Brief Communication

Fasts, feasts, and festivals in diabetes: Glycemic management during Parsi rituals

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ABSTRACT

The article is one in the series of articles related to glycaemic management in festivals across all religions in India. The article discusses issues in glycaemic management among Parsi culture, which represent a small but ever important group of Indian population.

Key words: Bahman, jashan, zoroastrian

INTRODUCTION

Parsis are important members of Indian society as a group of followers in India of Iranian prophet Zoroaster a prophet of seventh century B.C. Originally, from greater Iran, they migrated to India to avoid persecution by Islam. Parsi population is mainly concentrated in Mumbai and towns to north of Mumbai along the Gujarat border. Cities such as Pune, Hyderabad, Kolkata, and Chennai also have sizable Parsi population. Parsi community makes up for < 0.02% of Indian population. Parsis are also known to marry within the community, even among very close relatives and hence consanguinity is common.

CEREMONIES AND RITUALS

The major events in Parsi life cycle are birth, initiation (Navjot), and marriage as depicted in Figure 1. Apart from these, there are seasonal festivals known as Ganhambars celebrated by community as a whole, and commemorative ceremonies called Jashans, which are either family events or special occasions such as death of a leader or end of war.

PARSI CUISINE

Normal Parsi diet is full of nonvegetarian, fried, and masala foods. Most detest spinach, fenugreek, cabbage, and other vegetables, and as such they form a minor component of the diet. Even those who eat vegetables have eggs and meat with vegetables. Rice with lentils or a curry (made with coconut and ras) make a basic Parsi lunch. Dinner would be a meat dish, often accompanied by potatoes or other vegetable curry. Kachumber (an onion-cucumber salad) accompanies most meals.

Popular Parsi dishes include chicken farcha (fried chicken), patra ni machhi (steamed fish wrapped in banana leaf), dhansak (lamb, mutton, goat, or chicken and/or vegetables in lentil and/or toor dal gravy), sali murghi (spicy chicken with fine fried matchstick potatoes), kolmi no patio (shrimp in tomato sauce), khichri (rice with rice and/or moong dal), saas ni machhi (yellow rice with pomfret fish fillets in white sauce).
jardaloo sali boti (boneless mutton in an onion, and tomato sauce with apricots, and fried matchstick potatoes), tamoto ni russ chaval (mutton cutlets with white rice and tomato sauce). Furthermore, tea and toast culture is common and most will enjoy bakery items rich in butter and high in calories.

Parsi weddings, and Navjot menu normally consists of wheat chapattis, pickles, cheese, or potato wafers, fish sas, chicken dishes, oil soaked pulav dal, lagan nu custard (milk condensed eggs and charoli), doodhi halwa, kulfi etc., Most will also have alcohol and fried snacks before meals.

**Parsi Food Rituals**

In the Zoroastrian calendar of 365 days, there is not a single day of fasting from food. The only fast that is traditionally observed is fast from eating meat throughout the month of Bahman. In zoroastrian calendar, the 2nd day of every month and 11th month of every year is dedicated to Bahman Amshapand. One is ideally expected to be only on ann, fal, and shak or grain, fruit, and vegetable during this month. Most Parsis, however, cannot live on what they call ghas phosph (grass and hay), and therefore, consider eating eggs as quite acceptable and some go on further to believe that eating fish or even fowl would be perfectly legitimate “aquatic creatures with fins and two legged fowls are not Goshpand.”

**Nonpharmacological Therapy in Management of Diabetes in Parsi Community**

Essentially, a food-loving community a good diet and exercise counseling can be of great help in management of diabetes among Parsi’s. One of the important constraints is a high prevalence of obesity among the community.

Since, nonvegetarian food predominates; proper processing of nonvegetarian food can be of help like using cooking methods like roasting or boiling, use of oven cooked recipes. Another important advice is to cut down or stop using coconut and cashew nuts in preparation of curry and sweets. Parsis are also fond of bakery products and sweet breads and cakes along with bun masala and chai are popular. These are strongly discouraged. Healthy breakfast options rich in fruits and proteins like egg recipes are encouraged. Meat and nonvegetarian stuff is in abundance and avoiding red meat and oily preparations is advised.

A practical tip is to follow a chronology while eating, having kachumber, fruits, and salad dishes first followed by protein rich, but less oily meat preparations second, and then the most calorie and oil-rich stuff works.

Diabetic management in Parsi feasts can be challenging. Alcohol consumption is very common and should be either discouraged or a strong message to have it in limitation is suggested. Parsis are rich eaters and also one of the most affluent communities. Parsis being Parsis are naturally foodies. Hence, the use of therapies like metformin, glucagon-like peptide receptor agonists and a dipeptidyl peptidase four inhibitors are preferred as they curb appetite and are either weight neutral or weight reducing. Furthermore, affordability for the continuation of such therapies is better among the community. The same medicines also address an important issue of weight among the Parsis. Alpha-glucosidase inhibitors can be used during feasts where carbohydrate content is also high in addition to routine protein rich stuff.

Parsis, at least most of them are primarily nonvegetarian and so have glycemic excursions that are less rapid than the traditional Indian high carbohydrate diet and so conventional regular insulin may work better than rapid acting analogs. Furthermore, diets can sometimes be unpredictable during feasts and so practices like teaching adjustment of insulin doses as per meal contents, as well as taking insulin immediately post meal so that the units can be decided as per quantity of meal should be encouraged. In the month of Bahaman, the diet is mainly vegetarian...
and so analog insulin may work better than conventional ones. In patients on pumps boluses like a dual wave or square wave, ones are needed based on the fat rich and nonvegetarian foods.

Diet irregularities among Parsis are common and medications causing hypoglycemia need to be used with caution and appropriate counseling about hypoglycemia care should be given.

**Modification of glucose-lowering therapy in Parsi feasts**

| Anti diabetic treatment | Modification needed |
|-------------------------|---------------------|
| OADs                    |                     |
| Metformin, SGLT-2 inhibitors, DPP-4i | Preferred. No change |
| Pioglitazone            | Avoid in overweight |
| Alpha glucosidase inhibitor, repaglinide | No change. Repaglinide may be increased proportionate to meal |
| Alpha-glucosidase inhibitors can be particularly helpful in feasts where carbohydrate content is high |
| Sulfonylurea based therapies | Short-acting ones (glipizide, gliclazide) preferred |
| Insulin Basal           | No change |
| Bolus                   | Increase according the carbohydrate and calorie content of diet |
| In pumps use dual wave or square wave types based on meal content |
| Premixed                | Strictly to be avoided if flexibility is desired |
| GLP-1RA                 | To be preferred, No dose modification |

GLP-1RA: Glucagon-like peptide-1 receptor agonists, DPP-4i: Dipeptidyl peptidase 4 inhibitors, SGLT-2: Sodium glucose cotransporter 2, OADs: Oral antidiabetic drugs

**Conclusions**

Parsi diet is rich in nonvegetarian foods. Fasts are absent, and feasts abound. Obesity is also common among Parsis. Despite these one of the most striking features of Parsis is longevity. They have one of the longest life expectancies among Indian population.

Glycemic management should mainly be centered on drugs reducing weight and appetite, as well as less likely to cause hypoglycemia. Patients on insulin need thorough education about dose adjustments of insulin.

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There are no conflicts of interest.

**References**

1. Darukhanawala H, Jeejeebhoy J. Parsi Lustre on Indian Soil. Vol. I. Bombay: G. Claridge; 1938.
2. Luhemann TM. The good Parsi: The postcolonial ‘feminization’ of a colonial elite. Man 1994;29:333‑57.
3. Parsi; 2002. Available from: http://www.en.wikipedia.org/wiki/Parsi. [Last updated on 2015 Mar 25; Last cited on 2015 Apr 08].
4. Parsi Cuisine; 2005. Available from: http://www.en.wikipedia.org/wiki/Parsi_cuisine. [Last updated on 2015 Jan 31; Last cited on 2015 Apr 08].