

## Results of Living in the Present Moment among Diabetics<sup>\*</sup>

### ผลลัพธ์การอยู่กับปัจจุบันขณะในผู้ป่วยโรคเบาหวาน

Kanchana Thearmtanachok<sup>\*\*</sup>

#### Abstract

‘Living in the present moment’, a Buddhist concept, was applied in this research to promote diabetic patients’ health. This concept urged the patients to cling neither to the past nor the future as well as to be mindful of their body, feelings, consciousness, and mental objects.

The purpose of the study was to find out the physical and mental results of ‘living in the present moment’ of diabetics. Quasi-experimental design was used. The participants were 17 patients who purposively selected and diagnosed with type II diabetes. The duration of the research was one year (August 2012 to August 2013) at Pak Thong Chai Hospital. The intervention was a developed model consisted of Camp 1, Camp 2, and Camp 3. The three camps were composed of 6 main activities and 16 sub-activities. All treatment activities were aimed for the patients’ lifestyle modifications in terms of body and mind. Physically, the treatment helped the patients to relieve their daily pain, fatigue, insomnia, and diabetes-related complications. Mentally, the treatment helped the patients to gain self-awareness and the friendship of others. Additionally, the patients were able to let go of their clinging and attachment to their physical and mental oppressions.

**Keywords:** living in the present moment, lifestyle modifications

---

<sup>\*</sup> This research article is a part of dissertation titled “Living in the Present Moment for Promoting of Diabetic Patients’ Health: A Case Study of Pak Thong Chai Hospital, Nakhon Ratchasima”.

<sup>\*\*</sup> Ph.D. Candidate in Buddhist Studies (International Program), Mahachulalongkornrajavidyalaya University; e-mail: guaysds@gmail.com Advisers: Dr. Phramaha Somboon Uttikaro and Dr. Viliporn Runkawatt.

## บทคัดย่อ

การอยู่กับปัจจุบันขณะเป็นคำสอนพระพุทธศาสนาที่นำมาประยุกต์ใช้ในงานวิจัยนี้เพื่อส่งเสริมสุขภาพผู้ป่วยเบาหวาน การอยู่กับปัจจุบันขณะเป็นคำสอนที่สอนให้ผู้ป่วยไม่หวนนึกคำนึงถึงกับอดีตและไม่ใฝ่ฝันหาอนาคต และสอนให้มีสติอยู่ในฐานกาย เวทนา จิต และธรรม

วัตถุประสงค์ของการวิจัยครั้งนี้เพื่อหาผลลัพธ์ทางกายและทางใจในการอยู่กับปัจจุบันขณะของผู้ป่วยโรคเบาหวาน การวิจัยครั้งนี้เป็นการวิจัยกึ่งทดลอง กลุ่มตัวอย่างคือ ผู้ป่วยเบาหวานจำนวน 17 ท่าน ที่เลือกแบบเจาะจง ระยะเวลาที่ใช้ในการวิจัย 1 ปี (ระหว่างเดือนสิงหาคม 2555 ถึง เดือนสิงหาคม 2556) ที่โรงพยาบาลปักธงชัย โดยมีการพัฒนารูปแบบกิจกรรมคือ ค่ายครั้งที่ 1-3 ซึ่งประกอบไปด้วย กิจกรรมหลักจำนวน 6 กิจกรรม และกิจกรรมย่อย จำนวน 16 กิจกรรม ทั้งหมดนี้เพื่อการปรับเปลี่ยนการใช้ชีวิตให้เหมาะกับกายและใจของผู้ป่วยทางด้านร่างกาย เป็นการช่วยลดอาการที่เกิดจากความเจ็บปวด เหนื่อย อ่อนเพลีย นอนไม่หลับ ตลอดจนภาวะแทรกซ้อนที่เกี่ยวข้องกับโรคเบาหวาน ส่วนทางด้านจิตใจ เพื่อก่อให้เกิดการตระหนักรู้ในตนเองและการให้ความรู้แก่ผู้ดูแลผู้ป่วยด้วยกัน จนในที่สุดผู้ป่วยสามารถคลายความอยาก ความยึดมั่นถือมั่นกับความทุกข์ทั้งทางกายและทางใจ

**คำสำคัญ:** การอยู่กับปัจจุบันขณะ การปรับเปลี่ยนการใช้ชีวิต

## Introduction

The number of people with diabetes continues to increase every year, especially in low- and middle-income countries (WHO, 2012). Unfortunately, Thailand is inevitably moving towards assuming the burden of this health problem as well. According to hospital records, the number of diabetic patients admitted to state hospitals has dramatically increased by 4.02 times within 10 years (from 1999 to 2009) (Ministry of Public Health, Bureau of Policy and Strategy, 2012).

In case of Pak Thong Chai Hospital, the statistics found out that diabetes is the second ranking diseases. The first ranking disease is cancer; the third ranking disease is hypertension. Moreover, the number of diabetic patients is increasing every year. As of October 2012, 2761 people had diabetes at Pak Thong Chai Hospital (Pak Thong Chai Hospital, 2012).

Common causes for diabetes include patients' poor eating habits, lack of aerobic exercise, anxiety, and stress. Most patients who are unable to control their mind and behavior tend to consume heavily without thinking, which is a crucial risk factor for diabetes. Additionally, once diagnosed with high blood sugar levels, they choose to increase their medicine intake instead of decreasing their sugar intake. As a result, the cycle of oppression is unbreakable, and the patients continue to assume the risk of diabetes-related complications (Ministry of Public Health, 2012).

The process was intended to encourage the patients' knowledge base, attitudes, and behaviors. Therefore, the purpose of the study was to find out the physical and mental results of 'living in the present moment' of diabetic patients, Pak Thong Chai Hospital, Nakhon Ratchasima.

## Materials and Methods

### Design and Participants

This research was a quasi-experimental design. The participants were 17 purposive sampling of Type II diabetics. The criteria used to select participants did not take into consideration their gender, education, or duration of illness. The participants' diabetes treatment included oral hypoglycaemic drugs and/or insulin therapy. Before participating in the research study, Fasting Plasma Glucose (FPG) levels higher than 130 mg/dl were found at least twice consecutively in a monthly check. The participants ranged in age from 40-70 years, agreed to attend the diabetic camps (Camps 1-3), and did not have any serious diabetes-related complications such as chronic renal failure or diabetic retinopathy. They did not require knowledge about 'living in the present moment' prior to joining the diabetic camps.

The intervention was Camp 1-3. The first camp was conducted over 3 days and 2 nights. The second and the third camps were day camps. Six main activities and sixteen sub-activities were held in the research camps. All activities are shown in Table 1.

**Table 1:** The activities of the developed model

Activities	Sub-Activities
1. Participatory Learning	1) Raising Awareness of Diabetes 2) Food Exchange 3) Fasting Plasma Glucose (FPG) monitoring
2. Total Relaxation	4) Group Total Relaxation
3. Movement Exercise	5) Sanctband Exercise 6) Yoga
4. Counseling Therapy	7) Group Counseling Therapy 8) Individual Counseling Therapy
5. Meditation	9) Bell of Mindfulness 10) Flowers Bloom
Chanting	11) Salutation to the Buddha, Dhamma, and Sangha 12) the Bhaddekaratta Sutta 13) the Sutta on extending loving kindness
Dhamma Talks	14) Life leads by the Eightfold Path
6. Walk Rally	15) Greed Awareness 16) Hatred Awareness

The developed model was checked the validity by scholars and specialists in order to solve problems, share contributions, and come up with recommendations. Scholars and specialists were:

- 1) Phra Paisal Visalo whose mission is to empower the people.
- 2) Mae Chee Sansanee Satrirasutta practices on the path of living in the present moment
- 3) Medical Doctor Ruchira Mangklasiri had direct experience in conducting diabetic camps with similar characteristic participants
- 4) Medical Doctor Sakawdien Numsangkul had experience in caring and conducting research for diabetic patients
- 5) Assist. Prof. Ratana Rujirakul had direct experience in working with the community in Nakhon Ratchasima province.

### Data Collection

In order to assess the effectiveness of the model, two categories of data were collected: 1) physical results and 2) mental results.

- 1) Physical results were gained from quantitative research.

The physical results included:

- (1) Waistline measurements
- (2) Body weight (BW)
- (3) Body Mass Index
- (4) Blood Pressure (SBP and DBP)
- (5) Fasting Plasma Glucose (FPG) levels

- 2) Mental results were gained from qualitative research by conducting in-depth interview and focus group discussion.

The mental results included:

- (1) Lifestyle modifications in terms of eating: food consumption and medicine intake, exercising, and emotion.
- (2) Accomplishment of living in the present moment in terms of their pleasant mind and coping with stress.

### Ethical considerations

This study was approved for the protection of participants by the Ethical Clearance on Human Rights by the Institutional Review Board, Maharat Nakhon Ratchasima Hospital Ethics Committee prior to its commencement. Further, permission and written consent were obtained from all participants. The certificate of approval number was: 010/2013.

## Results

After the intervention, diabetic patients were able to practice ‘living in the present moment’ by themselves. The practice is done continually while eating, exercising, and coping with emotions. Two categories of results were gathered: 1) physical results and 2) mental results.

### 1) Physical results

**Table 2:** Paired Samples Statistics of Before Camp and Camp 3

Physical Results	$\bar{X}$	S.D.	t	Sig.
<b>Waistline</b>				
Before Camp	92.60	6.40	3.601	.003*
Camp 2	89.33			
Camp 3	90.00	6.32		
<b>Body Weight</b>				
Before Camp	68.93	11.15	2.469	.027*
Camp 2	67.23			
Camp 3	66.87	9.88		
<b>BMI</b>				
Before Camp	26.59	3.81	2.320	.036*
Camp 2	25.98			
Camp 3	25.80	3.32		
<b>SBP</b>				
Before Camp	135.80	6.52	2.689	.018*
Camp 2	130.93			
Camp 3	127.20	10.83		
<b>DBP</b>				
Before Camp	82.67	11.87	.367	.719
Camp 2	79.47			
Camp 3	81.33	8.82		

\* Sig. < .05 indicates that the difference is statistically significant at the .05 level.

The results of Fasting Plasma Glucose (FPG) by using mean ( $\bar{X}$ ) is in Table 3.

**Table 3:** Fasting Plasma Glucose (FPG)

	Fasting Plasma Glucose (FPG)				
	Camp 1			Camp 2	Camp 3
	Day 1	Day 2	Day 3		
$\bar{X}$	184.82	184.53	168.17	175.17	172.52

From table 2 and table 3, it can be seen that most of the patients were able to reduce their 1) waistline measurement, 2) body weight, 3) body mass index, 4) blood pressure (SBP and DBP), and 5) Fasting Plasma Glucose (FPG) levels during the ‘Before Camp’ and ‘Camp 2’ sessions. Their figures significantly improved during this period. On the contrary, during ‘Camp 2’ to ‘Camp 3’, some of the patients’ figures were not their best value at the end of ‘Camp 3’.

Overall, there was an improvement in the physical well being of most patients. At the end of the research about 75% of all the patients were able to manage their diabetes through the adoption of a healthy lifestyle.

## 2) Mental results

Most patients made a big determined effort to modify their lifestyle. The patients provided the following commentaries about their experiences.

### 1) Lifestyle Modifications

#### - Eating (Dietary Intake)

Most patients have changed their lifestyle on eating habits. Patient N, aged 63, was the representative. She said “I eat mango less now. I used to have a whole thing, now I have only one slice of it. I realize what ‘The Buddha taught’. This camp is great. I have gained mindfulness. I have a mindful eating. It is great. I would recommend this camp to anyone. I cut back on my rice too.”

#### - Exercising

All of the 17 patients had been staying motivated to exercise regularly. Patient A, aged 69, was the representative. He said “Every morning I do a walking workout with my arms swinging”.

Another example was Patient B, aged 44. She said “I exercise regularly with my resistive exercise band. I do a 20-30 minute routine every morning. After the workout, I feel fresh and healthy. I release some sweat and feel good after the shower.”

As a result of exercising, the patients revealed that their daily pain was relieved by doing exercises. In this case Patient N, aged 61, was a representative. She said “Exercise

helps me to relief my pain. I choose the one that are safe and appropriate for the elderly such as sitting, stretching, pulling and extending arms forward and backward.”

#### - Coping with Emotion

Patients also gained an improvement on their emotion. They could deal with their life much better than before. Patient K, aged 61, said “Sometimes I have to stop thinking about my condition, what I would do if it got worse. I try to detach myself from thoughts little by little. If I don’t release it, I will think about it again within a few hours when I’m home. I can free my thoughts for a little while.”

Additionally, once the patients knew how to manage their emotion, their insomnia, fatigue, and weariness were replaced by good sleep. Diabetes related complications were also relieved.

## 2) Accomplishment of Living in the Present Moment

In addition to coping with emotions, the outcome of happiness among diabetes patients are much better than before:

#### - Pleasant Mind

As Patient G, aged 63, stated:

“I’ve gained mindfulness, lost some weight, eating less, my sugar level is going down, and my blood pressure is normal. I’m so grateful for today. I keep counting days. Honestly, I’m afraid I will forget days. I really appreciate it, thank you so much. I don’t know why I’m so curious and very pleased about this, but I can tell you I’m so grateful and be mindful.”

Once the patients are happy and cherished, they are also a great source of inspirations to others as well, especially their love ones and families, including spouse, children, and relatives. Patient Q, aged 47, stated:

“I also gave an advice to my sister who has diabetes and does not a have a chance to join the camp. Once she followed my advice, her sugar level went down and lost some weight. We only discuss about this lifestyle change within the family.”

#### - Coping with Stress

The diabetic patients learn how to manage their stress by practicing ‘living in the present moment’. The more they are in the present moment, the more they can manage their stress. Patient H, aged 62, revealed “I’m stressed out over everything, my children, my husband, my family’s financial status, and myself. I’m at risk with many diseases. I’m diagnosed with both cancer and diabetes. So I try to take care of myself. I eat more veggies, do more exercise, and try to cope with my emotions by observing five precepts. It’s not too difficult.”

In conclusion, there were two factors that helped the patients to cope with their diabetes. The first was the internal factor, ‘Yonisomanasikara’. The patients gained proper consideration, self-awareness, and self-realization, and learned right understanding and right mindfulness from the camp activities. The second was the external factor, ‘Kalayanamitta’. The patients received great support from their friends. These friends helped the patients to improve themselves in a variety of ways.

### Discussion

‘Living in the present moment’ has proven the patients’ physical and mental well beings. This concept correlates with the Buddha’s teachings, “the mind is the forerunner” (Nyanaponika Thera and Bodhi Bhikkhu, trans., 2010: 7). That is, mind is the most dominant factor and when people’s minds are intended, accepted, and inspired they will be prepared to carry out whatever actions are required. They had a chance to take a break from their burden pressure and hardship. Moreover, the patients were able to discover their own feelings, more open minded, and got rested during the research camps. They had a chance to see things as they really are: impermanence, oppression, and non-self (Intasan, 2010: 20).

The atmosphere at the research camp helped to enrich the patients’ mind and body. The patients were at ease with ‘living in the present moment’. Their minds became calm, cool, relaxed, sharp, and fresh. Being present can dramatically reduce stress and increase happiness. (Sinakrittaya, 2010: abstract). Additionally, their physical well-being improved. The patients were wiser in their food choices and were willing to exercise. (Ministry of Public Health of Thailand, 2013: 23-24). As a result, they were able to cope with their diabetes.

According to neuroscience, this can be explained in terms of body and mind connection. This connection affects to the brain and the neuron system. Normally, human beings receive message from the external world into the brain system emotionally rather than intellectually. Therefore, we tend to think negatively, influenced, shaped, and painted in accordance with our past history. The positive thinking can be created by practicing continuously until brain created new ‘synaptic change’. This made us to receive message from the external world intellectually. Then, right thinking occurs. (Hayward and Varela, 1992: 182-186). This practicing is the practice of ‘living in the present moment’.

The role of the research team was only to be the facilitator or ‘Friends on the Dhamma Path’. Within this role we encouraged the patients to contemplate their body, feelings, consciousness, and mental objects as well as to cling neither to the past nor the future. The practice helped the patients to be more mindful. (Nhat Hanh, 2002: 24-25)

As they watered the positive seed of self-awareness, they were being kind to their body and mind. The diabetic patients were determined to monitor their dietary intake, exercise routines, and coping with emotion. Once negative thoughts occurred, the patients were able to acknowledge them and, with wisdom, transform them. This is the power of being ‘living in the present moment’. (Phra Brahmaganabhorn (P.A. Payutto), 2007: 702-703; Dalai Lama and Chan, 2005: 63). Then, this leads to the positively physical and mental results of ‘living in the present moment’ among diabetic patients’ health.

## Conclusion

The results gained from the developed model as a tool to improve diabetics’ health was demonstrated in this research. The ‘living in the present moment’ concept as well as Buddhist and Western lifestyle modifications were applied to all activities. The practice helped to improve the quality of life of the diabetics, and helped them to both maintain their physical, mental, social, and spiritual well-being, and to have a positive attitude for any situation that confronted them. This is one of the direct way for solving the problems and needs of the people (Sangon, 2009: 57).

As a result of this research, hospitals and health care services should consider adding the ‘living in the present moment’ concept to their patient care program as a long-term strategic plan.

## References

- Dalai Lama, H. H. and Chan, V. (2005). **The wisdom of forgiveness: Intimate journeys and conversations**. London: Hodder and Stoughton Ltd.
- Hayward, J.W. and Varela, F.J. (1992). **Gentle bridges: conversations with the Dalai Lama on the sciences of mind**. Massachusetts: Shambhala Publications, Inc.
- Intasan, B. (2010). “The impermanence.” **Veridian E-Journal, Silpakorn University** 3, 1 (July): 20.
- Ministry of Public Health. (2012). Accessed July 12. Available from <http://203.157.10.11/screen/sphp/exam project.php>. (Thai Language).
- Ministry of Public Health, Bureau of Policy and Strategy. (2012). Accessed July 12. Available from <http://bps.ops.moph.go.th/index.php?mod=bps&doc=5>. (Thai Language).
- Ministry of Public Health of Thailand. (2013). **Good health starts here**. Bangkok: Thailand’s National Office of Buddhism Press. (Thai Language).
- Nhat Hanh, T. (2002). **Friends on the path: Living spiritual communities**. California: Parallax Press.

- Nyanaponika Thera and Bhikkhu Bodhi, trans. (2010). **Anguttara nikaya: Discourses of the Buddha an anthology part I**. Kandy: Buddhist Publication Society.
- Pak Thong Chai Hospital. (2012). “Report of the statistic information.” August 7. (Thai Language).
- Phra Brahmaganabhorn (P.A. Payutto). (2007). **Buddhadhamma: Extension edition**. 11st ed. Bangkok: Sahadhammic Co. Ltd. (Thai Language).
- Sangon, S. (2009). “Problems and needs of the people in the provision of public health and environmental services of Muang Phrapradaeng Municipality, Samutprakan province.” **Veridian E-Journal, Silpakorn University** 1, 1 (September): 57.
- Sinakrittaya, B. (2010). “The Study of the application of the paradigm and the process of health-establishment in accordance with Buddhism.” Master Thesis, Graduate School, Mahachulalongkornrajavidyalaya University.
- World Health Organization (WHO). (2012). **Diabetes program**. Accessed July 12. Available from: [www.who.int/diabetes/en/](http://www.who.int/diabetes/en/).