

Ramadan and Lent fasts could have cardiovascular benefits

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Food abstinence is [all the rage](#) when it comes to health and well-being, it seems. Wherever you look, from the UK's prime minister, [Rishi Sunak](#), to Hollywood celebrities like Thor star [Chris Hemsworth](#), someone's extolling the virtues of fasting for mind and body.

According to reports, Sunak considers fasting for the first 36 hours of each week as "an important discipline," while Hemsworth attempted to "unlock his body's anti-aging powers" through an extreme four-day fast for his [2023 TV series, Limitless](#).

Intermittent fasting has also become a popular form of [weight management](#). Some plans, such as the [Daniel Fast](#) popularized by film star [Chris Pratt](#), claim to follow the diets of religious figures to offer spiritual as well as physical rewards.

But, despite the widespread coverage of [intermittent fasting](#) over the past few years, religious fasts have not shared the same level of attention. Does following a religious fast have the same or even greater health benefits than fasting purely for health and well-being?

Health benefits of fasting for Ramadan and Lent

In 2024 and 2025, Ramadan and the Christian [period of Lent overlap](#). Ramadan is a period of fasting for Muslims, while Lent is a period of abstinence for many Christians, particularly those of Orthodox denominations.

However, the nature of religious fasts varies. During Ramadan, fasting is a form of time-restricted eating—followers should avoid all food and drink between dawn and dusk. Whereas, Orthodox Christian fasting practices tend to focus on excluding [all animal products and sources of](#)

[fat](#) from the diet, rather than a full fast.

With colleagues, I explored the potential health effects of different religious and faith-based fasts. By conducting a [systematic review](#) of published data from Muslim and Orthodox Christian communities only, [our recent analysis](#) showed that both fasting approaches are associated with a reduction in cardiovascular risk—although for different reasons.

Fasting during Ramadan was associated with a significant reduction in [blood pressure](#) and body weight, whereas fasting among Orthodox Christians for Lent showed a significant association with a reduction in cholesterol.

Lower blood pressure among those fasting for Ramadan could be an effect of not eating or drinking during the day, thereby [lowering insulin](#) levels which can act on the sympathetic nervous system as well as reducing blood volume.

Orthodox Christians following a plant-based fast may [reduce fat intake and increase fiber](#) in comparison to their usual diet, which may explain the association of their Lent fast with lower cholesterol.

Perhaps unsurprisingly given that fasts tend to limit energy intake, fasting for both Ramadan and Lent were also associated with weight loss.

However, some of these benefits may be cancelled out by overconsumption of less healthy food and drink when the fast is broken. To maintain the benefits of fasting, followers should avoid eating foods high in fat, sugar and salt.

Aligning health care and religious practices

Our review suggests that [health professionals](#) could support people to use aspects of their faith, including fasting practices, to [support healthier lifestyles](#). This could include working with faith leaders such as Imams and mosque communities prior to Ramadan, to explore healthy Iftar meals to break the fast.

It might even be possible to use aspects of faith to promote [self-care](#) as part of religious practice, to improve physical health alongside spiritual growth and identity. For example, religious leaders could encourage healthy community meals outside of fasting periods to promote health and social connectivity.

Research has suggested that [people of faith](#) enjoy more positive health outcomes for a range of interventions, including weight management. This may be at least partially due to faith-linked health interventions being more [culturally appropriate and aligned](#) with patients' beliefs and ideas. For example, [research suggests](#) an association between religiosity and self-control, which can positively impact eating patterns.

Aligning health programs to the [faith identities](#) and practices of patients could [increase engagement and adherence](#). For example, in the US, research has linked religious service attendance with [greater weight loss](#).

So, Ramadan and Lent, when millions follow their religious obligations to fast, may be a good time for health professionals to work with faith groups to develop culturally inclusive approaches. This could help address the challenge of changing [health behavior](#), as people are more likely to adhere to positive habits if these align with their personal values, including their faith.

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