

DIABETES DIET PLAN

ENGLISH GUIDE
FREE PDF

A practical Indian meal-planning guide with
Andhra-style options

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Patient education

How to use this guide

This guide provides example meal choices and everyday habits that can help you discuss a realistic food plan with your doctor or registered dietitian. There is no single diabetes diet that works for everyone. Food portions and meal timing should fit your glucose readings, medication, activity, budget, preferences and other health conditions.

SAMPLE ENERGY	SAMPLE PROTEIN	SAMPLE CARBS	SAMPLE FAT	SAMPLE FIBER
1200 kcal	60 g	150 g	40 g	17 g

Important: These figures are copied as example values from the supplied meal-plan source. A 1,200-kcal diet, 60 g protein, or any fixed carbohydrate target is not automatically appropriate for every person. Ask your healthcare team to set individual targets.

The plate method: a simple starting point

1/2 plate Non-starchy vegetables	1/4 plate Protein foods	1/4 plate Carbohydrate foods
Leafy greens, beans, gourds, cabbage, cucumber, okra, cauliflower	Eggs, fish, skinless chicken, dal, beans, curd or paneer in suitable portions	Rice, chapati, millets, whole grains or other starchy foods in measured portions

Plate proportions are a flexible visual guide, not a prescription. A clinician may adjust them for kidney disease, pregnancy, low blood glucose risk or other needs.

Sample daily meal plan

This example uses common Indian foods. Choose one option within a meal rather than eating every item listed. Portion sizes should be adjusted to your own meal plan and glucose response.

TIME	MEAL	SAMPLE OPTIONS	PRACTICAL NOTES
Early morning around 7:00 AM	Water or unsweetened drink	Water; plain tea; or an unsweetened herbal/spice infusion if you enjoy it.	Jeera, fenugreek or cinnamon water is not a replacement for diabetes medication and is not a proven cure.
Breakfast 7:30-9:30 AM	Choose one	• Pesarattu with vegetable chutney • Small idlis with sambar and a small serving of boiled Bengal gram • Vegetable atukulu (poha) upma with an egg if suitable • Unsweetened ragi preparation plus sundal	Prefer a protein source and vegetables where practical. Avoid adding sugar to tea, coffee or malt.
Lunch 12:30-2:30 PM	Balanced plate	• Non-starchy vegetable curry or salad • A measured serving of rice OR chapati • Dal, sambar, chickpeas, cowpeas or paneer; alternatively fish, egg or skinless chicken • Plain curd or buttermilk if suitable	Choose boiled, steamed, grilled or lightly cooked foods more often. Watch the portion of rice, roti and other starches.
Snack 4:30-5:30 PM	If hungry / advised	• One small whole fruit, such as apple, guava, orange or pear; OR a modest bowl of papaya or melon • Pair with a small serving of roasted gram, sundal, unsweetened curd, nuts or a boiled egg	Fruit juice can raise glucose quickly. A whole fruit is usually the better choice. Snacks depend on medicine, activity and hunger.
Dinner around 7:00-8:30 PM	Balanced plate	Use the same plate pattern as lunch: vegetables, measured rice or chapati, and a suitable protein food.	Keep meal timing consistent with your treatment plan. Do not skip meals if your medicine makes low blood glucose more likely.

Vegetarian swaps

Use dal, sambar, chickpeas, green gram, cowpeas, beans, tofu, paneer or unsweetened curd as suitable protein choices. Pulses and dairy can contain carbohydrates, so portions still matter. If you have kidney disease, ask your clinician whether you need limits on protein, potassium, phosphorus, salt or fluids.

Foods to choose more often

FOOD GROUP	EXAMPLES	HOW TO USE THEM
Non-starchy vegetables	Leafy greens, okra, gourds, beans, cabbage, cucumber, brinjal, cauliflower	Include generously when available; cook with modest amounts of oil and salt.
Protein foods	Dal, beans, chickpeas, eggs, fish, skinless chicken, tofu, paneer, plain curd	Include an appropriate source with meals. Needs vary with kidney function and other conditions.
Carbohydrates	Rice, chapati, millets, oats, whole grains, fruit and pulses	Do not assume “brown”, “millet” or “whole grain” means unlimited. Keep portions consistent and monitor glucose as advised.
Drinks	Water, unsweetened tea or coffee, plain buttermilk if suitable	Choose unsweetened drinks most often. Follow fluid restrictions if prescribed.
Fats	Nuts, seeds and small amounts of unsaturated cooking oils	Measure oils rather than pouring freely. Limit frequent deep-fried foods.

Foods and habits to limit

- Sugary drinks: soft drinks, sweetened tea/coffee, energy drinks, sweetened juices and other sugary beverages.
- Added sugars and sweets: sweets, cakes, pastries, biscuits and desserts. Honey, jaggery and brown sugar can also raise blood glucose.
- Large starch portions: oversized servings of rice, chapati, poori or paratha, especially when several carbohydrate foods are combined in one meal.
- Frequent deep-fried and ultra-processed foods: fried snacks, fast food, salty packaged foods and processed meats.
- Alcohol: ask your clinician whether alcohol is safe with your condition and medicines; it can contribute to low blood glucose in some people and may be unsuitable for certain health problems.

A balanced approach is usually more sustainable than a list of absolute food bans. Match portions and meal timing to your treatment plan.

Everyday habits that support diabetes care

HABIT	PRACTICAL ACTION
Keep a meal routine	Try to follow meal timing that fits your medication and daily activities. Do not skip or delay meals without advice if your treatment can cause hypoglycaemia.
Watch portions	Measure rice, chapati and snack portions consistently. Add vegetables and a suitable protein source.
Move regularly	If safe for you, build regular physical activity into your week. Ask your care team how exercise may affect glucose, particularly if you use insulin or medicines that can cause low glucose.
Track glucose as advised	Record readings alongside meals, activity and medication when recommended. Use the pattern to discuss adjustments with your care team.
Sleep and stress	Aim for regular sleep and use realistic stress-management strategies. These habits complement, but do not replace, medical care.

Medical safety notes

Medication: Do not stop, skip or change diabetes medicines because of this diet plan. Meal timing and carbohydrate intake can affect the risk of low blood glucose for some medicines.

Kidney disease, pregnancy, older age and children: These groups may need a more specific nutrition plan. Ask a qualified clinician or dietitian to personalize food choices and portions.

Urgent symptoms: Severe confusion, seizure, fainting, or a person who is unconscious requires emergency medical help. Follow the individual emergency plan given by their care team.

About this PDF: This educational sample is based in part on the supplied Andhra non-vegetarian meal-plan chart. It has been translated and edited into English, and safety statements have been clarified. It is not a prescription or a promise of weight loss or glucose reduction.

Trusted further reading

- American Diabetes Association - Meal Planning: <https://diabetes.org/food-nutrition/meal-planning>
- NIDDK - Healthy Living with Diabetes:
<https://www.niddk.nih.gov/health-information/diabetes/overview/healthy-living-with-diabetes>
- ICMR-National Institute of Nutrition - Dietary Guidelines for Indians 2024:
https://www.nin.res.in/dietaryguidelines/pdfjs/locale/DGI_2024.pdf

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Patient education | This guide does not replace an appointment with your doctor or a registered dietitian.