

RSSDI Indian Diabetes & Metabolic

EDUCATOR JOURNAL



Theme of the Month

Festive Care in Diabetes

To keep Members Diabetes Care team abreast about
DSME /DSMS - (Diabetes Self management Education / Support) Concepts

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FOREWORD



RSSDI continues to promote research, education, and professional development through its diverse initiatives. Supported by its state chapters, RSSDI is creating greater opportunities for learning and strengthening diabetes care nationwide. Recent highlights include the Type 1 Diabetes workshop in Latur, where 60 children from rural areas received free CGMS devices along with guidance on diabetes technology, insulin management, and lifestyle. Preventive health efforts also expanded through a Bengaluru airport screening camp that reached around 3,000 people, alongside a dedicated screening initiative for 500 police personnel. Through such initiatives, RSSDI continues to drive progress in diabetes and metabolic care, supported by its collaboration with USV towards establishing India as a global benchmark in the field.

The Indian Diabetes and Metabolic Educators Journal (IDMEJ), formerly known as the Indian Diabetes Educator Journal (IDEJ), has been dedicated to diabetes education since its launch in April 2015, making it India's first and longest-running monthly journal in this field. Over the years, it has evolved into an important platform for sharing evidence-based knowledge, promoting awareness, and supporting healthcare professionals in the comprehensive management of diabetes and metabolic health. Published under the aegis of RSSDI, IDMEJ continues to strengthen Diabetes Self-Management Education and Support (DSME/S) while broadening its focus to include a wider spectrum of metabolic conditions. With a growing digital presence, the journal reaches a strong professional community of more than 53,000 physicians and 29,000 diabetes educators across India.

The October edition of the Indian Diabetes Metabolic Educators Journal (IDMEJ) focuses on the theme "Festive Care in Diabetes." Festivals are a time for celebration, togetherness, and traditional foods, but they can also bring challenges for people living with diabetes, including irregular meal patterns, increased intake of sweets, reduced physical activity, and disrupted routines. Festive care is not about restriction or missing out, but about making informed choices and maintaining balance. This issue provides diabetes educators with practical, evidence-based insights into navigating festive meals, managing sweets and carbohydrates, staying active, and maintaining healthy routines. By promoting mindful choices and continuity of care, this edition aims to help individuals celebrate while supporting their health.

Our sincere thanks to all the authors and experts who have contributed their knowledge and expertise to this issue. We also recognise the tireless efforts of healthcare professionals whose commitment continues to shape the future of diabetes care in India.

Warm regards,

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CHIEF EDITOR'S NOTE



As Chief Editor, I am pleased to present the October issue of the Indian Diabetes & Metabolic Educators Journal, dedicated to the theme "Festive Care in Diabetes." The festive season brings joy, togetherness, and celebration. But for people living with diabetes, it also brings extra challenges, irregular routine, and the desire to fully enjoy family traditions making simple, practical guidance all the more important at this time.

This edition looks at the everyday challenges of managing diabetes during the festive season from how festive eating affects blood glucose, to choosing safer sweeteners for traditional sweets. It also shares simple tips for staying active, managing rich festive food, and handling real-life situations like family celebrations, all aimed at helping healthcare professionals guide their patients with practical, and easy-to-follow advice.

Balanced food choices, mindful portions, staying active, and open, judgement-free conversations all have an important role to play in helping individuals celebrate without compromise.

My sincere appreciation goes to all the contributors who have enriched this issue with their knowledge and experience. I hope this edition serves as a valuable resource for diabetes educators, dietitians, and healthcare professionals in supporting individuals with diabetes to celebrate the festive season joyfully and safely.

Sincere Regards,

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Article: Diabetes Educator's Toolkit: Skill of the Month: Confrontation



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Article: Frequently Asked Questions on Festive Care in Diabetes

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Cover Story: The Festive Glucose Roller Coaster



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Festivals bring together family, traditions, and food. For people living with diabetes, however, festive meals can sometimes make blood glucose respond differently than expected. The combination of sweets, refined carbohydrates, fried foods, large portions, irregular meal timings, and reduced physical activity can create a “glucose roller

coaster,” with glucose rising, falling, and sometimes rising again several hours after a meal. Understanding how different foods influence glucose can help people enjoy celebrations while staying closer to their usual glucose targets.

Why does festive food affect glucose differently?

Festive meals are often rich in carbohydrates and fat, with considerable amounts of fat coming from deep-frying, cream, ghee, butter, nuts, or rich gravies. A high-fat meal can delay gastric emptying and the absorption of carbohydrates. As a result, glucose levels may appear to remain within range during the first one to two hours after a meal, only to rise later. Therefore, checking glucose only during the early post-meal period may not always show the complete effect of a festive meal.

Festive eating can also involve multiple eating occasions close together, for example, a meal followed by sweets, snacks, or another serving later in the evening. The glucose response from one eating occasion may overlap with the next, making the overall glucose pattern more prolonged. Changes in usual meal timings, sleep, physical activity, stress, and hydration can further influence glucose levels.



A practical approach to festive eating

The goal during festivals is not perfection or complete restriction. Instead, paying attention to portion size, food combinations, timing, and consistency can help reduce large glucose excursions. A few practical strategies can make festive meals easier to manage for individuals with diabetes:

- Plan, don't compensate: Avoid skipping meals to “save calories”; stick to your usual meal timings.
- Choose your favorites: Pick the foods you enjoy most and keep portions small.
- Watch the combination: Avoid piling up multiple carbohydrate-rich foods in the same meal. Pair carbohydrates with protein, fibre, and non-starchy vegetables. For example-when having sweets with meals, reduce the portion of other carbohydrate foods such as roti/rice.

- Choose fluids wisely: Prefer water or unsweetened drinks and limit sugar-sweetened beverages.
- Move after the meal: A short walk after eating can help support post-meal glucose management.

What can continuous glucose monitor (CGM) reveal during the festive season?

A CGM allows people with diabetes to look beyond a single peak reading and observe their glucose pattern over several hours after a festive meal. It can help identify whether a glucose rise occurs early, is delayed, remains elevated for longer, or occurs again after additional snacking. These patterns can provide useful insights for future occasions, helping individuals consider changes in portion size, food combinations, meal timing, or post-meal activity.



Conclusion

Festivals do not have to mean restrictions for people with diabetes. The focus should be on awareness, moderation, and consistency. Understanding that some meals can cause glucose to rise later, even when the initial reading looks normal. CGM trends or regular monitoring using a glucometer can help individuals recognize their responses to festive foods and make more informed choices in the future. Ultimately, festive diabetes care is about enjoying food mindfully, staying active, monitoring glucose frequently, and returning to usual routines afterwards without letting the glucose roller coaster take over the celebrations.

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Sugar vs. Jaggery vs. Honey: Does Switching Really Make a Difference for Diabetes?



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Individuals with diabetes mellitus are often unsure whether jaggery or honey is a better alternative to sugar. Because jaggery and honey are perceived as “natural” and contain small amounts of micronutrients and other compounds, they are sometimes viewed as healthier substitutes.

However, the more clinically relevant question is whether replacing sugar with jaggery or honey meaningfully reduces the amount of added/free sugar consumed.

Honey may differ from sucrose in its acute glycemic response depending on its composition and botanical source. However, it remains a free/added sugar and a substantial source of carbohydrate and energy. Current evidence does not justify recommending honey for unrestricted use, or routinely recommending it as a therapeutic substitute for sugar, in people with diabetes. Similarly, jaggery should not be considered a diabetes-friendly sweetener.

Composition and caloric comparison

Table 1 summarizes the macronutrient, caloric and glycemic index (GI) values compiled from various studies. All four sweeteners are overwhelmingly carbohydrate by mass (65–100 g/100 g) and deliver comparable energy density (300–400 kcal/100 g); honey is only modestly lower in energy owing to its higher residual water content (~17–20%). None can be considered “low-calorie,” and none is free of a clinically meaningful glycemic effect.

Sweetener	Carbohydrate (g/100 g)	Energy (kcal/100 g)	GI*	Notable micronutrients
White (refined) sugar	99–100	387–400	60–65	Negligible; essentially pure sucrose
Brown sugar	95–97	373–380	60–68	Trace molasses (Ca, K, small Fe)
Jaggery	65–85 (sucrose + invert sugars)	383–400	84–86	Ca, Mg, K, polyphenols
Honey	76–80 (fructose ≈38%, glucose ≈31%)	304–320	69–74	Trace polyphenols, small B-vitamins

*GI values (glucose = 100) are indicative ranges compiled from cited sources; actual values vary with botanical source, processing method and between different individuals.

(Ref- Iqbal *et al.* 2020, Kumar & Singh 2020, Veerbhan & Malik 2025, Palomo-de León BA *et al.* 2023)

Does replacing sugar with jaggery or honey reduce sugar intake?

Replacing table sugar with an equivalent amount of jaggery or honey does not meaningfully eliminate the intake of added/free sugars. Jaggery is still predominantly sugar, despite retaining small amounts of minerals and other compounds from the source material. Honey contains naturally occurring sugars, including fructose and glucose, and is classified as a free sugar. Therefore, the fact that a sweetener is less refined or perceived as more natural does not remove the need to account for its carbohydrate and energy contribution.

The key consideration is quantity. If sugar is replaced with jaggery or honey without reducing the amount of sweetener used, the overall exposure to free/added sugars remains substantial. Conversely, reducing the total amount of sweetener used irrespective of the type is more relevant to reducing sugar intake.



What does the evidence show about glycemic response?

A study found that dextrose, honey, jaggery and sugarcane juice produced similar short-term post-meal glucose responses, suggesting that jaggery and honey are not necessarily better alternatives to sugar. Other studies have reported variable GI values, with jaggery showing a high GI and honey showing a moderate-to-high GI depending on its composition and source. These differences in acute glycemic response do not make jaggery or honey diabetes-friendly sweeteners.

GI can vary between products and individuals and should not be interpreted in isolation. For people with diabetes, the amount consumed, overall carbohydrate intake, meal context and frequency of consumption are clinically relevant when considering caloric sweeteners.

Are they really different?

Sugar, brown sugar, jaggery and honey differ in processing, composition and minor micronutrient content, but these differences should not be interpreted as evidence that jaggery or honey can be used freely in diabetes. Jaggery and honey may contain small amounts of minerals, polyphenols or other compounds; however, these potential non-glycemic benefits do not offset their contribution of free/added sugars, carbohydrate and energy.

For most individuals with diabetes, the practical message is therefore not to identify a “better” caloric sweetener, but to focus on limiting the total amount of added/free sugars. Indian dietary guidance recommends restricting added sugars, and jaggery and honey should not be considered exceptions simply because they are perceived as natural.

Conclusion

Sugar, brown sugar, jaggery and honey are nutritionally distinct but glycemicly comparable. None qualifies as a low-GI or low-calorie substitute suitable for unrestricted use in diabetes. Clinicians should counsel individuals that switching from sugar to jaggery or honey does not confer a significant glycemic advantage, while all remain calorically dense and should be limited to the same extent as refined sugar in individuals with diabetes.

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Sweeteners and Diabetes: Sugar Substitutes and Safer Choices



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High sugar intake can adversely affect glycemic control and contribute to increased blood glucose levels. Therefore, reducing sugar intake is important for glycemic control and prevention of related complications. To address this need, various sugar substitutes have been developed. Sweeteners provide sweetness while reducing added sugar and,

in some cases, energy intake. They can be broadly classified as natural sweeteners, artificial high-intensity sweeteners, and polyols (sugar alcohols). Polyols such as erythritol, sorbitol, maltitol, and xylitol are low-calorie sweeteners, while high-intensity sweeteners provide intense sweetness with little or no energy. These sweeteners differ in sweetness intensity, metabolism, thermal stability, aftertaste, and functional properties, influencing their suitability for different food applications.

The Food and Drug Administration (FDA) has approved six artificial sweeteners as food additives: saccharin, sucralose, aspartame, advantame, acesulfame potassium, and neotame. Furthermore, the FDA has recognized thaumatin, steviol glycosides derived from stevia leaves, and Luo Han Guo (monk fruit) extract as generally recommended as safe (GRAS) for use as sweeteners.

In traditional Indian mithai, products marketed as “sugar-free” may use naturally sweet ingredients such as dates and anjeer. However, these contain natural sugars and carbohydrates and should therefore not be considered truly sugar-free. This distinction between “no added sugar” and “sugar-free” is particularly important for individuals with diabetes, for whom the total carbohydrate content of a food remains relevant. The characteristics of commonly used natural, polyol, and artificial sweeteners are summarized in the table give below.



Sweetener	Category	Nutritive/ Non-nutritive	Sweetness compared to sucrose	ADI (mg/kg body weight/ day)	Heat stability	Kcal/g
Erythritol	Polyol	Nutritive	0.7	0.66-1	Stable	0.2
Sorbitol	Polyol	Nutritive	0.6	0.17-0.24	Stable	2.5
Isomalt	Polyol	Nutritive	2	0.3	Stable	2
Maltitol	Polyol	Nutritive	2.7	0.3	Stable	2.7
Xylitol	Polyol	Nutritive	2.5	0.3-0.42	Stable	2.5
Aspartame	Artificial high-intensity	Nutritive	200	50	Not Stable	4
Stevia	Natural high-intensity	Non-nutritive	200-400	4	Stable	0
Monk fruit	Natural high- intensity	Non-nutritive	100–250	Not specified	Stable	0
Sucralose	Artificial high-intensity	Non-nutritive	600×	5	Stable	0
Saccharin	Artificial high-intensity	Non-nutritive	200–700×	15	Stable	0
Acesulfame-K	Artificial high-intensity	Non-nutritive	200×	15	Stable	0
Neotame	Artificial high-intensity	Non-nutritive	7,000–13,000×	0.3	Stable	0
Advantame	Artificial high-intensity	Non-nutritive	20,000×	32.8	Stable	0

The selection of an appropriate sweetener depends not only on its nutritional properties but also on its ability to maintain the sensory and functional characteristics of the final food product. When consumed within the established acceptable daily intake (ADI), approved artificial sweeteners are considered safe for consumption based on current regulatory assessments. Factors such as sweetness profile, texture, bulk, thermal stability, after-taste, and consume acceptability are particularly important when reformulating sugar-rich foods. These considerations are especially relevant for traditional products, where sugar contributes not only to sweetness but also to structure, texture, colour, and overall product quality.

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From Festive Feasts to Festive Steps



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Festive periods are consistently associated with weight gain, driven by higher energy intake and reduced physical activity. Yet Indian festivals are not only occasions for feasting, they also carry rich traditions of movement. From the Garba and Dandiya of Navratri to Bhangra during Baisakhi and Lohri, Bihu dance in Assam, etc. Many celebrations

bring communities together through dance, walking, processions, and other forms of physical activity. This suggests that movement, rather than restriction alone, may offer a culturally relevant and sustainable approach to festive metabolic balance.

Feasting and sedentary risk

A scoping review of 39 studies found significant weight gain during festive periods in 70% of observational studies, averaging 0.7 kg, driven by energy-dense food intake and disrupted activity routines. Indian festivals similarly combine energy-dense foods with altered routines, and clinicians frequently observe transient glycemic and weight excursions in individuals with diabetes around these periods. However, festivals also provide opportunities to incorporate physical activity into celebrations. Recognizing and encouraging these existing movement traditions may be more practical than asking people to avoid festive foods altogether.



Note: The given image is AI generated and is used for illustrative purpose only

Festivals: A built-in model for movement



Navratri provides one of the most visible examples, with Garba and Dandiya bringing people together for repeated bouts of dancing across nine consecutive nights. A pilot study of structured Garba sessions demonstrated improvements in motor function, mood, and sleep, and found the activity safe even in people with neurological disease, supporting its potential as a culturally familiar form of aerobic activity.

The concept extends well beyond Navratri. Bihu celebrations in Assam feature energetic traditional dancing; Baisakhi and Lohri in Punjab are closely associated with Bhangra and Giddha; Onam includes Thiruvathira; and Pongal

incorporates traditional forms such as Kummi and Kolattam. Festivals such as Ganesh Chaturthi and Gudi Padwa may also involve walking, processions, dancing, and other forms of active community participation.

While the intensity of individual dances varies, these traditions share an important feature: they make movement a natural part of social and cultural participation rather than a separate exercise task.

A single evening of Garba lasting 1–2 hours can therefore make a meaningful contribution toward weekly activity targets, while other festive activities such as folk dancing, walking during processions, or participating in community celebrations can provide additional opportunities to remain active, further supporting glucose control in people with diabetes.



Conclusion

Healthcare professionals can use the festive season as a teachable moment by encouraging individuals to combine festive participation with its inherent movement whether through community dancing, temple walks, processions, or traditional folk activities rather than framing festivals purely as periods of dietary risk.

The message need not be “eat less and avoid celebrations.” Instead, it can be “celebrate, participate, and keep moving.” Positioning culturally rooted movement as part of the festival itself may make physical activity more enjoyable, socially supported, and easier to sustain than generic exercise advice.

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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 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 diseases 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.

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

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



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Corvette Team

Research Highlights with Dr. Mihir Gharia



Dr. Mihir Gharia

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Dr. Mihir Gharia (MBBS, MBA, PGDMLS, PGP-R, EULAR) is a clinician with over 14 years in clinical research and medical affairs. His work spans clinical trial operations, eClinical platforms, pharmacovigilance, regulatory affairs, and medical writing, with a focus on evidence generation and digital health in chronic disease management. He heads Evalus, the clinical research and technology unit of TatvaCare, and serves as Medical Unit Head at TatvaCare. His earlier clinical and medical affairs roles include tenures at MSD, Boehringer Ingelheim, and Zydus Lifesciences. He has authored 25+ peer-reviewed publications and is a member of ISPOR and ISCR (ORCID: 0000-0001-8321-7966).

App-based Digital Therapeutics Integrating Continuous Glucose Monitoring for Glycemic Control in Type 2 Diabetes: Prospective Observational Cohort Study.



1. What motivated you to move beyond continuous glucose monitoring (CGM)-based glucose monitoring toward this multidisciplinary digital therapeutic model?

When we looked at how CGM was being used in practice, and at many of the digital diabetes tools already out there, the same gap kept showing up. CGM gives you excellent real-time information, but information on its own rarely changes behaviour for long. So the question we wanted to answer was whether we could turn that glucose data into guidance a patient could actually act on, by pairing it with nutrition, physiotherapy and cognitive behavioural therapy (CBT).

That is the idea the GLIDE-C model is built on. CGM surfaces a patient's own glucose patterns and the triggers behind them, and the multidisciplinary team helps them make sense of what they are seeing and do something about it. It also let us look beyond glycemic numbers alone, at behaviour change, quality of life and some exploratory health-economic outcomes, in a real-world Indian setting. That last point matters, because Indian and South Asian populations carry a high burden of T2DM and can develop metabolic disease at lower body mass index (BMI) thresholds than many other groups.



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2. How did CGM feedback influence patients' lifestyle choices?

CGM shifts the whole conversation. Instead of checking glucose now and then, the patient gets continuous, personalised feedback, and can see for themselves how a particular meal, a walk, or a stressful day moves their numbers. We think of it as a kind of closed-loop learning: you see a response, work out why it happened, change something, and watch what that change does.

Seeing time in range (TIR), time above range (TAR) and time below range (TBR) laid out visually, alongside personalised alerts, makes the effect of everyday choices concrete in a way a single fasting reading never does. And when the trend was moving the right way, that was its own encouragement; patients could compare where they were now against where they had started.

What came through clearly is that CGM worked best when someone was there to interpret it and coach around it, not on its own. In the study, 15 of 18 participants (83%) improved their glycemic control, with a mean HbA1c reduction of 0.59 percentage points and roughly a 10% increase in TIR.

3. Which dietary changes had the greatest impact on glycemic control?

The strongest dietary signal, by some distance, was cutting back on energy-dense, nutrient-poor (EDNP) foods, alongside a general lift in diet quality. In our behavioural analysis, every participant who reduced their EDNP intake saw their HbA1c improve; those who did not tended to do less well.

Patients were also encouraged to eat more nutrient-rich foods. What made the difference, though, was that we did not just hand out a standard diet chart. We used each patient's own CGM responses to understand how they reacted to different foods, and built the nutrition plan around that.

So the principle I would stress is this: find the dietary behaviours that actually matter for the individual in front of you, and let objective glucose feedback do the work of reinforcing changes they can sustain, rather than leaning on a fixed list of good and bad foods.



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4. What role did CBT play in improving diabetes self-management?

CBT was what turned knowing into doing. Managing diabetes is not only about knowing what to eat or how much to move; motivation, stress, emotional eating and long-standing habits all shape whether a patient can hold on to those changes once the novelty wears off.

In GLIDE-C, every participant received CBT, aimed at motivational barriers, stress and emotional eating, drawing on mindfulness, relaxation techniques and cognitive restructuring. It sat alongside the nutrition and physiotherapy work rather than competing with it.

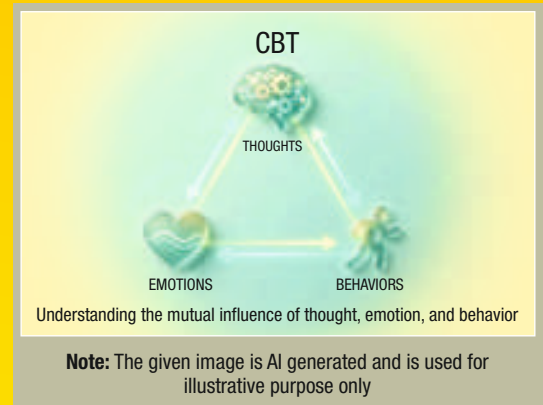
The study was not built to isolate CBT's own contribution, so I would not overclaim here. That said, we did see gains in motivation, stress management and mood, and sleep quality improved to a statistically significant degree. The takeaway is fairly simple: psychological support helps patients take ownership of their own management, and stay engaged with it.

5. How can diabetes educators apply these findings in routine practice?

For educators, the main lesson is to treat the technology as something that enables behavior change, not something that replaces education or clinical judgement. In practice that means sitting down with the patient over their CGM patterns, pinpointing the specific foods or activities that are driving them, agreeing on one or two changes that are actually achievable, and then using the next stretch of glucose data to reinforce what they have learned.

The multidisciplinary side is worth holding onto too. Diet, activity and psychological barriers feed into each other, and treating them as separate problems misses how glycemic control really works.

It is also worth being honest about what this study can and cannot tell us. It was a prospective, single-arm observational study of 18 patients, so it points to promising real-world evidence rather than proving cause and effect. Educators can absolutely put the principles to work now, personalised feedback, structured goal setting, coordinated support across disciplines, while keeping in mind that we still need longer, controlled studies to show how durable these effects are and how they compare with usual care.



Citation:

Saboo B, Sabharwal M, Gharia M, *et al.* App-Based Digital Therapeutics Integrating Continuous Glucose Monitoring for Glycemic Control in Type 2 Diabetes: Prospective Observational Cohort Study. *JMIR Diabetes*. 2026 Jul 8;11:e86651. doi: 10.2196/86651.

Drug Spotlight: Imeglimin



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Imeglimin is a novel oral antidiabetic agent and the first drug in the tetrahydrotriazine class known as the “glimins”. It has a distinct mechanism of action involving enhancement of glucose-stimulated insulin secretion and effects on cellular energy metabolism. Clinical research has demonstrated improved glycemic control with imeglimin monotherapy in individuals with type 2 diabetes.

Mechanism of action

- Imeglimin enhances glucose-stimulated insulin secretion (GSIS) from pancreatic β -cells in a glucose-dependent manner.
- Forms
 - ◆ Oral tablets

Advantages

- Improves glucose control and significantly reduces HbA1c in individuals with type 2 diabetes.
- Has a low risk of hypoglycemia when used as monotherapy
- Can be used as monotherapy or in combination with other glucose-lowering agents.
- Demonstrated a generally favorable safety and tolerability profile in clinical trials.

Clinical considerations

- Gastrointestinal adverse effects, particularly diarrhea, may occur and are more apparent at higher doses.
- Imeglimin is predominantly eliminated unchanged through the kidneys.
- Renal impairment increases imeglimin exposure because renal clearance decreases with declining kidney function.
- Dose adjustment is therefore required in patients with moderate and severe renal impairment.

Drug snapshot

Drug group	Specific drug	Effects	Adverse effects	Important clinical considerations
Glimins	Imeglimin	HbA1c ↓	↑Risk of diarrhea	In renal impairment, dose adjustment required

Nutrition – Drug related key takeaways

- No clinically relevant food–drug interaction
- Renal function is a more important drug-related consideration than a specific nutrient interaction because imeglimin is predominantly eliminated unchanged in urine and exposure increases with renal impairment.

Resources:

1. Hallakou-Bozec S, Kergoat M, Fouqueray P, *et al.* Imeglimin amplifies glucose-stimulated insulin release from diabetic islets via a distinct mechanism of action. *PLoS One*. 2021;16(2):e0241651. doi:10.1371/journal.pone.0241651
2. Dubourg J, Fouqueray P, Thang C, *et al.* Efficacy and safety of imeglimin monotherapy versus placebo in Japanese patients with type 2 diabetes (TIMES 1): a double-blind, randomized, placebo-controlled, parallel-group, multicenter phase 3 trial. *Diabetes Care*. 2021;44(4):952-959. doi:10.2337/dc20-0763
3. Fouqueray P, Chevalier C, Bolze S. Pharmacokinetics of imeglimin in Caucasian and Japanese healthy subjects. *Clin Drug Investig*. 2022;42(9):721-732. doi:10.1007/s40261-022-01181-3

Trending Diets: Post-festive Detox: Does it Work?



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Festivals are an integral part of Indian life—and food is at the heart of almost every celebration. Whether it is Diwali, Navaratri, Ganesh Chaturthi, Onam, Pongal, Eid, Christmas or a family wedding.

Festive eating commonly combines several factors:

- Larger-than-usual portions

- Increased intake of sweets and sugar
- Deep-fried snacks
- Foods rich in ghee, butter and other fats
- Refined carbohydrates
- Higher salt intake
- Alcohol in some social settings
- Reduced physical activity
- Irregular meal and sleep schedules



The immediate consequence may be water retention, gastrointestinal distension and increased glycogen stores, rather than a corresponding increase in body fat.

Major festivals are characteristically associated with energy-dense feasting, alcohol excess and disrupted sleep, prompting a surge in consumer interest in “detox” regimens, juice cleanses, detox teas and short-term fasts marketed to “flush out toxins” and “reset” metabolism in the post festive period. The term “toxin” is rarely defined by manufacturers, and the physiological rationale for such interventions warrants critical, evidence-based analysis before clinicians endorse or discourage their use.

The correct physiological basis of detoxification: The body already has continuous detoxification and elimination systems involving the liver, kidneys, gastrointestinal tract, lungs and skin. (Figure 1) There is no convincing clinical evidence that these detox

diets accelerate toxin elimination or provide meaningful health benefits beyond these endogenous processes.

The physiologically sound approach post-festivity is to support existing organ function: adequate hydration, restoration of regular sleep, moderate physical activity, abstinence from alcohol, and a return to a fibre-rich, minimally processed diet with adequate protein and micronutrients. This approach supports hepatic and renal function without the nutritional restriction, low protein intake, or excessive laxative/diuretic exposure seen in many of these regimens.

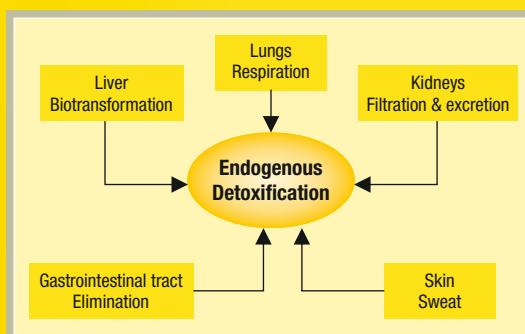


Figure 1. The body's five principal endogenous detoxification systems (Klein and Kiat, 2015)

Fruit and vegetable juices-pros and cons: Fresh juices can provide vitamins, minerals, polyphenols, and hydration. However, juicing removes much of the dietary fibre, may reduce the content of some vitamins, decreases satiety, and may increase the glycemic response compared with consuming whole fruits.

Vegetable juice cleanses may also be low in protein and energy and are not supported by evidence for sustained weight loss or “toxin removal.” When juice is preferred, vegetable-based options generally provide less sugar than fruit-based juices. However, detox diets based on these juices are often nutritionally inadequate and may increase fatigue. They are not a healthy or sustainable way to lose weight.

A post-festive “detox” is not necessary to eliminate toxins or “reset” the body. Instead, focus on restoring healthy routines through adequate hydration, quality sleep, regular physical activity, and balanced, fibre-rich meals with sufficient protein. Whole fruits and vegetables are preferable to juice cleanses for better satiety and nutritional adequacy. The most effective post-festive reset is not restriction, but a return to balanced, sustainable habits.

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1. Kjær KM. Detoxing feels good: dieting and affect in 22 Days Nutrition and Goop detoxes. *Feminist Media Studies*. 2019;19(5):702-716. doi:10.1080/14680777.2018.1508050
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Festive Carb Challenge: How to Manage Carbohydrates without Missing Out



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Festivals bring together traditions, celebrations and shared meals. For people living with diabetes, occasions such as Diwali, Christmas and Eid can often mean more sweets, snacks and carbohydrate-rich foods. However, diabetes management does not mean completely avoiding favourite festive foods. The focus can be on meal

balance, carbohydrate quality, portion size and timing, rather than restriction.

Build the meal around fibre and protein

A balanced festive meal can begin with salad, followed by protein-rich foods such as dal, beans, paneer, curd, eggs, fish or lean meat and lastly the carbohydrate sources like rice, roti, millets or other cereals. Aim for –

- ½ plate non-starchy vegetables as fiber (cooked vegetables, soup, salad, etc.)
- ¼ plate protein
- ¼ plate carbohydrates

Avoid combining large portions of multiple carbohydrate sources at once. Pair festive dishes such as biryani or pulao with fiber rich vegetables and protein sources such as vegetable raita or curd with salad. Starting the meals with fiber and protein, followed by carbohydrates, may help moderate the postprandial glucose response.



Choose carbohydrates wisely

Prefer whole grains, millets, legumes and other high-fibre carbohydrate sources over refined options and foods high in added sugar. Festive recipes can be modified without losing their familiar character. Few examples can be

- Replacing refined flour with whole wheat flour or oats flour
- Reducing quantities of added sugar or jaggery where possible
- Bake or air fry instead of deep frying to reduce oil content

Even with better carbohydrate choices, portion size remains important.

Choose, portion and savour

Festive foods such as Diwali mithai, Christmas desserts and Eid sweets do not need to be “off limits”. Encourage individuals to:

- Choose the foods they enjoy the most.
- Portion them correctly.
- Savour them slowly and mindfully.
- Avoid continuous grazing throughout the celebration.

Being mindful of the portions and keep adequate time between eating occasions can help prevent excess carbohydrate intake and support better glucose control.



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Include movement

A short walk after meals can be a practical way to incorporate physical activity during celebrations. When walking is not feasible, brief movements such as seated calf raises can also help manage blood glucose levels. Where practical, encourage individuals to enjoy festive foods around periods of activity rather than prolonged sedentary periods.

Plan, don't compensate

Skipping meals to save carbohydrates can increase hunger and make portion control harder. Follow regular, balanced meals and:

- Plan portions before buffets or gatherings.
- Choose water and unsweetened beverages over sugar-sweetened drinks.
- Avoid compensating for festive meals by skipping subsequent meals.

For individuals undertaking religious fasting, changes in meal timing, carbohydrate distribution and medication requirements should be addressed through individualized diabetes education and medical guidance. Festive diabetes management is about flexibility, not perfection. By combining balanced meals, appropriate portions, healthy choices, mindful eating and post-meal movement, people living with diabetes can enjoy festive traditions while continuing to support good glycemic management.

Resources:

1. American Diabetes Association. Eating healthy with diabetes. Accessed September 1, 2026. <https://diabetes.org/food-nutrition/eating-healthy>
2. Saboo B, Joshi S, Shah SN, *et al.* Management of Diabetes during Fasting and Feasting in India. *J Assoc Physicians India.* 2019;67(9):70-77.
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Diabetes Educator Toolkit: Skill of the Month: Confrontation



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Confrontation in diabetes education involves respectfully addressing the gap between a person's goals and their current behaviors. It is not about criticism or argument, but about encouraging awareness, reflection, and positive change.

Diabetes self-management education and support (DSMES) works best when it is person-centred,

empowering, and respectful. Every individual has different experiences, priorities, challenges, and strengths. Diabetes educators (DE) can use empathic communication to help individuals recognize what may be getting in the way of their goals.

The purpose of confrontation should be to encourage self-reflection while maintaining trust and supporting the individual's choice. A collaborative conversation can help individuals identify their own reasons for change and explore realistic solutions.

The presence of discord may indicate a need for compassionate confrontation. It describes tension, disagreement, or a strained interaction between the DE and the individual. When discord occurs, educators should avoid trying to win the conversation. Instead, they can pause, listen, acknowledge the individual's perspective, and redirect the discussion towards constructive change.



Key ways to keep confrontation empathic

- **Lead with strengths:** Recognize what the individual is already doing well.

"You've been regular with monitoring your glucose levels before breakfast."

- **Reflect before advising:** Show that you have understood the person's concerns before offering suggestions.

"It sounds like managing meals during your workday has been challenging."

- **Ask permission and offer choices:** Instead of immediately giving instructions, invite collaboration.

"Will it be okay if we discussed a few options that may be of help for you?"

- **Acknowledge emotions without judgment:** Create space for individuals to talk about frustration, fear, or guilt without feeling criticized.

"It sounds like this has been frustrating for you."

Compassionate confrontation is a skillful approach to communication. It allows diabetes educators to address important behaviours without judgment. By combining honesty with empathy, educators can protect the therapeutic relationship and help individuals connect their everyday choices with the goals that matter to them.

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Frequently Asked Questions on Festive Care in Diabetes



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1. My son, 12 years of age, was recently diagnosed with type 1 diabetes. Diwali is coming up, and he loves mithai and sweets. How can I manage his glucose levels during the celebrations? Can I make sugar-free sweets using dates to prevent a sugar spike and avoid insulin?

Answer: Type 1 diabetes does not mean your son

has to miss out on festive celebrations. He can enjoy sweets occasionally, but they still contain carbohydrates and may raise blood glucose, even when made with dates or labelled “sugar-free.” Dates are naturally high in sugar and are not a way to avoid an insulin dose. Instead, focus on portion size, carbohydrate content, and appropriate insulin dosing as advised by the doctor.

- **Keep portions small:** Offer a small serving of his favorite mithai rather than completely restricting sweets.
- **Plan rather than avoid:** Include the sweet as part of a meal or planned snack, estimate the carbohydrate content and cover it with insulin.
- **Stay active:** Encourage some light activity, such as a short walk or playing after having mithai

Festivals are about participation, not perfection. With planning, portion control, and the right insulin management, he can also enjoy Diwali.



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2. I am a 41-year-old woman recently diagnosed with type 2 diabetes. I usually observe fasts during festivals such as Navratri and eat fruits, potatoes, sabudana and fasting snacks when I break my fast. Since these foods are allowed during fasting, they still raise my blood sugar levels. How can I make better choices while fasting?

Answer: Yes, these foods that are permitted during fasting can raise blood glucose levels. Fruits, potatoes, sabudana and many fasting snacks are rich in carbohydrates, and the amount and combination in which they are eaten can affect your glucose levels. Here are some simple ways to make your fasting meals more balanced:

- **Pair carbohydrates with protein:** Include options such as curd, milk, paneer, nuts or seeds along with these carbohydrate-rich foods. Include curd with a small portion of sabudana khichadi, or pair fruits with nuts to keep glucose levels under control while still enjoying your fast.
- **Watch portions:** Instead of having large amounts of potatoes, sabudana or fasting snacks at one time, keep only one carbohydrate source for a meal and the portions moderate.
- **Choose minimally processed options:** Prefer fruits, roasted makhana, nuts and homemade preparations over fried or packaged fasting farsan.

The goal is to choose appropriate portions and combinations to help manage blood glucose levels while enjoying your fast.

3. I am a 48-year-old man recently diagnosed with type 2 diabetes and will be celebrating Pongal with my family. There will be sweet Pongal, traditional dishes and festive snacks throughout the day. I want to participate without completely avoiding my favorite foods. How can I enjoy Pongal while keeping my blood sugar in check?



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Answer: You do not need to completely avoid traditional foods to celebrate Pongal. The key is to be mindful of how much you eat and how you structure your day. Rather than grazing on festive foods throughout the day, enjoy your favorites as part of planned meals. Try these simple strategies:

- **Follow your usual meal timings:** Avoid skipping meals to “save calories” for the festive feast, as this can lead to overeating later.
- **Build your plate wisely:** Include vegetables and a protein source along with your traditional dishes, and keep portions of rice-based dishes and sweets to moderate.
- **Pick your favorites:** You do not need to taste everything. Choose one or two foods you particularly enjoy and have smaller portions.
- **Stay active:** A short walk after meals can be a simple way to stay active during the celebrations and keep post meal blood glucose levels under control.

Focus on portions, balanced meals and staying active rather than trying to follow a restrictive diet on a special day.

Food Trivia: Coconut Sugar: Good or Bad

Coconut sugar (also known as coco sugar, coconut palm sugar or coco sap sugar) is a palm sugar which is made from the watery coconut sap found inside palm trees. It is prepared by concentrating flower cluster sap, which is popularly known as 'neera' in Kerala, India. The collected sap is heated to evaporate its water content, which then crystallizes into coconut sugar. It has a caramel-like flavor and can generally replace white sugar in a 1:1 ratio in beverages, desserts, sauces, cakes, cookies and other baked goods.



Glycemic index (GI)

The GI is a measure of how quickly a carbohydrate containing food raises blood glucose levels after eating. Available evidence suggests coconut sugar has been reported to have a low-to-moderate GI, with values around 35-54. The values vary between products and testing methods. It may also depend on other foods it is combined with and their nutritional content, meal composition, timing and individual factors.

Uses of coconut sugar

It is used as a versatile sweetener in a variety of the following everyday foods and beverages:

- **Beverages:** It is used in tea, coffee, latte, smoothies and other drinks to lend a subtle toasted caramel flavor.
- **Breakfast foods:** It can be added to porridge, chia seed pudding, yogurt bowls or pancakes for natural sweetness.
- **Baking:** It is added to muffins, brownies and bread recipes to activate the yeast (for e.g. when making gluten-free bread rolls).
- **Savory dishes:** It is added to balance out spicy, salty or sour flavors. It is commonly added to marinades, glazes, salad dressings, or curries.

Coconut sugar has a low-to-moderate GI, which may result in a slower rise in blood glucose compared with table sugar. However, it is still an added sugar and provides calories and carbohydrates, so switching to coconut sugar does not make it “free” from a glucose-control perspective. Portion size and overall carbohydrate intake still matter, and moderation remains key.

Resources:

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Role Play

Scenario: *Mr. Sameer, 44, has type 2 diabetes and will be attending an office Diwali lunch. He knows the meal will include sweets, savories and a festive spread. He wants to enjoy the celebration without overeating or causing a large glucose spike. He has come to a diabetes educator (DE) to ask “How should I choose from the festive spread and still enjoy the Diwali lunch?”*

Mr. Sameer: Hello! I have diabetes but it is in control. I plan to attend an office lunch for the Diwali celebration. Can I skip my breakfast so I can enjoy the party food?

DE: Good afternoon, Mr. Sameer. No, never skip meals. Skipping meals can lead to sudden drop in blood glucose levels (hypoglycemia) or can make you excessively hungry and lead to overeating. This can cause a major spike in blood glucose levels later in the day. Consume your regular balanced breakfast as usual. To help you manage your appetite better, opt for a mid-morning snack like a small fruit if there's a long gap of 4-5 hours between breakfast and lunch.

Mr. Sameer: There will be so many dishes in the menu. How should I go about choosing what to eat?

DE: Start your meal with a clear vegetable soup or a portion of sautéed/stir-fried vegetables. Next, have a small portion of a protein source such as curd, buttermilk, dal, paneer, tofu, or a non-vegetarian option. Then, have your main staple in a reduced portion such as rice or chapati along with the remaining foods. Choose plain chapati or flatbreads instead of buttered chapati or parathas to help keep the meal lighter.

This approach helps provide balanced nutrition, supports portion control, and may help slow the rise in blood glucose after a meal. After lunch, take a 15–20-minute light walk, such as around the office, to help your body use glucose and manage post-meal blood glucose levels.

Mr. Sameer: Understood. I have a sweet tooth and would like to relish some of my favorite Diwali delicacies? Can I have sweets despite having diabetes?

DE: Yes, you don't have to completely avoid sweets. Choose a small portion, preferably one piece at a time, rather than having several sweets together. When including sweets with a meal, keep other carbohydrate sources such as roti or rice to a moderate portion. This helps you enjoy sweets while being mindful of your overall carbohydrate intake and blood glucose levels.

Mr. Sameer: Should I take diabetes medications differently because I am eating festive food?

DE: Don't adjust medication dosage on your own. If your meal timing or food intake is significantly different, discuss the necessary changes in advance with your doctor.

Mr. Sameer: Thank you for these helpful suggestions.

Diabetes educator: You're welcome. Choose foods wisely and celebrate with balanced choices and mindful eating.

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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 2 FORTE

Metformin Hydrochloride 1000 mg SR + Glimepiride 2 mg



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

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

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



USV Private Limited

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