

Short Reports

Diabetes @ the *Kumbh Mela*

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ABSTRACT

Spirituality is a globally acknowledged concept. It involves belief and obedience to an all powerful force or “God,” who controls the universe and the destiny of man. It involves the ways in which people fulfill what they hold to be the purpose of their lives, a search for the meaning of life and a sense of connectivity to the universe. Can this be better utilized for appreciation of and better management of chronic illnesses? *Mahakumbh* is a holy Hindu festival, which brings together up to 50 million devotees, every 12 years. The 2-month-long ritual of prayer and fasting occurs at the confluence of the Ganga, Yamuna, and Saraswati rivers, at Allahabad in Northern India. This mammoth festival exposes vulnerability to the diabetic devotees who visit it, while providing opportunity to manage the condition as well. This article discusses both vulnerability and opportunity related to diabetes at the *Kumbh Mela*.

Key words: Diabetes, *Kumbh*, spirituality

The largest congregation of humankind, the *Kumbh Mela*, a holy Hindu festival, brings together up to 50 million devotees, every 12 years. The 2-month-long ritual of prayer and fasting occurs at the confluence of the Ganga, Yamuna, and Saraswati rivers, at Allahabad in Northern India.

Religion and spirituality are resources that help us to cope with the stresses in life, including those of our illness.^[1]

Spirituality is a globally acknowledged concept. It involves belief and obedience to an all-powerful force or “God,” who controls the universe and the destiny of man. It involves the ways in which people fulfill what they hold to be the purpose of their lives, a search for the meaning of life and a sense of connectivity to the universe. The universality of spirituality extends across creed and culture. At the same time, spirituality is very much personal and unique to each individual. It is a sacred realm of human experience. Spirituality produces in men qualities such

as love, honesty, patience, tolerance, compassion, a sense of detachment, faith, and hope. Of late, there are some reports which suggest that some areas of the brain, mainly the nondominant one, are involved in the appreciation and fulfillment of spiritual values and experiences.^[1]

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NUTRITION @ THE KUMBH

Pilgrims attending the *Kumbh*, called *kalpvasis*, take only one meal throughout the day—a brunch, known as *kacha khana* (raw food), which is devoid of cooked cereals or grains. This makes people with diabetes prone to both hyperglycemia and hypoglycemia, and can worsen diabetes control. Community kitchen managers should be encouraged to include a mix of fast and slow absorbed carbohydrates in their meals, use fruits and nuts, and reduce the amount of cooking oil in recipes, to provide diabetes-friendly meals.

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PHYSICAL ACTIVITY @ THE KUMBH

Routine physical activity is disrupted during the *Kumbh*. The religious morning bath (*snan*) is preceded by vigorous jostling to find an appropriate place for oneself, and is followed by a whole day of relative inactivity. This, too, may impact glycemic control.

MEDITATION @ THE KUMBH

Much time is spent attending religious discourses, and mediating. This exercise in stress management may help control hitherto high glucose levels. Linking religion and diabetes care will encourage people to take better care of themselves. Scriptures can be quoted to encourage healthy behaviors.^[2]

ORAL ANTI DIABETES THERAPY @ THE KUMBH

The unique dietary patterns followed at the *Kumbh* require unique medical regimes for diabetes care. Oral antidiabetic agents with low risk of hypoglycemia, such as sustained release metformin and gliptins, are preferred. Sulfonylureas are best avoided. Repaglinide may be used, in low doses, and fixed dose combinations may be utilized to improve adherence.

INSULIN THERAPY @ THE KUMBH

Insulin treatment needs to be crafted to suit the requirements of the patient. Aggressive insulin therapy without keeping the dietary patterns in mind may cause hypoglycemia. Basal insulin or a basal plus strategy may also be utilized to manage diabetes in *kalpvasis*. Insulin analogs are preferred as this therapy combines efficacy with a lower risk of hypoglycemia.

DIABETES CARE @ THE KUMBH

Extensive arrangements for Mela care are made at the Mela site by the government. Nongovernmental organizations (NGO) also contribute to provision of health care facilities. The occasion, venue, and ambience provide a perfect opportunity to spread diabetes awareness through screening camps, public education classes, and free outdoor clinics. Such an activity is being carried out at MLN Medical College, Allahabad.

FROM VULNERABILITY TO OPPORTUNITY

Thomas Ashby Wills,^[3] Professor of Epidemiology and

population health at Albert Einstein College of Medicine, developed a scale that determines how important a religion is to people. This was administered to 1182 children in New York. It was found that religiosity kept children from smoking, drinking, and drug abuse by buffering the impact of life stresses.^[1] These factors also influence diabetes and glycemic control directly and indirectly. Pilgrims can make an active contribution to these kinds of social problems both personally and to the society where they would return enriched by this experience.

Though vulnerable to ill health, because of a combination of dietary and lifestyle factors, pilgrims at the *Kumbh Mela* can easily maintain good health if a few basic precautions are followed. Appropriate medical regimes must be adhered to.

Some religious groups are against any type of treatment. Some religious conflicts and frustrations may be contributing to the present problem. Sexual abuse by religious workers, traumatic events which turned the patient away from religious beliefs and activities, unanswered prayers, etc., are examples. There are some questionnaires that can be used to take a history of spirituality and religious experiences. Discussion with the patient on spiritual matters and religious experiences will strengthen the therapeutic relationship. It can also lead to the reversal effect of a personal growth of the therapist.^[1]

Mental health workers and psychiatrists are already exploring the partnership with the religious workers as a useful area. Leavy and King^[4] have highlighted the importance of such a partnership. They have reported that in the UK, the clergy continue to have a central role in several communities and the utility of their involvement in the care of people with mental health problems is increasing. They have discussed the importance of examining the form and parameters of partnership between the mental health team and the faith-based communities. For this partnership to be effective the mental health workers must be spiritually oriented and the religious workers must be better informed about mental health and illness.

This model can be modified to suit diabetes awareness and care among the rural population where the bulk of India resides.

The window of vulnerability can be converted to a window of opportunity by spreading diabetes awareness and promoting diabetes care-seeking behavior among devotees. Religion can be harnessed as a motivating tool in improving diabetes care practices. The *Kumbh Mela*

represents a chance to improve the health of millions of people visiting it.

REFERENCES

1. Verghese A. Spirituality and mental health. *Indian J Psychiatry* 2008;50:233-7.
2. Kalra S, Magon N, Malik S. Patient-centered care and therapeutic patient education: Vedic inspiration. *J Mid-life Health* 2012;3:59-60.
3. Wills TA, Yaeger AM, Sandy JM. Buffering Effect of Religiosity for Adolescent Substance Use. *Psychol Addict Behav* 2003;17:24-31.
4. Leavey G, King M. The devil is in the detail: Partnership between psychiatry and faith based organizations. *Br J Psychiatry* 2007;191:97-8.

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