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Modified Snack Recipe Varagu Tikki for Diabetes Mellitus

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Abstract: Varagu (bhagar) is a well-known millet in India which is generally consumed only during traditional fasting. VARAGU TIKKI (cutlet) is a modification of traditional Aloo Tikki in respect of its nutritional aspect specially for people suffering from diabetes mellitus. The main ingredient used to lower its glycemic index and increase fiber content is Varagu. The additional nutritional benefits are provided by carrot, bengal gram whole and functional foods like flax seeds, curd, coriander leaves.

It is a perfect diabetes-friendly snack in which varagu provides high fiber that is known to lower blood glucose level. Carrot provides a good amount of antioxidants. Flax seeds are a good source of omega 3 fatty acid and soluble fiber that help to prevent fluctuation in blood glucose level. Curd acts as a good binding agent as well as probiotic. These dietary changes were replaced with varagurice, bengal gram flour and carrot hence could be associated with a lower risk of diabetes and might be an appropriate component of recommendations for an overall healthy diet.

Based on these facts we could conclude that this modified VARAGU TIKKI is nutrient dense, low calorie, low glycemic index, handy, palatable and attractive. The additional benefit of this snack is its cost effectiveness and could be consumed by all classes of the population and all age groups.

Keywords: Varagu, Diabetes Mellitus, Low Glycemic Index,

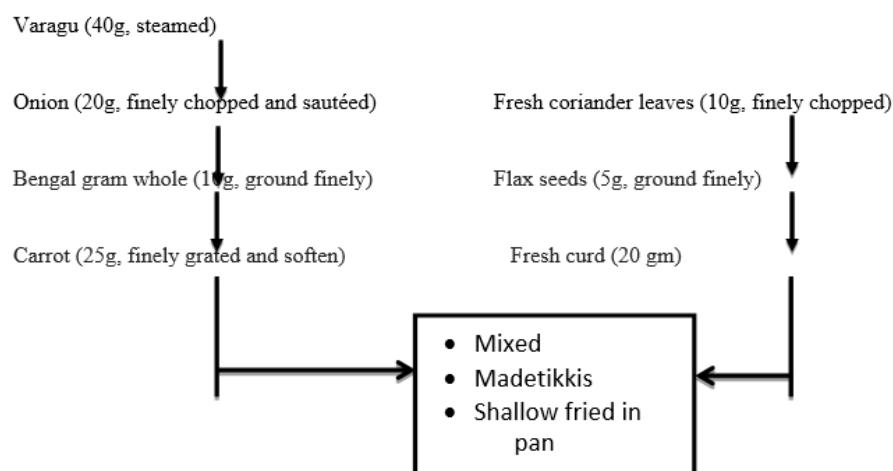
INTRODUCTION

Diabetes is among most popular disorder in India today for the very obvious reason that every fifth person who suffered from diabetes in the world today is an Indian. Out of the total number of persons suffering from diabetes in the world, which is around 150 million, roughly 35 million are Indians. (Prabha, 2015)

Diabetes mellitus is a metabolic disorder characterized by a lack of the hormone insulin in the blood, which leads to abnormalities in the assimilation of carbohydrates by the body. The old terms of 'juvenile onset' and 'maturity onset' diabetes have been replaced by 'Type I and Type II' because the age of onset is not the initial determinant of the form of diabetes. The most common causes of diabetes are heredity, improper dietary habits, lack of exercise, side effects of drugs and toxins, the effect of hormones, psychological factors, as a sequel to other diseases like pancreatitis and heart attacks. The main symptom of diabetes mellitus includes polydipsia, polyuria, polyphagia. Other symptoms are blurred vision, skin irritation, general weakness and loss of strength. Finally, it leads to water and electrolyte imbalance, ketoacidosis and coma. Chronic complications include retinopathy, nephropathy, neuropathy, and recurrent myocardial infarction with an increase in the incidence of congestive heart failure, ulceration, sepsis of feet and even gangrene. A high complex carbohydrate and low-fat diet, which contains a variety of fruits and vegetables, would be an ideal diet for diabetics. The WHO report suggests that over the 19 percent of the world's diabetes population currently resides in India and it will increase 80 million in the year of 2030. (Prabha, 2015)

METHODOLOGY

Flow chart for NUTRI TIKKI preparation



Traditional tikki is made by using potato, bread crumbs, green peas, corn flour. The tikkis are then deep fried. These ingredients are not at all suitable for diabetic patients due to their high starch and high-calorie content.

RESULTS AND DISCUSSION

Nutritive value comparison of traditional and modified recipes:

| MODIFIED RECIPE (NUTRI TIKKI) | | | | |
|-------------------------------|-------------|---------------|--------------|-------------|
| Ingredient | Amount (gm) | Energy (kcal) | Protein (gm) | Fat (gm) |
| Varagu | 40 | 123 | 3.32 | 0.47 |
| Carrot | 25 | 12 | | |
| Bengal gram whole | 10 | 36 | 1.71 | 0.53 |
| Coriander leaves | 10 | 4 | | |
| Flax seeds powder | 5 | | | |
| Oil | 5 | 45 | | 5.00 |
| Onion | 20 | 10 | | |
| Curd | 20 | 13 | 0.62 | 0.80 |
| Total | | 243 | 5.65 | 6.80 |

| TRADITIONAL RECIPE (ALOO TIKKI) | | | | |
|---------------------------------|-------------|---------------|--------------|-----------|
| Ingredient | Amount (gm) | Energy (kcal) | Protein (gm) | Fat (gm) |
| Potato | 100 | 100 | | |
| Bread crumbs | 10 | 25 | 0.88 | |
| Green peas | 25 | 23 | 1.70 | |
| Corn flour | 10 | 33 | | |
| Oil | 15 | 135 | | 15 |
| | | | | |
| | | | | |
| | | | | |
| Total | | 316 | 2.58 | 15 |

The overall acceptability with respect to the nutritive value of NUTRI TIKKI is significantly higher in comparison with traditional tikki prepared.

CONCLUSION

Diabetes is a disease where many food items are restricted as they increase blood glucose level. Traditional Aloo Tikki is one of such food items which cannot be consumed by diabetics due to its high glycemic index and high caloric value. Therefore this modification of traditional recipe into modified **NUTRI TIKKI** was done for the prevailing lifestyle disorder such as diabetes mellitus. The nutritive value of this modified recipe was significantly higher than the traditional recipe. Its low glycemic index and high fiber content make it a perfect snack for diabetic population. The cost analysis showed it to be highly cost effective and hence affordable to all classes of society. The preparation method is also easy.

REFERENCES

1. David S Ludwig and David J Jenkins Carbohydrates and the postprandial state: have our cake and eat it too? 1:2-3, 2004 American Society for Clinical Nutrition
2. DR. P. STANLY JOSEPH MICHAELRAJ*; A. SHANMUGAM**A STUDY ON MILLETS BASED CULTIVATION AND CONSUMPTION IN INDIA International Journal of Marketing, Financial Services & Management Research ISSN 2277- 3622 Vol.2, No. 4, April (2013)
3. <http://nutritionfoundationofindia.org>
4. <http://www.docollect.com/tag/varagu-rice-and-diabetes>

5. http://www.millets.res.in/m_recipes/Nutritional_health_benefits.pdf
6. http://www.spc.tn.gov.in/reports/Millets_book.pdf
7. <https://www.ijcrar.com/>
8. Mani UV¹, Prabhu BM, Damle SS, Mani I. Glycaemic index of some commonly consumed foods in western India Asia Pac J ClinNutr. 1993 Sep; 2(3):111-4.
9. Paramahans, S. V., and Tharanathan, R. N. (1980), Carbohydrate Composition of the Millet Varagu. Starch/Stärke, 32: 73–76
10. Riccardi G¹, Rivellese AA Effects of dietary fiber and carbohydrate on glucose and lipoprotein metabolism in diabetic patients. Diabetes Care. 1991 Dec; 14(12):1115-25.
11. Riccardi G¹, Rivellese AA, Giacco R Role of Glycemic Index and Glycemic load in the healthy state, in Prediabetes, and in diabetesAm J ClinNutr. 2008 Jan; 87(1):269S-274S.
12. Sacks FM¹, Carey VJ², Anderson CA³, Miller ER 3rd⁴, Copeland T², Charleston J⁵, Harshfield BJ², Laranjo N², McCarron P⁶, Swain J⁷, White K⁶, Yee K⁷, Appel LJ⁵. Effects of the high vs low glycemic index of dietary carbohydrate on cardiovascular disease risk factors and insulin sensitivity: the OmniCarb randomized clinical trial.JAMA. 2014 Dec 17; 312 (23):2531-41.
13. Sacks FM¹, Carey VJ², Anderson CA³, Miller ER 3rd⁴, Copeland T², Charleston J⁵, Harshfield BJ², Laranjo N², McCarron P⁶, Swain J⁷, White K⁶, Yee K⁷, Appel LJ⁵. Effects of the high vs low glycemic index of dietary carbohydrate on cardiovascular disease risk factors and insulin sensitivity: the OmniCarb randomized clinical trial.
14. Saxena R¹, Venkaiah K, Anitha P, Venu L, Raghunath M. Antioxidant activity of commonly consumed plant foods of India: contribution of their phenolic content.Int J Food Sci Nutr. 2007 Jun;58(4):250-
15. Singh JP¹, Kaur A¹, Shevkani K², Singh N¹ Composition, bioactive compounds and antioxidant activity of common Indian fruits and vegetables.J Food Sci Technol. 2016 Nov; 53
16. Suzuki K¹, Ito Y, Nakamura S, Ochiai J, Aoki K Relationship between serum carotenoids and hyperglycemia: a population-based cross-sectional study.J Epidemiol. 2002 Sep; 12(5):357-66
17. Suzuki K¹, Ito Y, Otani M, Suzuki S, Aoki K. [A study on serum carotenoid levels of people with hyperglycemia who were screened among residents living in a rural area of Hokkaido, Japan].Nihon Eiseigaku Zasshi. 2000 Jul; 55(2):481-8
18. T. P. Mall* and S. C. TripathiMILLETS-THE NUTRIMENTAL POTENT ETHNO-MEDICINAL GRASSES: A REVIEW, World Journal of Pharmaceutical Research SJIF Impact Factor 5.990 Volume 5, Issue 2, 495-520
19. Tay J¹, Luscombe-Marsh ND², Thompson CH³, Noakes M², Buckley JD⁴, Wittert GA³, Yancy WS Jr⁵, Brinkworth GD⁶A very low-carbohydrate, low-saturated fat diet for type 2 diabetes management: a randomized trial.Diabetes Care. 2014 Nov; 37(11):2909-18.
20. Tay J¹, Luscombe-Marsh ND², Thompson CH³, Noakes M⁴, Buckley JD⁵, Wittert GA³, Yancy WS Jr⁶, Brinkworth GD Comparison of low- and high-carbohydrate diets for type 2 diabetes management: a randomized trial.Am J ClinNutr. 2015 Oct; 102 (4):780-90
21. V. Krish Na Prabha^{1*}, K.P. Vasanthadevi², R.Vijayaraghavan³ Formulation of Gymnema Sylvestremix Incorporated Foods for Diabetes Mellitus Int. J. Pharm. Med. Res. 2015; 3(3):238-241
22. Vaaler S, Hanssen KF, Aagenaes O. The effect of cooking upon the blood glucose response to ingested carrots and potatoesDiabetes Care. 1984 May-Jun;7(3):221-3
23. Walter Willett, JoAnn Manson, and Simin Liu Glycemic index, glycemic load, and risk of type 2 diabetes 1·2·32002 American Society for Clinical Nutrition
24. www.edenwellness.org