons for choosing to eat broader concepts that shape certain individual or community eating habits. The foods they eat during the day are reflected in food choices, known as food patterns.

Nutrition

Proper design a balanced diet by using variety of foods, sufficient to provide each day and nutritional need. Nutrition can be considered under two common topics.

- (i) Food that is nutritious or balanced, that keeps and promotes health and energy.
- (ii) Special diets prescribed for the treatment or prevention of the disease.

Food surveys

A formal interview system was developed and evaluated in advance before use. Data collected through respondents' personal visits. Find information on eating habits, diet, nutrition etc. For this purpose a 24-hour commemorative approach was used in the sense that respondents were advised to provide information on the consumption of different foods for adolescent girls on the day before the study day. Food memory data was not collected after the day of any event or fast. They showed their regular cups, spoons, glass and they were asked how many cups or katories they had eaten. In this context data on the number of different food items were obtained which were later converted into raw foods. It should be noted here that it is very difficult to measure the consumption of various foods very accurately because the respondents themselves did not have accurate records and the information provided by them may be considered limited.

To calculate nutrients such as energy, protein and fat using a complete list of food exchanges, the amount of food in the household ratio was converted to metric weights and nutritious foods were calculated using a table from "Nutritional Values of Indian Food" by C. Remember also compared to their recommended dietary supplements (ICMR) Each raw foods are calculated according to the formula.

$$\text{Individual intake of raw food used in food preparation} = \frac{\text{Total raw quantity of food stuff used for preparation} \times \text{Individual intake of cooked amount of that preparation}}{\text{Total cooked amount of food preparation}}$$

Data collection-The necessary evidence were collected in line with objectives of the study. All the 250 fasting and non-fasting women were inclusively approaches by the researcher. By personal contact, all the respondents were interviewed with the help of structured schedule developed for the study.

FINDINGS AND DISCUSSION

The findings of the study and relevant discussion upon in light objectives of the study have been presented in this chapter under the following sub-heads -

- I. The Socio-economic status of fasting and non-fasting women.
- II. The Anthropometry, clinical measurement, dietary pattern and nutritional intake of fasting and non-fasting women.

(A) Socio-economic status of fasting and non-fasting women

Age
Table (1) Distribution of respondents on the basis of age group

N=250

Age group (years)	Non fasting women		Fasting women	
	Frequency	Percentage	Frequency	Percentage
20-25	35	28.0	38	30.4
25-30	20	16.0	21	16.8
30-35	15	12.0	14	11.2
35-40	55	44.0	52	41.6
Total	125	100.0	125	100

Table 1 shows that in non-fasting women, 44.0 per cent women belonged to the age group of 35 to 40 years and 12.0 per cent belonged to the age group of 30-35 years. In fasting group 41.6 per cent women belonged to the age group of 35-40 and above and 11.2 per cent belonged to the age group of 30-35.

Education

Table (2) Distribution of respondents the basis of education

N=250

Education	Non fasting women		Fasting women	
	Frequency	Percentage	Frequency	Percentage
Illiterate	3	2.4	7	5.6
Up to middle school	10	8.0	8	6.4
9-10th standard	11	8.8	14	11.2
Above 10 th standard	101	80.8	96	76.8
Total	125	100	125	100

Table 2 shows that about 2.4 per cent were illiterate, 8.0 per cent were up were up to 9-10th standard and 80.8 per cent were above 10th standard in non-fasting group.

While in fasting group, 5.6 per cent were illiterate, 6.4 per cent were up to middle school, 11.2 per cent were up to 9-10th standard and 76.8 per cent were above 10th standard.

Income

Table (3) Distribution of respondents on the basis of income group

N=250

Total income (Rs.)	Non Fasting Women		Fasting Women	
	Frequency	Percentage	Frequency	Percentage
Up to Rs. 10,000	17	13.6	34	27.2
10,000 -20,000	50	40.0	51	40.8
20,000 and above	58	46.4	40	32.0
Total	125	100.0	125	100

It is seen from given table 3 that the respondents in the non-fasting group 13.6 per cent of them had income up to Rs. 10,000, 40.0 per cent between Rs.10, 000 - 20,000 and 46.4 per cent had income of Rs. 20,000 and above.

While in fasting group, 27.2 per cent had income up to Rs. 10,000, 40.8 per cent between Rs. 10,000 - 20,000 and 32.0 per cent between 20,000 and above. The calculated value of χ^2 (8.983*) was significant at 2 d.f., 5.0 per cent. Income group plays an important role in present study.

Type of family

Table (4) Distribution of respondents on the basis of type of family

N=250

Type of family	Non Fasting Women		Fasting Women	
	Frequency	Percentage	Frequency	Percentage
Nuclear	94	75.2	67	53.6
Joint	31	24.8	58	46.4
Total	125	100.0	125	100

Table 4 shows that in non-fasting group 75.2 per cent respondents belonged to nuclear family and 24.8 per cent belonged to joint family. Now-a-days joint family system disintegrates into nuclear family system. Whereas in fasting group 53.6 per cent belonged to nuclear family and 46.4 per cent belonged to joint family.

Marital Status

Table (5) Distribution of respondents according to marital status

N=250

Marital status	Non Fasting Women		Fasting Women	
	Frequency	Percentage	Frequency	Percentage
Unmarried	47	37	52	41.6
Married	78	62.4	73	58.4
Total	125	100.0	125	100

Table 5 shows that in non-fasting group 37.6 per cent were unmarried and 62.4 per cent were married. Whereas, in fasting group 41.6 per cent were unmarried and 58.4 per cent were married.

Religion

Table (6) Distribution of respondents according to religion

N=250

Religion	Non Fasting Women		Fasting Women	
	Frequency	Percentage	Frequency	Percentage
Hindu	94	75.2	93	74.4
Muslim	31	24.8	32	25.6
Total	125	100.0	125	100

The study shows that in non-fasting group 75.2 per cent were Hindus and 24.8 per cent were Muslims. While in fasting group 74.4 per cent were Hindus and 25.6 per cent were Muslims. People may go without food for religious reasons, to lose weight, or in the belief that it is good for health, although there is no evidence of health benefits. Religious fasting usually involves going without food at certain times (e.g. between sunrise and sunset). It is rarely harmful to health and may be spiritually and psychologically beneficial. On the other hand, indiscriminate prolonged or repetitive fasting (i.e. going without food for more than 12 hours) to lose weight is generally regarded as unwise. Although a severe restriction of food intake has been used successfully to treat extreme obesity, this type of fasting should be used only under medical supervision.

People also fast these days for health reasons because fasting helps in the detoxification of the body.

2. Health information of the respondent

Assessment of nutritional status of community is one of the first steps in the formulation of any public health strategy to combat malnutrition. According to Gibson, 1990 dietary, lab, anthropometric and clinical methods are used either alone or combination to assess the nutritional status of the population.

Table (7) Mean height (cm) of respondents according to age group

N=250

Age group (years)	Non fasting women		Fasting women	
	Frequency	Average height (cm)	Frequency	Average height (cm)
20-25	35	155.7	38	153.6
25-30	20	155.9	21	156.9
30-35	15	154.6	14	153.8
35-40	55	153.0	52	153.5
Total	125	154.0	125	153.9

Table 7 reveals that non-fasting women have mean height 154.0 cm, whereas; in fasting women mean height 153.9 cm. The correlation coefficient was non-significant at both case non-fasting and fasting women between to age and height. In age group 25 to 30 average mean height of non-fasting women 155.9 cm while in fasting women 156.9 cm.

Table (8) Mean weight (kg) of respondents according to age group

N=250

Age group (years)	Non fasting women		Fasting women	
	Frequency	Average weight (kg)	Frequency	Average weight (kg)
20-25	35	52.6	38	46.0
25-30	20	51.2	21	50.6
30-35	15	52.4	14	53.9
35-40	55	58.8	52	58.3
Total	125	54.8	125	52.7

Table 8 reveals that in non-fasting group the highest average weight i.e. 58.8± 10.4 kg was found in the age group of 35 and above whereas lowest weight i.e. 51.2 ± 6.0 kg in the age group of 25-30 years. While in fasting group the highest average weight i.e. 58.3 ± 10.9 kg was found in the age group of 35 and above whereas lowest weight i.e. 50.6± 8.6 in the age group of 25-30.

Clinical status of the respondents

Clinical examination was performed to assess the general health status of the subject which is presented in the following table.

Table (9) Distribution of respondents on the basis of assessment of general appearance

N=250

Criteria General appearance	Non Fasting Women		Fasting Women	
	Frequency	Percentage	Frequency	Percentage
Healthy	114	91.2	119	95.2
Unwell	08	6.4	03	02.4
ILL	03	100.0	03	02.4

Table 9 shows that in non-fasting group 91.2 per cent women were healthy, 6.4 per cent were unwell and 2.4 per cent well ill.

Table (10) Distribution of respondents on the basis of assessment of hair

N=250

Criteria Hair	Non fasting women		Fasting women	
	Frequency	Average weight (kg)	Frequency	Average weight (kg)
Normal	96	76.8	101	80.8
Lack of luster	15	12.0	11	08.8
Thinner	03	02.4	05	04.0
Dispigmentation	-	-	03	02.4
Easy pluck ability	11	08.8	05	04.0

Table 10 shows that in non-fasting group, 76.8 per cent women were having normal hair. 12.0 per cent were having lack of luster and 8.8 per cent were having easy pluck ability.

Table (11) Distribution of respondents on the basis of assessment of eyes

N=250

Criteria Eyes	Non Fasting Women		Fasting Women	
	Frequency	Percentage	Frequency	Percentage
Normal	103	82.4	100	80.0
Itching	-	-	3	2.4
Eyesight weak	22	17.6	22	17.6

Table 11 reveals that in non-fasting group, 82.4 per cent women were having normal eyes and 17.6 per cent were having problem of weak eyesight.

Table (12) Distribution of respondents on the basis of assessment of lips**N=250**

Criteria Lips	Non Fasting Women		Fasting Women	
	Frequency	Percentage	Frequency	Percentage
Normal	125	100	125	100
Fissuring at corners	-	-	-	-
Swollen	-	-	-	-

The clinical assessment of lips revealed that 100 per cent of non-fasting group and 100 per cent of fasting group were having normal lips.

Table (13) Distribution of respondents on the basis of assessment of gums**N=250**

Criteria Gums	Non Fasting Women		Fasting Women	
	Frequency	Percentage	Frequency	Percentage
Normal	117	93.6	109	87.2
Spongy	4	3.2	5	4.0
Bleeding	4	3.2	11	8.8

Table 13 shows that gums problem was seen more in fasting group. About 4.0 per cent had spongy gums, another 8.8 per cent were having bleeding gums and 87.2 per cent were having normal gums. While in non-fasting group 96.0 per cent were having normal gums, 3.2 per cent were suffering from spongy gums and 3.2 per cent were suffering from bleeding gums.

Table (14) Distribution of respondents on the basis of assessment of skin**N=250**

Criteria Skin	Non Fasting Women		Fasting Women	
	Frequency	Percentage	Frequency	Percentage
Healthy	109	87.2	107	85.6
Dryness	8	6.4	15	12.0
Flaky	8	6.4	3	2.4

Table 14 shows that in non-fasting group 87.2 per cent were having normal skin, 6.4 per cent were having dry skin and 6.4 per cent were suffering from flaky skin. While in case of fasting group 85.6 per cent were having normal skin, 12.0 per cent were having dry skin and 2.4 per cent were suffering from flaky skin.

Table (15) Distribution of respondents on the basis of assessment of nails**N=250**

Criteria Nails	Non Fasting Women		Fasting Women	
	Frequency	Percentage	Frequency	Percentage
Normal	11	97.6	108	86.4
Brittle	3	2.4	14	11.2
Ridged	-	-	3	2.4

Table 15 reveals that in non-fasting group 97.6 per cent were having normal nails and 2.4 per cent were having brittle nails. While in fasting group, 86.4 per cent were having normal nails and 11.2 per cent were having brittle nails and 2.4 per cent were having ridged nails.

Food habit**Table (16) Distribution of respondents on the basis of food pattern****N=250**

Food Pattern	Non Fasting Women		Fasting Women	
	Frequency	Percentage	Frequency	Percentage
Vegetarian	77	61.6	71	56.8
Non-vegetarian	48	38.4	54	43.2
Total	125	100.0	125	100

Table 16 shows that in non-fasting group 61.6 per cent were vegetarian and 38.4 per cent were non-vegetarian. Whereas in fasting group, 56.8 per cent were vegetarian and 43.2 per cent were non-vegetarian.

Table (17) Distribution of respondents on the basis of breakfast**N=250**

Breakfast	Non fasting women		Fasting women	
	Frequency	Average weight (kg)	Frequency	Average weight (kg)
Tea, Paratha	35	28.0	62	49.6
Tea, Bread, Butter	35	28.0	24	19.2
Tea, Samosa, Cutlets	23	18.4	11	8.8
Milk, bread, butter, omelet	16	12.8	20	16.0
Coffee, Biscuit	16	12.8	06	6.4
Total	125	100.0	125	100

Table 17 shows that in non-fasting group, 28.0 per cent women consumed tea, paratha during breakfast, 28.0 per cent consumed tea, bread, butter, 18.4 per cent tea, samosa, cutlets, 12.8 per cent consumed milk, bread, butter, omelet and butter or omelet, 8.8 per cent tea, samosa or cutlets, 6.4 per cent coffee and biscuits.

SUMMARY AND CONCLUSION

The word fasting refers to fasting voluntarily or unintentionally. A person may be fasting voluntarily because of a disorder of his eating habits, such as eating a religious diet, or for health reasons, such as weight loss or vomiting. However, there are no nutritional benefits for fasting.

During a full fast a person does not eat all food except water or other liquids. A person may also go a little fasting, when certain foods are avoided. Extended fasting lasting longer than a few days can be dangerous because fasting does not support growth and care. Fasting also promotes the formation of ketones, which can be harmful to the organs if they accumulate in the body. Ketones are acidic compounds that are produced from incomplete fat loss if they do not have enough carbohydrate, and can disrupt the body's acid-base balance.

Fasting habits may avoid certain foods or food groups; for example, a person might avoid eating meat. Complete fasting in its traditional definition is abstinence from all foods and liquids.

FINDINGS

1. 44.0 percent of women were between the ages of 35 and 40 and 12.0 percent were under the age group of 30-35 years. In the fasting group 41.6 percent of women were between the ages of 35-40 and above and 11.2 percent of those in the 30-35 age group.

2. 2.4 percent were illiterate, 8.0 percent were middle school, 8.8 percent were 9-10 level and 80.8 percent were over 10 in the illiterate group. While we were in the fasting group, 5.6 percent were illiterate, 6.4 percent were middle school, 11.2 percent were 9-10 "normal and 76.8 percent were over 10.

3. 13.6 percent of them had an income of up to Rs. 10,000 percent, 40.0 percent between Rs 10,000-20,000 and 46.4 percent had an income of Rs. 20,000 and more. While we were in the fasting group, 27.2 percent had an income of up to Rs. 10,000, 40.8% between Rs. 10,000-20,000 and 32.0 percent between 20,000 and over. The income of the group plays an important role in the current study.

4. 75.2 percent of respondents belonged to the nuclear family and 24.8 percent belonged to the joint venture. The modern family planning system is disintegrating into a nuclear family program. Although in the fasting group 53.6 percent belonged to the nuclear family and 46.4 percent belonged to the joint family.

5. 37.6 percent were single and 62.4 percent were married. Although, in the fasting group 41.6 percent were single and 58.4 percent were married.

6. 75.2 percent were Hindus and 24.8 percent were Muslim. While in the fast group 74.4 percent were Hindus and 25.6 percent were Muslims. People may go without food for religious reasons, to lose weight, or to believe that they are healthy, even though there is no evidence of health benefits. Religious fasting usually involves occasional fasting (e.g. between sunrise and sunset). It is rarely a health hazard and can be spiritually and psychologically beneficial.

7. Fasting women are 154.0 cm tall, and for women who fast mean 153.9 cm high. The correlation coefficient was not specified in both cases of women who did not fast and fast between age and height. In the 25- to 30-year-old age group the average mean height was 155.9 cm for fasting women 156.9 cm for fasting women.

8. The fast fasting group with a maximum weight of 58.8 + 10.4 kg was found in the age group of 35 years and older and the lowest weight of 51.2 6.0 kg in the 25-30 year group. While we were in the fasting group the maximum weight of 58.3 + 10.9 kg was found in the age group of 35 and older and the lowest weight of 50.6+ 8.6 kg in the 25-30 age group.

9. 64.0 percent of fasting women had a positive attitude. 88.0 percent heard well, 88.0 percent had normal Eating appetite, while 96.0 percent enjoy good taste. In this group 24.0 percent of fasting women were visually impaired. In the case of fasting 76 women. Percent were positive. 88.0 percent felt good, 88.0 percent had normal appetite, 92.0 percent had a pleasant smell and 97.6 percent had a good taste while 24.0 percent had poor eyesight.

10. A group of 91.2 percent of the mourners were healthy, 6.4 percent were unwell and 2.4 percent were seriously ill. While in fasting group. 95.2 percent were healthy. 2.4 percent were healthy and 2.4 percent were sick.

11. In non fasting group. 82.4 percent of women had normal eyesight and 17.6 percent had visual impairment. While in the fasting group 80.0 percent had normal eyesight, 24 percent had a problem with biting and 17.6 percent had poor eyesight.

12. 100 percent of the fasting group and 100 percent of the fasting group had regular lips.

13. A group of non-fasting people, 92.0 percent had normal teeth and 8.0 percent had a problem with irritability. While we were in the fasting group, 80.0 percent had normal teeth and 20.0 percent had problems with dental caries.

14. About 4.0 percent had spongy gums, another 8.8 percent had 87.2 gums and 87.2 percent had normal gums. While in the non fasting group, 96.0 percent had normal gums, 3.2 percent had spongy gums and 3.2 percent had bleeding gums.

15. 97.6 percent of the fasting population had normal nails and 2.4 percent had broken nails. When we were in the fasting group, 86.4 percent had normal nails and 11.2 percent had broken nails and 2.4 percent had ridged nails.

16. In the fast-food group, 85.6 percent were in a normal position and 14.4 percent were suffering from temporary mixed paint. While we were in the fasting group, 80.8 percent had normal posture and 19.2 percent suffered from intermittent joint pain.

SUGGESTIONS, RECOMMENDATION

1. Drink enough water between If tar and sleep to avoid dehydration.

2. Eat enough vegetables at meal time. Eat fruit at the end of a meal.

3. Avoid eating too much sugar (table sugar, sucrose) in sweets or other forms.

4. Avoid spicy foods.

5. Avoid caffeinated beverages such as coke, coffee or tea. Caffeine is a diuretic. Three to five days before Ramadan gradually reduce the consumption of these drinks. Sudden decrease in caffeine causes headaches, mood swings, and irritability.

6. Smoking is a health hazard. Avoid smoking. If you are unable to quit smoking, reduce it gradually from a few weeks before Ramadan. Smoking adversely affects the use of various vitamins, metabolites, and enzyme systems in the body.

7. Fasting is a part of pleasing God to almost all religions. Perhaps, the health benefits of fasting were known to our ancestors a few centuries ago.

8. Patients with diabetes should limit their intake of medication or insulin during a fast.

9. Fasting is good for both obese and underweight people. Commonsense on how fasting works to reduce weight. During fasting, saturated fats are used and heated and facilitates weight loss.

10. Fasting also makes the digestive system normal for people who are underweight, and it equips the body to digest and absorb nutrients from the food they eat.

11. Fasting is beneficial for the loss of addiction and bad habits such as smoking and drinking alcohol.

12. Pregnant and breastfeeding women are free from fasting and should not try to fast, as this can deplete the nutrition of both mother and baby.

13. Try not to eat too fast, avoid refined foods. Choose a healthy option, such as potatoes or peas.

14. Drink plenty of fluids throughout the night. Try to drink 2 liters of water between evening and dawn and avoid caffeinated beverages. Caffeine causes you to lose a lot of water when you urinate, because it has the ability to drain water from the body, so it becomes dehydrated, especially when the weather is hot.

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