Glycomet®-GP

Metformin Hydrochloride 500/850/1000 mg SR + Glimepiride 0.5/1/2/3/4 mg

Presents

Diabetes Friendly Recipes to

LEAD SUGAR with CONFIDENCE

In T2DM Across Continuum,

Choose the Leader

Glycomet®-GP

Metformin Hydrochloride 500/850/1000 mg SR + Glimepiride 0.5/1/2/3/4 mg

Glycomet®-GP 0.5

Metformin Hydrochloride 500 mg SR + Glimepiride 0.5 mg

Glycomet®-GP 1

Metformin Hydrochloride 500 mg SR + Glimepiride 1 mg

Glycomet®-GP 2

Metformin Hydrochloride 500 mg SR + Glimepiride 2 mg

Glycomet®-GP 2/850

Metformin Hydrochloride 850 mg SR + Glimepiride 2 mg

Glycomet®-GP 3/850

Metformin Hydrochloride 850 mg SR + Glimepiride 3 mg

Glycomet®-GP 0.5 FORTE

Metformin Hydrochloride 1000 mg SR + Glimepiride 0.5 mg

Glycomet®-GP 1 FORTE

Metformin Hydrochloride 1000 mg SR + Glimepiride 1 mg

Glycomet®-GP 3 FORTE

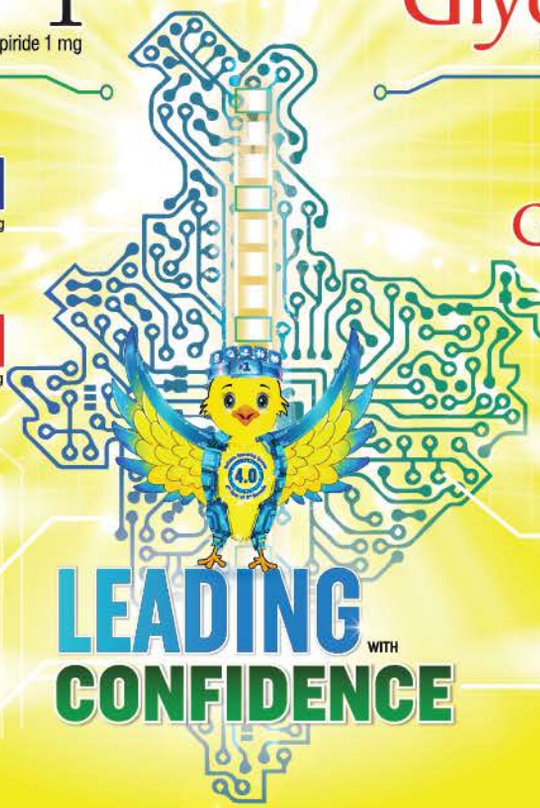
Metformin Hydrochloride 1000 mg SR + Glimepiride 3 mg

Glycomet®-GP 4 FORTE

Metformin Hydrochloride 1000 mg SR + Glimepiride 4 mg

Glycomet®-GP 2 FORTE

Metformin Hydrochloride 1000 mg SR + Glimepiride 2 mg



LEADING WITH **CONFIDENCE**

Abridged Prescribing Information

Active Ingredients: Metformin hydrochloride (as sustained release) and glimepiride tablets Indication: For the management of patients with type 2 diabetes mellitus when diet, exercise and single agent (glimepiride or metformin alone) do not result in adequate glycaemic control. Dosage and Administration: The recommended dose is one tablet daily during breakfast or the first main meal. Each tablet contains a fixed dose of glimepiride and Metformin Hydrochloride. The highest recommended dose per day should be 8 mg of glimepiride and 2000mg of metformin. Due to prolonged release formulation, the tablet must be swallowed whole and not crushed or chewed. Adverse Reactions: For Glimepiride: hypoglycaemia may occur, which may sometimes be prolonged. Occasionally, gastrointestinal (GI) symptoms such as nausea, vomiting, sensations of pressure or fullness in the epigastrium, abdominal pain and diarrhea may occur. Hepatitis, elevation of liver enzymes, cholestasis and jaundice may occur; allergic reactions or pseudo allergic reactions may occur occasionally. For Metformin: GI symptoms such as nausea, vomiting, diarrhea, abdominal pain, and loss of appetite are common during initiation of therapy and may resolve spontaneously in most cases. Metallic taste, mild erythema, decrease in Vit B12 absorption, very rarely lactic acidosis, Hemolytic anemia, Reduction of thyrotropin level in patients with hypothyroidism, Hypomagnesemia in the context of diarrhea, Encephalopathy, Photosensitivity, hepatobiliary disorders. Warnings and Precautions: For Glimepiride: Patient should be advised to report promptly exceptional stress situations (e.g., trauma, surgery, febrile infections), blood glucose regulation may deteriorate, and a temporary change to insulin may be necessary to maintain good metabolic control. Metformin Hydrochloride may lead to Lactic acidosis; in such cases metformin should be temporarily discontinued and contact with a healthcare professional is recommended. Sulfonylureas have an increased risk of hypoglycaemia. Long-term treatment with metformin may lead to peripheral neuropathy because of decrease in vitamin B12 serum levels. Monitoring of the vitamin B12 level is recommended. Overweight patients should continue their energy-restricted diet, usual laboratory tests for diabetes monitoring should be performed regularly. Contraindications: Hypersensitivity to the active substance of glimepiride & Metformin or to any of the excipients listed. Any type of acute metabolic acidosis (such as lactic acidosis, diabetic ketoacidosis, diabetic pre-coma). Severe renal failure (GFR<30ml/min). In pregnant women. In lactating women.Acute conditions with the potential to alter renal function (dehydration, severe infection, shock, intravascular administration of iodinated contrast agents); acute or chronic disease which may cause tissue hypoxia (cardiac or respiratory failure, recent myocardial infarction, shock); hepatic insufficiency; acute alcohol intoxication; alcoholism. Use in a special population: Pregnant Women: Due to a lack of human data, drugs should not be used during pregnancy. Lactating Women: It should not be used during breastfeeding. Pediatric Patients: The safety and efficacy of drugs has not yet been established. Renal impairment: A GFR should be assessed before initiation of treatment with metformin containing products and at least annually thereafter. In patients at increased risk of further progression of renal impairment and in the elderly, renal function should be assessed more frequently, e.g. every 3-6 months. Additional information is available on request.
Last updated: March 13, 2023

Foreword

Food is an integral part of our culture, traditions, and everyday life. For people living with diabetes, however, questions around what to eat, what to avoid, and whether familiar foods can still be enjoyed can often make mealtimes feel complicated and restrictive.

Managing diabetes does not mean giving up the foods you love or preparing a completely separate meal for yourself and your family. What matters is making simple, practical changes to the way traditional foods are chosen, prepared, portioned, and paired. Small modifications such as increasing intake of fiber, ensuring adequate protein, choosing better-quality carbohydrate sources, moderating portions, and being mindful of meal combinations, can help support better blood glucose management while keeping meals enjoyable and culturally familiar.

The **LEAD Sugar with Confidence** booklet has been developed with this approach in mind. It brings together practical "Ghar Ke Nuske" (home-food hacks) that can be easily incorporated into everyday Indian meals. From breakfast favourites such as poha, upma, idli, dosa, thepla and paratha to everyday meals such as rice, roti, khichdi and biryani, the booklet demonstrates how small, achievable changes can make familiar foods more diabetes-friendly. It also provides practical options for snacks and beverages, helping address some of the common questions that arise in day-to-day diabetes management.

The goal is not perfection or unnecessary restriction, but building confidence to make better choices consistently. With the right knowledge and simple approach, people living with diabetes can enjoy wholesome, satisfying meals while working towards better blood glucose control.

We are sure these diabetes friendly recipes in this booklet will empower individuals and families to approach food with greater confidence, make informed choices, and embrace a practical and sustainable approach to diabetes management.

Sheryl Salis

RD, CDE, CPT,
Founder & Director,
Nurture Health Solutions,
Nurture Health Academy & Research Centre

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Breakfast

Meals

Do I have to eat a special diabetes friendly diet and cannot eat what the rest of my family eats?

Should I completely stop eating rice and potato?

What should I snack on when I am hungry, I don't know?

If these questions are always running in your mind look ahead for some "Ghar Ke Nuske" (home food hacks) to make your life simple and sugar controlled

Breakfast

Poha

Diabetes Friendly Poha

Reduce quantity of riceflakes (poha)

Add vegetables

Mix in a handful of sprouts or peanuts

Squeeze lemon

Reduce poha quantity
Cuts down overall carbs and lowers the glycemic load

Add plenty of vegetables
Boosts fiber to slow down glucose absorption

Mix in peanuts or a handful of sprouts
Adds protein and healthy fats for better satiety

Squeeze lemon juice
The vitamin C helps lower glycemic index and improves iron absorption

Keep the portion to about ½ - 1 cup (200ml) of poha

+

OR

OR

combine with egg/nuts/curd to stay full

Upma

Diabetes Friendly Upma

Reduce quantity of semolina (rava)

Add vegetables

Mix in a handful of sprouts or peanuts

Add buttermilk instead of water

Squeeze lemon

Reduce semolina (rava) quantity
Cuts down overall carbs and lowers the glycemic load

Add plenty of vegetables
Boosts fiber to slow down glucose absorption

Mix in peanuts or a handful of sprouts
Adds protein and healthy fats for better satiety

Use buttermilk instead of water
Adds probiotics, protein and lowers the glycemic index

Squeeze lemon juice
The vitamin C helps lower glycemic index and improves iron absorption

Keep the portion to about ½ - 1 cup (200ml) of upma

+

combine with egg/nuts/curd to stay full

OR

OR

Sabudana Khichdi

Low-Glycemic Sabudana Khichdi Twist

Reduce quantity of sago (sabudana)

Add vegetables and reduce potato portion

Add peanuts

Soak in buttermilk instead of water

Squeeze lemon

Reduce sago (sabudana) quantity
Lowers total carbohydrate load and helps control blood glucose levels

Add vegetables and reduce potato portion
Boosts fiber and cuts down on carbohydrate load

Add peanuts
Adds protein and healthy fats for better satiety and glucose balance

Soak sabudana in buttermilk instead of water
Adds probiotics, protein and lowers glycemic index

Squeeze lemon juice
Helps reduce glycemic index

Keep the portion to about ½ - 1 cup (200ml) of sabudana

+

OR

OR

combine with egg/nuts/curd to stay full

Idli
+ Chutney

Idli + Sambar
+ Chutney

Reduce quantity of idli

Reduce chutney portion

Add a cup of sambar with vegetables

Reduce idli quantity
Lowers total carb intake and helps manage blood glucose levels

Add a cup of sambar with vegetables
Adds fiber and protein for better glucose control

Reduce coconut chutney and add greens such as coriander and mint
Cuts down on saturated fat and keeps the meal lighter

Keep the portion to about 2-3 Idlis

+

1 cup vegetable sambar

+

1 tablespoon green chutney

Dosa Chutney

Dosa + Sambar + Chutney

Reduce quantity of dosa

Add a cup of sambar with vegetables

Reduce chutney portion

Reduce dosa quantity
Lowers total carb intake and helps manage blood glucose levels

Add a cup of sambar with vegetables
Adds fiber and protein for better glucose control

Reduce coconut chutney and add greens such as coriander and mint
Cuts down on saturated fat and keeps the meal lighter

Keep the portion to 1 dosa

+

1 cup vegetable sambar

+

1 tablespoon green chutney

Medu Vada with Chutney

Vada Sambar

Use an appam (paniyaram) pan instead of deep frying vada

Pair with sambar with vegetables and green chutney

Make vada in an appe (appam) pan instead of deep frying
Cuts down on oil and calories, making it diabetes-friendly

Have with sambar and green chutney
Adds fiber and protein for better blood glucose control

Keep the portion to 2 vadas

+

1 cup vegetable sambar

+

1 tablespoon green chutney

Puttu with Banana

Puttu with Kadala Curry

Cut down on puttu and avoid banana with it

Pair it with a bowl of kadala curry

Cut down on quantity of puttu and avoid banana

Lowers total carbohydrate intake and reduces post-meal glucose spikes

Add a bowl of kadala curry

Adds protein and fiber and lowers the glycemic index of the meal

Keep the portion to ½ puttu (100g)

+

1 cup kadala curry

Thepla with Chundo

Add vegetables

Add curd while kneading the dough

Sprinkle sesame seeds

Have it with a cup of curd instead of chundo

Methi Thepla with Curd

Add vegetables to thepla dough
Increases fiber and reduces GI

Add curd while kneading the dough
Enhances texture and lowers glycemic index

Sprinkle sesame seeds in dough
Adds healthy fats, calcium, protein and supports better glucose control

Have it with curd instead of chundo
Adds protein for better glucose control and satiety

Keep the portion to 2 methi theplas

+

1 cup curd

Aloo Paratha with Ketchup

Vegetable Paratha with Curd

- Cut down on potato and avoid the ketchup
- Add vegetables
- Add buttermilk while kneading the dough
- Have it with a cup of curd

Cut down on potato
Lowers carb content and reduces post-meal glucose spikes

Add more vegetables
Increases fiber to slow down glucose absorption

Add buttermilk while kneading the dough
Adds protein, improves gut health and helps regulate blood glucose levels

Include a cup of curd
Adds protein and probiotics for better glucose control

Keep the portion to
2 vegetable parathas

+

1 cup curd

Meals

Healthy Plate

How to Fill your Plate

Fill half the plate with non-starchy vegetables

Can be in the form of salad, soups or cooked vegetables

Fill ¼th plate with protein foods

Egg/fish/chicken/paneer/soya/dal/pulses

Fill ¼th plate with healthy carbohydrates

Whole wheat roti/unpolished rice/millets

Quick Tips

To reduce glycemic index of starchy foods :
Cook rice/potato/pasta and keep in refrigerator for 24 hours and then consume it next day without reheating to high temperature.

Dal Rice

Vegetable Dal Rice

Reduce the portion of rice to ¼ plate

Prefer long-grain rice

Keep dal quantity to ¼ plate

Fill ½ plate with vegetables (salad + cooked vegetable)

Smart Eating for Diabetes Control

Start with salad or cooked vegetable
adds fiber, slows glucose rise

Eat a few spoons of dal
for protein and satiety

Finish with a smaller portion of rice mixed with the remaining dal and vegetable

Choose low GI rice:
Brown/hand-pounded/unpolished/long grain/cooked and cooled rice for better glucose control

Portion Tip:

½ plate vegetables + ¼ plate dal + ¼ plate rice

Order Matters - Veggies → Dal → Rice = Better Blood Glucose Control!

Rajma Chawal

Rajma Chawal Salad

Prefer long-grain rice

Reduce the portion of rice to ¼ plate

Rajma should be ¼ plate

Fill ½ plate with vegetables (salad + cooked vegetable)

Smart Eating for Diabetes Control

Start with salad or cooked vegetables
adds fiber, slows glucose rise

Eat a few spoons of rajma next
for protein and satiety

Finish with a smaller portion of rice mixed with the remaining rajma and vegetable

Choose low GI rice:
Brown/hand-pounded/unpolished/long grain/cooked and cooled rice for better glucose control

Portion Tip:

½ plate salad +  ¼ plate rajma +  ¼ plate rice

Order Matters - Salad → Rajma → Rice = Better Glucose Control!

Roti Sabji

Roti Sabji + Curd + Salad

Reduce the quantity of chapati

Increase quantity of vegetable or add a salad

Add a cup of curd

Smart Eating for Diabetes Control

Start with salad or a few spoonful's of cooked vegetables
adds fiber, slows the rise in blood glucose

Next, enjoy a cup of curd
provides protein and keeps you full longer

Finish with 1–2 small chapatis along with the remaining vegetable
keeps portions balanced and glucose in check

Portion Tip:

1 cup cooked vegetable + salad + 1 cup curd + 1–2 small chapatis

Order Matters - Salad/Vegetable → Curd → Chapati = For Steady Glucose Control!

Biryani/Pulao with Boondi Raita

Biryani/Pulao with Vegetable Curd Raita

Prefer long-grain rice

Reduce the quantity of rice

Increase the portion of chicken/paneer

Instead of boondi, add vegetables to the curd

Smart Eating for Diabetes Control

Start with vegetable curd raita
Slows glucose spikes with fiber and protein

Follow this with a few pieces of chicken or paneer
Protein helps control post-meal glucose rise

Finish with biryani and the remaining vegetable curd raita
Keep it small and eat it last to minimize glucose impact

Choose low GI rice:
Brown/hand-pounded/unpolished/ long grain/cooked and cooled rice for better glucose control

Portion Tip:

1 cup vegetable raita

+

Biryani (50% rice + 50% chicken/paneer)

Dal Khichdi

Vegetable Dal Khichdi

Prefer long grain rice

Keep rice : dal portion, 1:1

Add 1 cup vegetables

Smart Eating for Diabetes Control

Choose long grain rice
Slower blood glucose rise

Prefer rice: dal = 1:1
Better glucose control with added protein

Add 1 cup vegetable
More fiber, less glucose spike

Choose low GI rice:
Brown/hand-pounded/unpolished/ long grain/cooked and cooled rice for better glucose control

Portion Tip:

1 – 2 cups of vegetable dal khichdi where half the portion should be vegetables

Rice with Chicken Fish / Curry

Salad + Rice with Chicken / Fish Curry

- Prefer long-grain rice
- Reduce the quantity of rice
- Increase the portion of chicken/fish
- Add a cup of salad

Smart Eating for Diabetes Control

Start with salad
Fiber slows glucose spikes

Follow this with a few pieces of chicken or fish
Protein helps reduce post-meal glucose rise

Finish with rice and curry
Small portions keep carbs balanced

Choose low GI rice:
Brown/hand-pounded/unpolished/ long grain/cooked and cooled rice for better glucose control

Portion Tip:


½ plate salad

+


1 cup chicken/fish curry (100g non veg)

+


1 cup rice

Order Matters - Salad → Chicken/Fish → Rice with curry = For Better Glucose Control and Satiety!

Puri Bhaji

Salad + Curd + Puri Bhaji

Make whole wheat puris

Reduce quantity of potato and add other vegetables

Add a cup of salad

Add a cup of curd

Smart Eating for Diabetes Control

Start with salad
Adds fiber and slows glucose rise

Follow with curd
Gives protein and boosts satiety

Finish with puri and bhaji
Keeps carbs in check with balanced portions

Portion Guide:


1 cup salad

+


1 cup curd

+


2 puris

+


1 cup cooked vegetable

Order Matters - Salad → Curd → Puri with Bhaji = Supports Steady Blood Glucose Control!

Diabetes Friendly Snacks

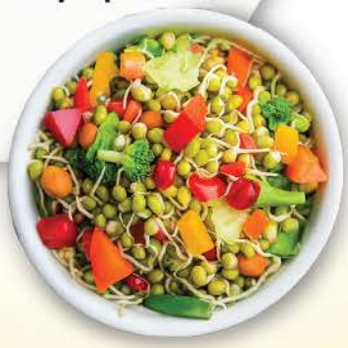
Diabetes Friendly Snacks

1 cup roasted makhana

Handful of roasted chana with unsalted peanuts

Fistful of nuts (almonds/ pistachios/ walnuts)

1 cup sprouts chaat (½ cup vegetable + ½ cup sprouts)

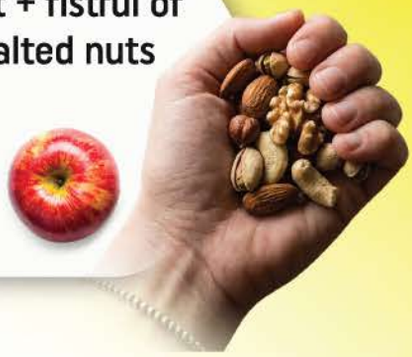


Egg boiled/ egg omelete (made from 1 whole + 2 whites)

1 quarter plate carrot cucumber sticks with ½ cup curd dip

1 bowl vegetable soup

1 medium fruit + fistful of unsalted nuts



1 cup chana chaat (½ cup vegetables + ½ cup chana)

1 cup ghugni

1 moong/ besan/mix dal chilla with mint chutney

4-5 pc khandvi

1 cup sukha bhel/jhalmuri/ churumuri (without sev)

Diabetes Friendly Beverages

Unsweetened herbal teas

Unsweetened tea/coffee

Home made clear soups

Buttermilk

Sattu drink

Infused water

Salted lemon water/masala unsweetened nimbu paani/ shikanji

Notes :

In T2DM with Comorbidities,

Tri Simplified CaRe

With

UDAPA-Trio

Dapagliflozin 10 mg + Sitagliptin 100 mg + Metformin 500 mg XR

UDAPA-Trio Forte

Dapagliflozin 10 mg + Sitagliptin 100 mg + Metformin 1000 mg XR

 # 1: Aiocdawacs Mat Jan 2026

Abridged Prescribing Information

Indication: It is indicated as an adjunct to diet and exercise to improve glycaemic control in adults with type 2 diabetes mellitus.
Dosage and Administration: The recommended dose is one tablet daily. Each tablet contains a fixed dose of dapagliflozin, Sitagliptin and Metformin Hydrochloride.
Adverse Reactions: Most common adverse reactions reported are: Dapagliflozin- Female genital mycotic infections, nasopharyngitis, and urinary tract infections. Sitagliptin- Upper respiratory tract infection, nasopharyngitis and headache. Metformin- Diarrhea, nausea/vomiting, flatulence, asthenia, indigestion, abdominal discomfort, and headache.
Warnings and Precautions: Dapagliflozin: Volume depletion; Ketoacidosis in Patients with Diabetes Mellitus; Urosepsis and Pyelonephritis; Hypoglycaemia; Genital Mycotic infections
Sitagliptin: General- Sitagliptin should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis. Acute pancreatitis: Hypoglycaemia when used in combination with other anti-hyperglycaemic medicinal product; Renal impairment; Hypersensitivity reactions including anaphylaxis, angioedema, and exfoliative skin conditions- Stevens-Johnson syndrome; Bullous pemphigoid. Metformin Hydrochloride: Lactic acidosis; In case of dehydration (severe diarrhoea or vomiting, fever or reduced fluid intake), metformin should be temporarily discontinued and contact with a healthcare professional is recommended.
Contraindications: Hypersensitivity to the active substance of Dapagliflozin, Sitagliptin & Metformin or to any of the excipients listed. Any type of acute metabolic acidosis (such as lactic acidosis, diabetic ketoacidosis). Diabetic pre-coma; Severe renal failure (eGFR<30mL/min); Acute conditions with the potential to alter renal function such as: Dehydration, Severe Infection, Shock; Acute or chronic disease which may cause tissue hypoxia such as: Cardiac or respiratory failure, Recent myocardial Infarction, Shock, Hepatic Impairment, Acute Alcohol intoxication, alcoholism
Use in a special population: Pregnant Women: Due to lack of human data, drug should not be used during pregnancy. Lactating Women: It should not be used during breastfeeding. Paediatric Patients: The safety and efficacy of drug has not yet been established. No data are available. Geriatric Patients: In Patients > 65 years, it should be used with caution as age increases.

Additional information is available on request.
Last updated: March 2026

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LEADING WITH CONFIDENCE

Scan to learn from expert insights on diabetes and metabolic conditions:

(Booklet available via scan)

*In case of any adverse events, kindly contact: pv@usv.in

For the use of registered medical practitioner, hospital or laboratory.*

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