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Eating Smart Intended for Diabetes Management: An Updated Review

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Abstract
Globally, 425 million people are affected by diabetes, making India the country with the second-highest number of T2DM sufferers. The current increasing trend of the epidemic is a consequence of an unhealthy and sedentary lifestyle, particularly in lower- and middle-income countries. Diabetes Nutrition Therapy (DNT) and Women's Lifestyle Interventions (WLIs) are significant aspects of diabetes. Diabetic medical nutrition therapy (MNT) and diabetes medications should be evaluated and reviewed at medical visits. The American Diabetes Association and the Academy of Nutrition and Dietetics are revising the nutrition therapy recommendations for adults with diabetes; it's estimated that the global population with the disease will reach 693 million by 2045.Lifestyle modifications include Diabetes Nutrition Therapy (DNT) and consist of physical activity, diet (small weight loss), and an important component of diabetes care for the management of diabetes complications. India has been the second largest population of type 2 diabetes mellitus (T2DM) in the world with more than 72 million people in 2017.Diabetes Nutrition Therapy (DNT) is essential for better metabolic and glycemic control, and is a key component in the management of T2DM complications. There are multidisciplinary collaborative groups such as Indian Council of Medical Research, Research Society for the Study of Diabetes in India that fosters comprehensive lifestyle changes, which include MNT. The Academy of Nutrition and Dietetics and the American Diabetes Association are revising recommendations for nutrition therapy for adults with diabetes, particularly in India which has the second-largest number of T2DM patients. MNT is crucial for diabetes management and management of complications and a Mediterranean diet can reduce the risk of cardiovascular disease (CVD) in at-risk individuals.

Keywords: Medical Research, Mediterranean, Diabetes, Metabolism, Nutrition, Physical

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Activity

1 Introduction

The current guidelines for nutrition therapy in adults with diabetes should now include the most recent published findings to help support and promote the importance of nutrition therapy in diabetes management. The purpose of nutrition therapy for diabetes is to implement strategies to improve dietary habits and to achieve blood pressure, cholesterol and glucose goals (Franz, 2016). Evidence is now beginning to inform guidelines for medical practice (including nutrition therapy). The American Diabetes Association (ADA) has done the same for their nutrition therapy recommendations for adults with diabetes in 2013 and the Academy of Nutrition and Dietetics is updating their evidence-based nutrition practice guidelines for type I and type II diabetes in 2010 (Franz, 2016). In 2017, 425 million people around the world have diabetes and by 2045, this number will be 693 million (Cho et al., 2018). India had the second-largest number of people with type 2 diabetes mellitus (T2DM) in 2015 and more than 72 million people had the disease in 2017. It is believed that the development of modern lifestyle (due to poor dietary habits as well as lack of exercise) is the primary cause of T2DM, which is rapidly growing in LMICs, in parallel with urbanization. This has been corroborated by a number of epidemiological studies carried out in the region that have shown that there are more T2DM cases in urban India as compared to rural India (Viswanathan et al., 2019). A recent study conducted by the Indian Council for Medical Research-India Diabetes (ICMR-INDIAB) funded study reported 7.3% of the Indian population has type II diabetes (95% CI 7.0-7.5).Along with the rising burden of diabetes, westernized diet rich in refined carbohydrates, added sugars and fat have taken over Indian traditional food and cooking habits that are based on lentils, whole and coarse cereals, fruits and vegetables (Bhattacharya, 2015). In addition, western foods are readily available due to the increasing number of supermarkets and fast-food restaurants. Over-consumption of sugar and sugar candy (jiggery) loaded sweet confectionery is an important component of Indian diet, culture and religion. This has resulted in increased occurrence of metabolic disorders in Indians (Viswanathan et al., 2019). Type II diabetes mellitus (T2DM) is a complex disease with multiple genetic and/or environmental or lifestyle factors contributing to the disease (Kaul & Ali, 2016). As far as genetic factors are concerned, the occurrence of two or more alternative forms of a genetic sequence (polymorphism) has been reported for more than 400 polymorphisms for type II diabetes. In fact, genome-wide association studies (GWES) identified to date polymorphisms that are related to dietary response and insulin secretion and insulin sensitivity in target tissues, which could play a role in the 18% risk of diabetes. Dietary therapy is an essential component of the management of diabetes and diabetes self-management. But there are many myths on dietary treatment of diabetes (Viswanathan et al., 2019). Recommendations for dietary advice have been and continue to be given without evidence regarding diabetes. It's important to note that this position statement is now available with evidence-based recommendations and suggestions for medical dietary therapy in diabetes (Alawadi et al., 2020). The intent of this Consensus Report is to provide recommendations for clinical practice to individualize nutrition therapy for diabetes in adults with pre-diabetes or diabetes. It's critical for all members of the health-care team to be aware and advocate for the benefits of nutrition therapy and the nutrition messages given this strong evidence nutrition therapy is effective and cost-effective as part of quality care for people with diabetes, including the inclusion of nutrition therapy as part of the medical care of people with diabetes (Evert et al., 2019). Nutrition counseling should be offered to all adults with diabetes and pre-diabetes to improve or maintain glycemic control, reach weight goals and other cardiovascular disease risk factors (e.g. blood pressure, cholesterol, etc.) as part of the treatment plan (Evert et al., 2019). A "one size fits all" diet might be more convenient for communicating nutrition information, but it is difficult to prevent or manage diabetes with and cannot be implemented in the context of the many different people with diabetes and pre-diabetes, their preferences, cultural,

co-existing conditions (comorbidities) and socioeconomic factors. Research findings point to a myriad of food and eating behaviors that could enhance quality of life and support health objectives (Evert et al., 2019). Medical nutrition therapy (MNT) is an important part of diabetes management according to the American Diabetes Association (ADA). Medical practitioners need to regularly re-evaluate the need for MNT with diabetes patients over their life course, particularly during health or life transitions (Powers et al., 2015). This review has considered the studies that included individuals with pre-diabetes, type I diabetes and/or type II diabetes (unless otherwise specified).This review has not focused on MNT for women with gestational diabetes or young and children with diabetes; see other ADA documents, such as Standards of Medical Care in Diabetes (Evert et al., 2019) for more details.

The Effectiveness of the Diabetes Nutrition Therapy: Numerous studies have demonstrated diabetes nutrition therapy's effectiveness on dietary intake, glycemic index and other metabolic measures (across the spectrum of diabetes). Other clinical trials that show the benefit of nutrition therapy to slow or prevent the development of type II diabetes are also important. Lifestyle modification includes a diet plan to promote increased physical activity (equivalent to 30 minutes' brisk walking) and weight loss (5-7% body weight) (Franz, 2016).

Macronutrients and Eating Habits: The amount of carbohydrate consumed by the majority of adults and children with type I and type II diabetes in the US is moderate (46-48% of energy intake) with 35-40% of energy from fat and the remainder from protein. The ADA interpretation of the results is that there is no one balances of fat, protein and carbohydrates to fit all; the distribution of macronutrients should be based on individual's preference and nutritional needs (Alsheikh et al., 2023).

The Impact of WLIs on Diabetes: Being overweight and obese is a significant health risk in type II diabetics and in those at risk of diabetes and weight loss is generally recommended for the improvement in the glycemic index. Modest weight loss and exercise have been shown to prevent type II diabetes in those with pre-diabetes. Lifestyle interventions to prevent diabetes have had a sustained effect of 15 years in the patients adhering to the lifestyle changes (Diabetes Prevention Program Research Group, 2015).

Medical Nutrition Therapy in India: MNT has been recommended by international diabetes management groups to reverse the trend of the negative nutritional transition. There is a long history of health and medicine in India with dietary principles and dietary therapies for type II diabetes. But these concepts have become blurred due to the various studies and guideline recommendations for different geographical and population needs; lack of awareness among health professionals and absence of trained nutritionists for MNT in the treatment of T2DM (Viswanathan et al., 2019).

Working Group Recommendations: Working groups in India, such as the Research Society for the Study of Diabetes in India (RSSDI) and Indian Council of Medical Research (ICMR) have used the principles of nutrition to develop a set of recommendations for the management of diabetes. RSSDI recommends a balanced approach to lifestyle modification including MNT to get the best possible Glycemic index (GI) and Lipemic index (LI) and well-being of the person (Viswanathan et al., 2019).

Nutrition Therapy in Pre-Diabetes: Nutrition therapy in Diabetes Pre-diabetes or early diabetes is suggested by the impaired fasting glucose (FPG; 110-125 mg/dl) or glycosylated hemoglobin (HbA1c; 5.7-6.4%) and by 2-h plasma glucose in the 75-g oral glucose tolerance test (OGTT; 140-199 mg/dl).The age-standardized prevalence of IGT is higher (14%) in Asian Indians compared to Westerners and they are at higher risk of developing type II diabetes, despite having a lower body mass index (BMI) (Hills et al., 2018).

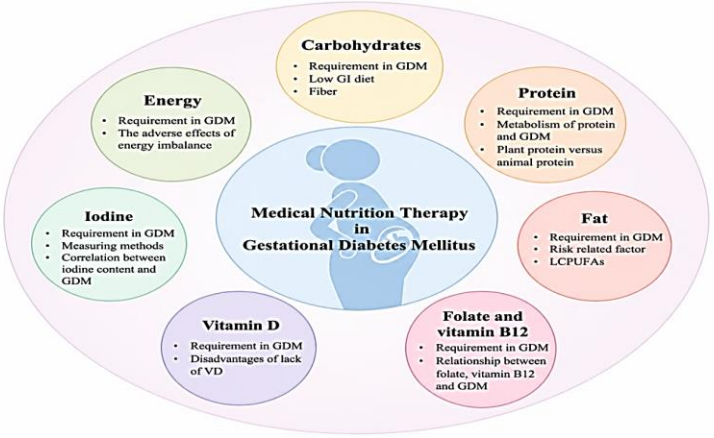


Figure: 1 Medical nutrition therapy in gestational diabetes mellitus treatment. GI, glycemic index; LCPUFAs, long-chain polyunsaturated fatty acids; GDM, gestational diabetes mellitus

Medical Nutrition Therapy (MNT) for T2DM: The World Health Organization's (WHO) guidelines and the RSSDI diagnosis guidelines are used to diagnosis diabetes by the presence of symptoms and signs of diabetes, a fasting plasma glucose (FPG) 126 mg/dl or random blood glucose 200 mg/dl (or HbA1c 6.5%).The researchers of the Look Ahead study were interested in the effect of an effective lifestyle intervention program on blood glucose control and cardiovascular complications (Type II).The diet was formulated to reduce fat intake to less than 30% of total energy intake, and minimize the consumption of high GI food such as sugars, flavored drinks and high energy snack foods (Pi-Sunyer, 2014).

Medical Nutrition Therapy for the Management of T2DM complications: The aim of care should not only be to normalize blood glucose levels as the micro and macro vascular complications of diabetes are the commonest cause of complications and death. Poor nutrition knowledge was significantly associated with the presence of diabetes, diabetic foot and coronary artery disease in this group of women with diabetes (odds ratio 3.86 (95% CI 0.99-14.98), p = 0.051; odds ratio 2.23 (95% CI 1.13-4.40), p = 0.021, respectively; Korkut et al., 2016). Despite the fact that many studies are being conducted on MNT, pioneering studies like the Diabetes Control and Complications Trial (DCCT) and the UK Prospective Diabetes Study (UKPDS) have shown evidence of its effectiveness in reducing micro and macro vascular complications of diabetes. The role of nutrition in limb saving (Gau et al., 2016) has been demonstrated in patients with limb threatening diabetic foot ulcers.

Cardiovascular Complications: Plant oils are a rich source of polyunsaturated fats (omega-6 and omega-3) which have been found to be inversely associated with cardiovascular disease and type II diabetes. The PREDIMED study showed a conventional Mediterranean diet (fish, monounsaturated fats from olive oil, fruits, vegetables, wholegrain, legumes/nuts and moderate alcohol) reduced the risk of cardiovascular disease in a high-risk population, by substituting saturated fats with PUFA (Franz, 2016).

2 Renal Insufficiency

The RSSDI suggests people with diabetes and chronic kidney disease (CKD) who have proteinuria should eat less than 1 g/kg of protein per day. In many studies, it has been proven that reducing protein and phosphorus levels in those with poor kidney function helps them to do better. The best current evidence would be for patients with reduced renal function, it is recommended they consume 0.6-0.8 g/kg body weight of protein per day, 25-50% of which is high physiologic

value protein (Viswanathan et al., 2019).

Diabetes And Obesity

This is one of the prime reasons for the morbidity and mortality due to type II in India and other South Asian Nations with the rising obesity. Obesity, central obesity, intra-abdominal visceral fat and ectopic fat stores are the risk factors for developing metabolic complications in South Asians. Beyond this, South Asians have been found to be intolerant of high energy diets and have been shown to lack the ability to tolerate high glucose levels of diabetes as compared to the Caucasians (Hills et al., 2018), and those who have diabetes and tuberculosis (TB) are another special population that would require medical nutrition therapy in India. A bi-directional link of diabetes and tuberculosis is suggested as diabetes is associated with a change of innate and adaptive immunity, and endocrine related metabolic stress response. Increasing literature suggests the double burden to be more common in India 10% - 44% (Viswanathan et al., 2017).

3 Summary

The American Diabetes Association (ADA) and Academy of Nutrition and Dietetics is in the process of updating their nutrition guidelines for people with diabetes. Around the world, 425 million people suffer from diabetes and by 2045; 693 million people will be affected by the disease. India ranks second in the world in the number of people with type 2 diabetes mellitus (T2DM) with over 72 million people suffering from T2DM in 2017.The epidemic and increasing number of people with T2DM in urban areas have been driven by lack of physical activity and unhealthy western lifestyles. Aetiology of T2DM is multifactorial; has genetic and environmental factors. More than 400 polymorphisms have been identified to be associated with type II diabetes and genome-wide association studies (GWES) have been conducted to identify polymorphisms related to insulin secretion and target tissue insulin sensitivity. While medical nutrition therapy (MMT) is an essential part of diabetes management and diabetes self-management education, there are many myths associated with nutrition and diabetes. Health care team should make evidence-based nutrition recommendations and tips for medical nutrition therapy (MNT) to adults with pre-diabetes and diabetes. Although it may be simpler for health-care professionals to convey a "one size fits all" diet, this is not practical in the diverse world of diabetes and pre-diabetes, culture, individual preferences and tastes, other health conditions and socioeconomic status. Medical nutrition therapy (MNT) is an essential part of treating diabetes and health care professionals should regularly discuss the need for MNT with their patients throughout their lives. Diabetes Nutrition Therapy (DNT) is an established approach to achieve optimal metabolic control (including blood glucose) in patients with type 1 and type II diabetes. It includes behavioral interventions including exercise and weight loss. Most adults and children with diabetes in the US have a moderate carbohydrate diet, with 35-40% of the energy coming from fat, and the remainder from protein. There are no "ideal" ratios of fat, protein and carbs and the proportions of macronutrients should be varied according to individual needs and preferences. WLIs are essential in prevention and management of diabetes as overweight and obesity are common complications in those with type II diabetes, and in those who are at high risk of type II diabetes. Obesity and physical inactivity are the two factors that can be modified to prevent the onset of pre-diabetes to type II diabetes. Groups and international organizations that have worked together in India have suggested the use of MNT as a tool to reverse the negative nutritional shift. Collaborative groups, like Research Society for the Study of Diabetes in India (RSSDI) and Indian Council of Medical Research (ICMR) recommend comprehensive lifestyle intervention including MNT for attaining the desirable level of glycemic index, lipemic index and health status of the individual. MNT is also crucial in addressing the challenges of T2DM, with micro vascular complication and macro vascular complication being the major challenges that can lead to morbidities and mortalities in T2DM. There is a positive correlation between lack of nutrition

knowledge and diabetic foot, and coronary artery disease. MNT is as effective as drug therapy and lifelong in high-risk groups, and leads to healthy lifestyle. MNT and medication for diabetes needs to be assessed and changed. Medical Nutrition Therapy (MNT) needs to be implemented to lower the likelihood of micro and macro vascular complications of type II diabetes as they are a major cause of morbidity and mortality. There is a direct relationship between diabetes patients lacking nutrition knowledge and developing diabetic foot disease and coronary artery disease (CAD) in female patients with diabetes. In high-risk population, the Mediterranean diet is effective in preventing cardiovascular disease. Chronic renal disease (CRD) patients with diabetes should have protein < 1 g/kg/day. Obesity plays a significant role in morbidity and mortality in South Asian countries such as India with type II diabetes.

4 Conclusion

By 2045, there will be 693 million people with diabetes worldwide and the American Diabetes Association and the Academy of Nutrition and Dietetics will soon have new guidelines for nutrition therapy for adults with diabetes. India is the 2nd largest country (2017) affected with type 2 diabetes mellitus (more than 72 million people). Nutritional therapy is an integral component of the medical treatment and training of diabetics, but there is no one diet that suits all. Diabetes Nutrition Therapy (DNT) is a technique that helps to achieve metabolic and/or blood glucose control in type 1 and type II diabetes. This can include an adjustment in lifestyle, including exercise and weight loss. Women's Lifestyle Initiatives (WLIs) play an important role in diabetes as physical activity and slight weight losses can prevent or delay the onset of type II diabetes MNT is involved in diabetic foot disease; poor nutrition awareness is the major cause of coronary artery disease (CAD) and India is the second largest country with maximum number of patients of type II diabetes mellitus (T2DM). T2DM is a complicated disease with both genetic and environmental causes. Medical nutrition therapy (MNT) plays an important role in diabetes management, and needs to be tailored to individual preferences and nutritional needs. In India, international collaborative groups, such as the Research Society for the Study of Diabetes in India (RSSDI) and Indian Council of Medical Research (ICMR) advise a multi-dimensional lifestyle approach, including MNT, for optimal glycemic and lipemic index and good health. MNT also helps in the management of complications of T2DM as majority of the complications and death are due to micro and macro vascular complications. Consumption of a Mediterranean diet prevents cardiovascular disease in high-risk individuals and less than 1 g/kg of protein per day is recommended for those with diabetes and chronic kidney disease.

Author Contributions

Samina Kauser, Mehak Fatima, Aqib Ishaq, Modassra Asghar, Sawera Munir, Amber Khalil, Muhammad Abubakar, Muhammad Soban Mumtaz, and Zoobia Nadeem contributed to the conceptualization, literature search, review and synthesis of relevant evidence, interpretation of the literature, organization of the scientific content, and preparation of the manuscript. All authors contributed to writing—original draft and writing—review and editing. All authors read and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

Conflict of Interest

The authors declare that they have no financial, professional, commercial, institutional, or personal conflicts of interest that could have influenced the content, interpretation, or conclusions presented in this article.

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Data Availability

No new experimental or primary data were generated or analysed during this study. All

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Informed Consent

Not applicable. The study did not involve the recruitment of human participants or the collection of primary personal or clinical data.

Use of Generative AI

The authors declare that no generative artificial intelligence tools were used to conduct the literature analysis, generate the scientific content, interpret the evidence, or formulate the conclusions presented in this article.

5 References

Alawadi, F., Abusnana, S., Afandi, B., Aldahmani, K. M., Alhajeri, O., Aljaberi, K., Alkaabi, J., Almadani, A., Bashier, A., Beshyah, S. A., bin Belaila, B., Fargaly, M., Farooqi, M. H., Hafidh, K., Hassanein, M., Hassoun, A., Jabbar, A., Ksseiry, I., Mustafa, H. E., . . . Suliman, S. (2020). Emirates Diabetes Society consensus guidelines for the management of type 2 diabetes mellitus–2020. *Dubai Diabetes and Endocrinology Journal, 26*(1), 1–20. https://doi.org/10.1159/000506508

Alsheikh, A., Abulmeaty, M. M. A., Alothman, A., Bawazeer, N., Hamdy, O., Alsifri, S., & Issak, E. R. (2023). Saudi consensus on medical nutrition therapy for type 2 diabetes mellitus. *Saudi Journal of Medicine, 8*(12), 622–637. https://doi.org/10.36348/sjm.2023.v08i12.001

Bhattacharya, M. (2015). A historical exploration of Indian diets and a possible link to insulin resistance syndrome. *Appetite, 95*, 421–454. https://doi.org/10.1016/j.appet.2015.07.002

Cho, N. H., Shaw, J. E., Karuranga, S., Huang, Y., da Rocha Fernandes, J. D., Ohlrogge, A. W., & Malanda, B. (2018). IDF Diabetes Atlas: Global estimates of diabetes prevalence for 2017 and projections for 2045. *Diabetes Research and Clinical Practice, 138*, 271–281. https://doi.org/10.1016/j.diabres.2018.02.023

Diabetes Prevention Program Research Group (2015). Long-term effects of lifestyle intervention or metformin on diabetes development and microvascular complications over 15-year follow-up: The Diabetes Prevention Program Outcomes Study. *The Lancet Diabetes & Endocrinology, 3*(11), 866–875. https://doi.org/10.1016/S2213-8587(15)00291-0

Evert, A. B., Dennison, M., Gardner, C. D., Garvey, W. T., Lau, K. H. K., MacLeod, J., Mitri, J., Pereira, R. F., Rawlings, K., Robinson, S., Saslow, L., Uelmen, S., Urbanski, P. B., & Yancy, W. S., Jr. (2019). Nutrition therapy for adults with diabetes or prediabetes: A consensus report. *Diabetes Care, 42*(5), 731–754. https://doi.org/10.2337/dci19-0014

Franz, M. J. (2016). Diabetes nutrition therapy: Effectiveness, macronutrients, eating patterns and weight management. *The American Journal of the Medical Sciences, 351*(4), 374–379. https://doi.org/10.1016/j.amjms.2016.02.001

Gau, B.-R., Chen, H.-Y., Hung, S.-Y., Yang, H.-M., Yeh, J.-T., Huang, C.-H., Sun, J.-H., & Huang, Y.-Y. (2016). The impact of nutritional status on treatment outcomes of patients with limb-threatening diabetic foot ulcers. *Journal of Diabetes and Its Complications, 30*(1), 138–142. https://doi.org/10.1016/j.jdiacomp.2015.09.011

Hills, A. P., Arena, R., Khunti, K., Yajnik, C. S., Jayawardena, R., Henry, C. J., Street, S. J., Soares, M. J., & Misra, A. (2018). Epidemiology and determinants of type 2 diabetes in South Asia. *The Lancet Diabetes & Endocrinology, 6*(12), 966–978. https://doi.org/10.1016/S2213-8587(18)30204-3

Kaul, N., & Ali, S. (2016). Genes, genetics, and environment in type 2 diabetes: Implication in personalized medicine. *DNA and Cell Biology, 35*(1), 1–12. https://doi.org/10.1089/dna.2015.2883

Korkut, D., Ergor, G., Kaner, G., & Kurklu, N. S. (2016). The relationship between nutrition knowledge and development of complications in type 2 diabetic patients. *Romanian Journal of Diabetes Nutrition and Metabolic Diseases, 23*(4), 341–351. https://doi.org/10.1515/rjdnmd-2016-0028

Pi-Sunyer, X. (2014). The Look AHEAD trial: A review and discussion of its outcomes. *Current Nutrition Reports, 3*(4), 387–391. https://doi.org/10.1007/s13668-014-0099-x

Powers, M. A., Bardsley, J., Cypress, M., Duker, P., Funnell, M. M., Hess Fischl, A., Maryniuk, M. D., Siminerio, L., & Vivian, E. (2015). Diabetes self-management education and support in type 2 diabetes: A joint position statement of the American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics. *Diabetes Care, 38*(7), 1372–1382. https://doi.org/10.2337/dc15-0730

Viswanathan, V., Bajaj, S., Kalra, S., Aggarwal, S., Atreja, A., Chaudhry, D., Christopher, D. J., Das, A. K., Ghosh, S., Jacob, J., Kapur, A., Ajay Kumar, M. V., Kumpatla, S., Madhu, S. V., Makkar, B. M., Ranabir, S., Sahay, R., Thomas, P. K., Tiwaskar, M., . . . Wilson, N. (2017). RSSDI clinical practice recommendations for diagnosis, prevention, and control of the diabetes mellitus–tuberculosis double burden. *International Journal of Diabetes in Developing Countries, 37*(4), 379–399. https://doi.org/10.1007/s13410-017-0577-y

Viswanathan, V., Krishnan, D., Kalra, S., Chawla, R., Tiwaskar, M., Saboo, B., Baruah, M., Chowdhury, S., Makkar, B. M., & Jaggi, S. (2019). Insights on medical nutrition therapy for type 2 diabetes mellitus: An Indian perspective. *Advances in Therapy, 36*(3), 520–547. https://doi.org/10.1007/s12325-019-0872-8