

# **DIET CHARTS**

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## **Index**

- 1. 1400 Cal Diabetic Diet**
- 2. 1200 Calories Diet Example**
- 3. 1400 Calories Diet Example**
- 4. 1600 Calories Diet Example**
- 5. 1800 Calories Diet Example**
- 6. 2000 Calories Diet Example**
- 7. Delhi Diabetic Forum**
- 8. Diet on Ulcerative Colitis**
- 9. Home remedy for Kidney Stones**
- 10. Irritable bowel syndrome: Controlling symptoms with diet**
- 11. Foods High in Oxalate**
- 12. Diet in Renal Failure and CKD**
- 13. Diet on Haemodialysis**
- 14. Diet on Post Transplant**
- 15. Recurrent Renal Stone Disease**
- 16. Diets and drugs to be avoided in Renal Stones( Calcium, Oxalate & Uric Acid)**
- 17. Food Exchanges Charts**
- 18. Calorie Count**
- 19. Household Measures**
- 20. Medicinal Plants**
- 21. Diet for cardiac, Hypertensive, High Cholesterol and Obese.**

# **1400 Cal Diabetic Diet**

## **Bed Tea:**

100 ml of skimmed milk (to make tea or coffee with)(Without Sugar).

## **Breakfast (Before 09:00AM)**

2 brown bread or 1 Roti.

1 Glass of skimmed milk (Without Sugar).

+

½ Katorie Cornflakes (15 Gms)

or

½ Katorie Daliya (15 Gms)(Without Sugar).

or

1 Egg white (boiled)

or

2 piece of paneer (40 Gms)

or

1 Besan Cheela

## **Mid Morning (11:00 Am to 11:30AM)**

100 ml skimmed milk (To make tea or coffee with) (Without Sugar).

1 Fruit (Apple/Guava/Pine Apple/Papaya)(100-150 gms)

## **Lunch (01:30PM to 02:00 PM)**

2-3 Rotis (or in place of 1 Roti, half Katorie Boiled Rice).

1 Katorie Vegetable (Maximum 1 Teaspoon oil can be used for cooking).

1 Katorie Daal.

1 Katorie Curd (Made from skimmed milk).

1 Teaspoonfull of Isabagol/Fibrofit (For whom salads are not allowed)

**For Non-vegetarians**, in place of Daal and Curd, Chicken/ Fish 2 pieces (180 gms) thrice a week.

## **Evening Tea Time (04:00 PM to 04:30PM)**

100ml of skimmed milk (to make tea or coffee with)(Without Sugar).

Marie Biscuits-2

1 Toast Brown Bread.

Or

Chana Murmure

**Dinner (07:30PM to 08:00PM)**

2 Rotis

½ Katorie Vegetables

½ Katorie Daal or Paneer or Besan Kadi

1 Katorie Curd made of skimmed milk

**(Maximum 1 teaspoon oil to be used for cooking).**

**Bed Time (09:30 PM to 10:00 PM)**

1 Cup of skimmed milk (Without Sugar).

**Milk:**

Skimmed milk (First Choice).

Double Toned Milk (Second Choice)

**Salt**

¾ th Tea Spoon per day.

**Sweeteners:**

Morepen, Equal, Sweetex-4to6 piece per day

**Biscuits**

Marie

Krac Jack

Cream Craker

Nutritive Digestive

**Namkeens**

Roasted Namkeen (Without oil)

Bhuna Channa

Wheat Puffs

MurMura

**Drinks**

You can drink Diet Coke, Catch Clear Soda and Soda Plain, occasionally.

**Walk minimum 30 minutes before break fast and 30 minutes after dinner.**

**(Brisk walking indoors on bad weather days).**

**Five to six small frequent meals instead of 3 large meals per day.**

**Timings of eating to be regular.**

**Sugar and all its products to be avoided.**

**Honey, Jam, Jelly, Gur, Sugar, Squashes, Cold Drinks, Desserts, Pudding, Sweets, Mithai, Ice-creames, Chocolates, Pastries, Cakes.-to be avoided**

## **Fat:**

**Prefer combination of** refined + mustard

Or refined + olive

Or Ground Nut

Or Refined + Soybean

2-3 teaspoons of oil or better or ghee or plain cheese.

## **High fiber diet:**

**Include** these things in daily diet

: Sprouts-Every Alternate Days.

: Brown bread in place of white bread.

: Whole pulses.

: Wheat flour to make chapattis should contain bran in following quantities:

:Wheat flour-70%

:Bran-30%

:Oats

:Isabgol-1tbspoon before lunch and dinner

Salads-400grams(for whom there is no potassium restriction-for whom there is potassium restriction replace with Isabgol)

## **Fruits**

### **To be avoided**

### **Allowed**

Mangoes

Bananas

Chikku

Grapes

Custard apple

Apple

Papaya

Guava

**No fruit should be taken with main meal**

## **Vegetables**

### **To be avoided**

Potato

Sweet Potato(Shakar Kandi)

Arbi

## **Non Veg**

### **To be avoided**

### **To be preferred**

Red meat(mutton,beef,pork)

Fish

Organ meat(liver,brain,kidney,heart)

Egg yolk

Chicken

(Maximum 2 teaspoon oil to be used for cooking daily)

**For potassium restriction**

.Dialysis vegetables (soaking in water for two hours before cooking)

.No raw vegetables

.Use very low tomatoes.

No soup of any kind

[ [Top](#) ]

**1200 Calories Diet Example**

	<b>Cereal</b>	<b>Pulse /Meat</b>	<b>Milk</b>	<b>Veg.</b>	<b>Fruit</b>	<b>Fat</b>
	<b>List-1</b>	<b>List-2</b>	<b>List-3</b>	<b>List-4</b>	<b>List-5</b>	<b>List-6</b>
Breakfast	1	-	1	-	-	-
Mid Morning	-	-	-	-	1	-
Lunch	3	1	1	1½	-	1
Tea	½	-	-	-	-	-
Dinner	2	1	-	1½	-	½
Bed Time	-	-	1	-	-	-
Total Day	6½	2	3	3	1	1½
Calories	520	160	240	150	50	135
Total Calories	1,255					

**1400 Calories Diet Example**

	<b>Cereal</b>	<b>Pulse /Meat</b>	<b>Milk</b>	<b>Veg.</b>	<b>Fruit</b>	<b>Fat</b>
	<b>List-1</b>	<b>List-2</b>	<b>List-3</b>	<b>List-4</b>	<b>List-5</b>	<b>List-6</b>
Breakfast	1	-	2	-	-	-
Mid Morning	-	-	-	-	1	-
Lunch	3	1	1	1½	-	1
Tea	½	-	-	-	-	-
Dinner	3	1	-	1½	-	½
Bed Time	-	-	1	-	-	-
Total Day	7½	2	4	3	1	1½
Calories	600	160	320	150	50	135
Total Calories	1,415					

**1600 Calories Diet Example**

	<b>Cereal</b>	<b>Pulse /Meat</b>	<b>Milk</b>	<b>Veg.</b>	<b>Fruit</b>	<b>Fat</b>
	<b>List-1</b>	<b>List-2</b>	<b>List-3</b>	<b>List-4</b>	<b>List-5</b>	<b>List-6</b>
Breakfast	1½	-	2	-	-	-
Mid Morning	-	-	-	-	1	-
Lunch	4	1	1	1½	-	1
Tea	1	-	-	-	-	-
Dinner	3	1	1	1½	-	½
Bed Time	-	-	1	-	-	-
Total Day	9½	2	5	3	1	1½
Calories	760	160	400	150	50	135
Total Calories	1,655					

**1800 Calories Diet Example**

	<b>Cereal</b>	<b>Pulse /Meat</b>	<b>Milk</b>	<b>Veg.</b>	<b>Fruit</b>	<b>Fat</b>
	<b>List-1</b>	<b>List-2</b>	<b>List-3</b>	<b>List-4</b>	<b>List-5</b>	<b>List-6</b>
Breakfast	1½	-	2	-	-	-
Mid Morning	-	-	-	-	1	-
Lunch	4	1	1	2	-	1
Tea	1	½	-	-	-	-
Dinner	4	1	1	1½	-	1
Bed Time	-	-	1	-	-	-
Total Day	10½	2½	5	31/3	1	2
Calories	840	200	400	175	50	180
Total Calories	1,845					

# RECURRENT RENAL STONE DISEASE

*Patients should avoid:*

## I **Foods rich in oxalate**

- Rhubarb, Standard teas, Nuts, Beans, Spinach, Coffee and Choclates.

## II **Drugs**

### 1. Drugs that promote calcium stone formation

- Loop diuretics
- Antacids (calcium and non-calcium)
- Acetazolamide
- Glucocorticoids
- Theophylline
- Vitamins D and C

### 2. Drugs that promote uric acid formation

- Thiazides
- Salicylates
- Probenecid
- Allopurinol

### 3. Drugs that precipitate into stones

- Triamterine
- Aciclovir
- Indinavir

## **Management of Chronic stones:**

The patients should be encouraged to increase their basic water intake to at least 2 liters daily, and especially so during heavy exercises, fever episodes and when traveling long distances.

A non-animal low protein diet (0.8-1.0g/Kg per day) prevents the mild acidosis induced by animal protein breakdown, and improves calcium

homeostasis. Severe protein restriction results in malnutrition and muscle breakdown and should be discouraged.

# **KIDNEY STONES DIET**

## **ESSENTIALS TO PREVENT STONE RECURRENCE**

1. Analysis of 24 Hours urine, stone & serum for mineral content.
2. Fluid intake to be > 5 litres/24 hours.
3. To ensure urine output more than 3 litres / 24 hours.
4. Urine Culture every 3-6 months.
5. Selective dietary precautions as advised below.

## **URIC ACID STONES** **FOODS TO AVOID**

1. Liver, Brains, Kidney, Fish, Aslmon, Sardines.
2. Meat extracts and gravies.
3. Alcoholic beverages of all kinds.

## **CALCIUM STONES** **FOODS TO AVOID**

1. Milk and milk products (Less than 200 ml. / day allowed).
2. Custard, Ice cream, milk, milk based soups.
3. White cheese, Dahi.
4. Bean, Cauliflower, Egg yolk, Figs, Potatoes, Gur.

## **OXALATE STONES** **FOODS TO AVOID**

1. Raspberries, plums, strawberries, chickoo, custar apple.
2. Chocolate, cocoa
3. Spinach, tomato
4. Strong Tea (less than 6 week cups a day allowed)
5. Cashew Nuts, Khus Khus.

ULTRA SOUND SCAN K.U.B. X-RAY ONCE IN EVERY YEAR FOR EARLY DETECTION OF STON. RECURRENCE

## **2000 CALORIES DIABETIC DIET**

### **FREE FOODS THAT CAN BE TAKEN:-**

Plain Tea, coffee, Nimboo Pani, clear soup, khatti lassi, kheer, kakkari, Tomato, Mooli, Karela Sag & Leafy vegetables.

### **FOODS TO BE TAKEN IN PRESCRIBED AMOUNT:**

Wheat Atta, Gram Atta, Rice, Milk, Bean, curd, Paneer, Chicker Fish, Meat, Fruits, Vegetables.

### **FOODS TO BE AVOIDED :-**

Ice-Cream, Pudding, Pickles, Fried food, Fast food, Alcohol

### **FRUITS TO BE AVOIDED :-**

Mango, Banana, Grapes, Chickoo, Khazoor

### **VEGETABLES TO BE AVOIDED:-**

Sitaphal, Shakargandi, Potato,

### **OTHER THINGS TO BE AVOIDED:-**

Pastry, Sweets, Sweet dishes, Sugar, Honey and Maida articles.

Total food for the day

<b>Food Stuff</b>	<b>Vegetarian</b>	<b>Non-Veg</b>	<b>Household measure</b>
Wheat flour	200 gms	200 gms	8 chapatti Small
Bread (Brown)	75 gms	75 gms	3 slices
Milk (Toned)	500 gms	500 gms	1 ½ liter
Green Veg.	1 Katori	1 Katori	1 Katori
Fruit	100gms	100 gms	1 No
Egg	-	1 No	1 No
Paneer	35 gms	-	1 ½ pieces
Dal	50 gms	30 gms	1 Katori
Lean Meat/Fish/chicke	-	45/100/80 gms	1 Katori
Ghee/Oil	25 gms	25 gms	5 teaspoons
Biscuits	5 Nos.	5 Nos.	5 Nos.

# MEAL PLAN FOR 2000 CALORIES DIABETIC DIET

<b>BREAKFAST</b>	<b>MILK(Skimmed)</b>	<b>200ml one glass</b>
	<b>BUTTER</b>	<b>1 ½ TSP</b>
	<b>BREAD</b>	<b>3 SLICES</b>
	<b>EGG</b>	<b>1 NOS.</b>

<b>MID MORNING</b>	<b>TEA/COFFEE</b>	<b>1 CUP</b>
	<b>VEG SANDWICH or</b>	<b>1 No.</b>
	<b>SALTY BISCUIT</b>	<b>5 Nos.</b>
<b>LUNCH</b>	<b>CHAPPATI</b>	<b>4 Nos.</b>
	<b>GREEN Veg.</b>	<b>1 Katori</b>
	<b>DAL</b>	<b>1 Katori</b>
	<b>CURD</b>	<b>1 Katori</b>
	<b>SALAD</b>	<b>1 Bowl</b>
<b>EVE.TEA</b>	<b>TEA/COFFEE</b>	<b>1 CUP</b>
	<b>FRUIT or</b>	<b>1 No.</b>
	<b>MARIE BUSCUIT of</b>	<b>4-5 Nos.</b>
	<b>ROASTED CHANNA</b>	<b>30 GMS ( 1 Katori raw)</b>
	<b>DHOKLA or</b>	<b>1 piece</b>
	<b>SPROUTED CHANNA</b>	<b>30 GMS ( 1 Katori-raw)</b>
<b>DINNER</b>	<b>SALAD</b>	<b>1 PLATE</b>
	<b>CHAPATI</b>	<b>4 Nos.</b>
	<b>GREEN VEG</b>	<b>1 Katori</b>
	<b>DAL/FISH/CHICKEN</b>	<b>1 Katori</b>

## INSTRUCTIONS TO BE STRICTLY FOLLOWED:-

1. The patient should do Morning and Evening Brisk Walk for ½ hour each time.
2. Take lemon water in the morning without sugar.
3. Take minimum 10-12 glasses of water every day.

# **1500 CALORIES DISBETIC DIET**

## **FREE FOODS THAT CAN BE TAKEN:-**

Plain Tea, coffee, Nimboo Pani, clear soup, khatti lassi, kheer, kakkari, Tomato, Mooli, Karela Sag & Leafy vegetables.

## **FOODS TO BE TAKEN IN PRESCRIBED AMOUNT:**

Wheat Atta, Gram Atta, Rice, Milk, Bean, curd, Paneer, Chicker Fish, Meat, Fruits, Vegetables.

## **FOODS TO BE AVOIDED :**

Frief food, fast food, Alcohol, Ice Cream, Pudding, Pickles

## **FRUITS TO BE AVOIDED :-**

Mango, Banana, Grapes, Chickoo, Khazoor

## **VEGETABLES TO BE AVOIDED:-**

Sitaphal, Shakargandi, Potato,

## **OTHER THINGS TO BE AVOIDED:-**

Pastry, Sweets, Sweet dishes, Sugar, Honey and Maida articles.

Total food for the day

<b>Food Stuff</b>	<b>Vegetarian</b>	<b>Non-Veg</b>	<b>Household measure</b>
Wheat flour	200 gms	200 gms	8 chapatti Small
Bread (Brown)	50 gms	50 gms	2 slices
Milk (Toned)	400 gms	400 gms	2 Bowls
Fruit	200gms	200 gms	2 No
Egg	-	1 No	1 No
Paneer	25 gms	-	1 piece
Dal	50 gms	30 gms	1 Bowl
Lean Meat/Fish/chicke	-	25/5/40 gms	1 Bowl
Ghee/Oil	10 gms	10gms	2teaspoons
Biscuits	4 Nos.	4 Nos.	4 Nos.

# **DELHI                      DIABETIC                      FORUM**

**39/17,old Rajinder Nagar, Delhi-110060**

<b>Meals</b>	
Bed Tea	<b>Tea- 1 cup (without sugar)</b>
Breakfast	<b>Sk Milk-250 gm ( 1 glass) Bread Slices-1 in no Or Breakfast Cereal-20 gm( 1 ½ T Egg/Paneer-1/60 gm</b>
Mid Morning	<b>Fruit-100 gm (Apple/papaya/melon/water Melon/Orange/Mausmi) Lemon Juice-1 Lemon</b>
Lunch	<b>Wheat flour- 60 gms ( 3 Chapaties) Dal-30gm ( 1 Katori) Boiled Vegetable-150 gm(1 Katori) Salad-A big helping ( No beet root) Curds-120 gm ( ¾ Katori) Refined Oil- 5 gm (1 t)</b>
Eve. Tea	<b>Tea-1 Cup (without sugar) Sk.Milk-25 ml (1-1/2 T) Biscuits (Salty/Marie) 2 in No.</b>
Dinner	<b>Wheat flour-60 gm( 3 Chapaties) Dal-30 gm (1 Katori) Vegetables-150 gm (1 Katori) Salad- 100 gm (No beet root) Curds- 100gm ( ½ Katori) Refined Oil – 5 gm (1 T)</b>
Bed Time	<b>Milk-250 gm (1 Glass)</b>

## **EXCHANGE LIST**

**1 Egg : 60 gm Paneer**

**Or**

**100 gm Mutton**

# **INSTRUCTION FOR DIABETICS**

## **Foods to avoid**

- Sugar & Sweet products like cakes, Pastries etc.
- Saturated fats like butter, cream desi ghee etc.
- Salt, drinks, juices, squashes
- Full cream milk
- Dry fruits
- All alcoholic drinks
- Roots, vegetables like Aloo, Arbi, Zimikand, Beetroot, Sweet Potato etc.
- Fruits like Banana, Cheeku, Mango, Grapes etc.
- Pickles in oil
- Rice & Rice products
- Horlicks, Bournvita etc.
- Juices and squashes

## **Foods allowed liberally**

- All green leafy vegetable & other vegetable except those mentioned above.
- Barley water, lemon water, veg. soup soda water
- Karela/Jamun in season
- Amla, Sprouts

# The Effects of Diet on Ulcerative Colitis

There is fairly high confidence that there is little connection between poor diet and Ulcerative Colitis/Inflammatory bowel disease (IBD). This should not be confused with Irritable Bowel Syndrome (IBS) - caused almost entirely by a poor diet high in processed foods and low in dietary fibre.

In spite of this diet has a large part to play in minimizing the effects of Ulcerative Colitis - and in the treatment of flare-ups. Care must be taken though with Colitis - as a good diet for a person with colitis differs slightly from that of a person without colitis.

## Fibre - and Ulcerative Colitis

There is much confusion in the advice given to people about dietary fibre and ulcerative colitis. To understand this properly it is important to appreciate there are two distinct types of fibre. One - soluble fibre should be encouraged when suffering from colitis - the other - insoluble fibre tends to inflame colitis and should be avoided.

### Insoluble Fibre - Detrimental for Colitis

Insoluble fibre is generally bad for ulcerative colitis/IBD sufferers. This is the type of fibre that most people would associate with a high fibre diet. Examples of this type of fibre include -

- Wheat bran/wholemeal bread/bran flakes etc.
- Cabbage
- Broccoli
- Sweet corn
- Skins peel of vegetables such as apples and grapes

This type of fibre passes through the whole of the digestive tract without being digested - and hence has a tenancy to adhere to the wall of the colon when it is inflamed. This irritates the colon - and hence will aggravate any colitis. As a rough guide if you can see particles/undigested matter in the stool this is insoluble fibre.

### Soluble Fibre - Beneficial for Colitis

Soluble fibre is very helpful for colitis and differs from insoluble fibre in that it is broken down/digested in the large intestine/colon. This produces a soft stool and good motions - but does not produce the type of particles that adhere to the bowel wall and cause inflammation. Good examples of soluble fibre include

- The body of fruits - e.g. peeled apples, peeled pears
- Peeled Vegetables - e.g. peeled potatoes and carrots
- Oat bran - e.g. porridge/Ready Brek
- White rice

There is a list of foods to eat/avoid on <http://www.crohnszone.org/lowfibre.html> that may be helpful.

## **Fish Oils and Ulcerative Colitis**

Fish oils - especially from oily fish such as sardines and sild have been shown to have a beneficial effect on colitis. This is because they help to reduce inflammation generally - and they also have a topical effect on the bowel as they pass through. In order to include fish oils in the diet it is recommended that actual fish be used rather than dietary supplements. Sardines especially are very cheap, nutritional - and contain large amounts of the required oils.

## **Dairy products and Ulcerative Colitis**

Those that suffer from ulcerative colitis should avoid excessive amounts of dairy products such as cheese/cream etc. This doesn't mean that they have to be avoided totally - just some common sense used. I would suggest that probably about 2-3 ounces in a day is about the limit. Quantities beyond this are likely to lead to lactose in the colon - which will encourage unhelpful bacteria and inflammation.

## **Foods to Avoid when you have active Ulcerative Colitis (Flare Up)**

There are a number of foods which are best avoided during a flare up of Ulcerative Colitis - or when Colitis is active (i.e. blood or mucous in the stools). These are mainly foods that either include a high amount of insoluble fibre - or very high amounts of dairy fats-

Cabbage/sprouts

Cauliflower

Broccoli

Sweet Corn

Mushrooms

High Bran fibre items - such as wholemeal bread, and high fibre cereal

Raw onions

Tomatoes - especially the seeds

Soya Protein (TVP)

Onions - Especially raw onions

Cheese/cream (tends to cause excess acid/irritation in the gut)

# Home remedy for kidney stones

[Kidney Stones home remedies and natural cures, Questions and answers](#)

## **Kidney Stones treatment using Kidney Beans**

Kidney beans, also known as dried French beans or Rajmah, are regarded as a very effective home remedy for kidney problems, including kidney stones. The method prescribed to prepare the medicine is to remove the beans from inside the pods, then slice the pods and put about sixty grams in four litre of hot water, boiling them slowly for six hours. This liquid should be strained through fine muslin and then allowed to cool for about eight hours. Thereafter the fluid should be poured through another piece of muslin without stirring. A glass of this decoction should be given to the patient every two hours throughout the day for one day and, thereafter, it may be taken several times a week. This decoction would not work if it was more than twenty-four hours old. The pods could be kept for longer periods but once they were boiled, the therapeutic factor would disappear after one day.

## **Kidney Stones treatment using Basil**

Basil has a strengthening effect on the kidneys. In case of kidney stones, one teaspoon each of basil juice and honey should be taken daily for six months. It has been found that stones can be expelled from the urinary tract by this treatment.

## **Kidney Stones treatment using Celery**

Celery is a valuable food for those who are prone to getting stones in the kidneys or gall-bladder. Its regular intake prevents future stone formation.

## **Kidney Stones treatment using Apple**

Apples are useful in kidney stones. In countries where the natural unsweetened cider is a common beverage, cases of stones or calculus are practically absent. The ripe fresh fruit is, however, more valuable.

## **Kidney Stones treatment using Grapes**

Grapes have an exceptional diuretic value on account of their high contents of water and potassium salt. The value of this fruit in kidney troubles is enhanced by its low albumin and sodium chloride content. It is an excellent cure for kidney stones.

## **Kidney Stones treatment using Pomegranate**

The seeds of both sour and sweet pomegranates are useful medicine for kidney stones. A tablespoon of the seeds, ground into a fine paste, can be given along with a cup of horse gram (kulthi) soup to dissolve gravel in kidneys. Two tablespoons of horse gram should be used for preparing the cup of soup.

## **Kidney Stones treatment using Watermelon**

Watermelon contains the highest concentration of water amongst all fruits. It is also rich in potassium salts. It is one of the safest and best diuretics which can be used with beneficial result in kidney stones.

## **Kidney Stones treatment using Vitamin B 6**

Research has shown the remarkable therapeutic success of vitamin B6 or pyridoxine in the treatment of kidney Stones. A daily therapeutic dose of 100 to 150 mg of vitamin B6, preferably, combined with other B complex vitamins, should be continued for several months for getting a permanent cure.

# Diet for kidney stones

[Kidney Stones : Home Remedies suggested by users](#)

## **Avoid foods like alcoholic beverages; condiments and pickles; certain vegetables like cucumber, radish.**

A patient with kidney stones should avoid foods, which irritate the kidneys, to control acidity or alkalinity of the urine. He should also ensure adequate intake of fluids to prevent the urine from becoming concentrated. The foods considered irritants to the kidneys are alcoholic beverages; condiments and pickles; certain vegetables like cucumber, radish, tomato, spinach, rhubarb; those with a strong aroma such as asparagus, onion, beans, cabbage, and cauliflower; meat and gravies; and carbonated waters.

## **Intake of calcium and phosphates should be restricted**

For controlling the formation of calcium phosphate stones, the intake of calcium and phosphates should be restricted. Foods which should be avoided are wholewheat flour, Chickpea, peas, soyabean, beet, spinach, cauliflower, turnips, carrots, almonds, and coconuts. When stones are composed of calcium, magnesium phosphates, and carbonates, the diet should be so regulated as to maintain an acidic urine. On the other hand, the urine should be kept alkaline if oxalate and uric acid stones are being formed. In the latter case, fruits and vegetables should be liberally used, and acid-forming foods should be kept to the minimum necessary for satisfactory nutrition. In case of uric stones, foods with a high purine content such as sweet breads, liver, and kidney should be avoided.

## **Take a low-protein diet and have liberal intake of water**

The patient should take a low-protein diet, restricting protein to one gram per kilogram of food. A liberal intake of fluid upto three litres or more daily is essential to prevent the precipitation of salt into the form of stones.

## **Other Kidney Stones treatment**

### **Give warm enema followed by a hot bath**

The patient should be given a large warm enema, followed by a hot bath with a temperature of 37.8°C, gradually increased to 44.5°C. During the bath, the head should be wrapped in a cold towel. Hot fomentation applied across the back in the region of the kidneys will relieve the pain.

### **Yogasanas are also helpful**

Certain yogasanas such as pavanmuktasana, uttanpadasana, bhujangasana, dhanurasana, and halasana are also beneficial as they activate the kidneys.

## See also

Kindly refer our medicanet for information on [kidney stones](#).

[Kidney Stones Treatments - more information](#) [▲Top](#)

» [Reasons Kidney Stones Pregnant Women](#)

» [Common Causes Symptoms Kidney Stones | Kidney Stone Surgery](#)

» [Kidney Stones Increased Risk It s Affecting Lives](#)

» [Medical Kidney Stones](#)

» [Kidney Stones Major Types](#)

[Kidney Stones Articles](#) [▲Top](#)

» [Kidney Stones](#)

» [Home Remedies Kidney Stones](#)

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» [Seriousness Cloudy Urine Reasons](#)

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# Kidney Stone Diet

[Learn how the new prebiotic soluble fibers benefit bowel health and many GI disorders](#)

## **Purpose**

Almost everyone knows someone who has had kidney stones. The kidneys filter the blood to remove excess mineral salts and other soluble (dissolvable) wastes. The kidneys also produce the urine that dissolves these wastes and excretes them through the urinary tract. Kidney stones form when the urine becomes so saturated with a certain mineral that no more of it can dissolve into the urine (like trying to dissolve too much sugar in your iced tea). The undissolved portion of the mineral forms crystals that then clump together and grow into hard stones. Kidney stones usually develop in the kidneys. However they can form anywhere in the urinary tract. This condition is medically known as urolithiasis or nephrolithiasis.

When kidney stones are quite tiny, they may pass unnoticed with the urine. Often however, they grow too large to pass easily through the urinary tract, and some stones have rough or sharp edges. When these stones are passing through the urinary tract, it can be quite painful. In some cases, kidney stones cannot pass on their own, and treatment with specialized medical equipment or surgery may be necessary.

For most people, kidney stones are like dandelions in the lawn; they can be eliminated, but they'll be back another year. Therefore, a major part of the treatment for this condition is aimed at preventing recurrences. There are various types of kidney stones. Because treatment for each differs, it is important for the physician to determine the stone's mineral content and to identify any medical conditions that may have contributed to stone formation. Preventive treatment may be with medications and/or changes in the diet.

About 80% of all kidney stones are composed of calcium and other minerals, usually a combination of calcium and oxalate. In some cases dietary adjustments help to prevent the recurrence of these types of stones.

## **Nutrition Facts**

Diets for managing calcium kidney stones have adequate nutrients for most healthy adults. However, the Recommended Dietary Allowance (RDA) for calcium may not be met in post-menopausal, pregnant, or breast-feeding women; or in people under 25 years of age. Calcium supplements are generally not recommended, unless approved by a physician.

## **Special Considerations**

**1. Increase fluid intake.** This is the most important preventive measure for all patients who develop kidney stones. It hinders the formation of stones by diluting the urine. For example, more sugar can be dissolved in a full glass of iced tea than in a half glass. Patients should drink enough fluid to produce two quarts or more of urine each day. As a guideline, drink 8-10 oz of fluid every hour while awake, and 8-10 oz once during the

Food Sources of Calcium			
Gruyere Cheese, 1 oz.	287	Instant Oatmeal, 3/4 cup	163
Mozzarella Cheese, 1 oz	207	2% Cottage Cheese, 1 cup	155
Cheddar Cheese, 1 oz.	204	Broccoli, 1 stalk	150
Yogurt, 1/2 cup	200	Pizza, 1 slice	150
Macaroni & Cheese, 1/2 cup	200	Milk, 1/2 cup	150
7 <sup>2</sup> Homemade Waffle, 1	179	Buttermilk, 1/2 cup	150
Vanilla Ice Cream, 1 cup	176	Baked Custard, 1/2 cup	149
Ice Milk, 1 cup	176	Pudding, 1/2 cup	146
American Cheese, 1 oz	174	Blackstrap Molasses, 1 T	137
Ricotta Cheese, 1/4 cup	167	Instant Nonfat Dry Milk, 2 T	105

If the physician has recommended a calcium controlled diet, the idea is to keep calcium intake within a narrow range, not too much and not too little, because the body needs a certain amount for maintaining important functions. On this diet, men are advised to limit calcium intake to 800 mg per day. Prior to menopause, women should limit calcium to 1000 mg per day; and after menopause, these women should have 1200 mg of calcium a day.

Patients on a calcium-controlled diet should consult the physician before taking any over-the-counter medication or vitamin supplement. For examples of foods containing calcium that is easily absorbed, see the table Food Sources of Calcium.

**3. Oxalic acid or oxalate** is found mostly in foods from plants. Calcium combines with oxalate in the intestines. This reduces calcium's ability to be absorbed. Sometimes oxalate or calcium oxalate stones form because there is not enough calcium in the intestines. Then, too much oxalate goes to the kidneys to be excreted. The medical term for too much oxalate in the urine is hyperoxaluria. In certain cases of oxalate or calcium oxalate stones, the physician may recommend reducing oxalate intake along with a slight increase in calcium. It is recommended that these patients have no more than 50 mg of oxalate per day in the diet. To do this, foods with high or moderate amounts of oxalate should be reduced or eliminated from the diet.

Although there are many foods that contain large amounts of oxalate, eight foods have been shown to be most at fault for raising urine oxalate levels. They are rhubarb, spinach, strawberries, chocolate, wheat bran, nuts, beets, and tea. For more information about the oxalate content of foods, see the table, Foods High in Oxalate on page 6.

**4. Sugar, sodium, and animal protein:** It has been found that too much of these may also aggravate the development of calcium or calcium oxalate stones. Some sugars occur naturally in foods and that is not a concern. However, people who get kidney stones may benefit from avoiding packaged foods with large amounts of added sugars, and from reducing sugars added in food preparation and at the table.

Reducing sodium in the diet appears to reduce the amount of calcium excreted in the urine. Consequently, people who develop stones containing calcium may benefit from keeping sodium intake between 2300 to 3500 mg a day.

A diet high in animal protein affects certain minerals in the urine that may promote the formation of kidney stones. Therefore, people who tend to develop kidney stones should avoid eating more protein than the body needs each day. The physician or registered dietitian can recommend a daily protein intake for individual patients.

**5. Insoluble fiber:** Fiber is the indigestible part of plants. There are two types of fiber: soluble (dissolves in water) and insoluble. Both provide important functions in the body, but it is insoluble fiber (found in wheat, rye, barley, and rice) that may help to reduce calcium in the urine. It combines with calcium in the intestines, so the calcium is excreted with the stool instead of through the kidneys. Insoluble fiber also speeds up movement of substances through the intestine. so there will be less time for calcium to be

**Foods High in Oxalate**  
**(More than 10 mg per 1/2 cup serving)**

Beans string, wax Legume types (including baked beans canned in tomato sauce)	Gooseberries Grits (white corn) Instant coffee (more than 8 oz/d)
Beets	Leeks
Blackberries	Nuts, nut butter
Carob powder	Okra
Celery	Peel: lemon, lime, orange
Chocolate/cocoa other chocolate drink mixes	Raspberries (black)
Dark leafy greens	Red currants
Spinach	Rhubarb
Swiss chard	Soy products (tofu)
Beet greens	Spinach
Endive, escarole	Strawberries
Parsley	Summer squash
Draft beer	Sweet potatoes
Fruit cake	Tea
Eggplant	Wheat bran
	Wheat germ

## Sample Menu For Kidney Stones Calcium or Calcium Oxalate Stones

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
Grapefruit juice 1 cup cereal 3/4 cup skim milk 1 cup scrambled eggs 1 white toast 2 slices margarine 2 tsp coffee 1 cup water 1 cup	white meat chicken 2 oz wheat bread 2 slices oceberrg lettuce 1 cup oil/vinegar dressing 1 Tbsp canta loupe 1 cup lemonade 1 cup sugar cookie 1 water 1 cup	baked haddock 3 oz white rice 1/2 cup peas 1/2 cup margarine 2 tsp dinner roll 1 apple 1 animal crackers 16 water 1 cup

### This Sample Diet Provides the Following

Calories	1805	Fat	51 gm
Protein	81 gm	Sodium	1821 mg
Carbohydrates	261 gm	Calcium	692 gm

# Irritable bowel syndrome: Controlling symptoms with diet

## Key Points

Many people with [irritable bowel syndrome](#) (IBS) find that eating prompts symptoms of abdominal pain, constipation, diarrhea (or, sometimes, alternating periods of constipation and diarrhea), and bloating. Making adjustments to your diet can provide relief.

- Limit or eliminate foods that may make diarrhea worse, including caffeine, alcohol, milk products, foods high in sugar, fatty foods, gas-producing foods (such as beans, cabbage, and broccoli), and the artificial sweeteners sorbitol and xylitol (often used in sugarless gum and sugarless candy).
- To reduce constipation, add fiber to your diet, drink plenty of water, and get regular exercise.
- Keep a daily diary of what you eat and whether you experience symptoms after eating.
- Eat slowly and have meals in a quiet, relaxing environment.

More information on irritable bowel syndrome and lactose intolerance can be found in these topics:

- [Irritable Bowel Syndrome \(IBS\)](#)
- [Lactose Intolerance](#)

## [Irritable Bowel Syndrome \(IBS\)](#)

Many people find that their irritable bowel syndrome (IBS) symptoms become worse after they eat. Sometimes certain foods make symptoms worse.

No particular foods cause everyone with IBS to have symptoms. Doctors do not advocate a particular diet to manage symptoms. But through trial and error, many people find that they feel better when they stop eating certain foods. These foods may cause the intestines to contract, which can aggravate IBS in people who have diarrhea as their main symptom

## [How do I control irritable bowel syndrome with diet?](#)

Although there is no particular diet to follow, you can manage your irritable bowel syndrome (IBS) by limiting or eliminating foods that may bring on symptoms, particularly diarrhea. In general, you can change your diet based on whether your main symptom is constipation or diarrhea.

You also can keep a diary of what you eat and how it affects you. In addition, it helps to make sure that mealtimes are relaxing, which may prevent stress from bringing on symptoms.

## **Following a diet to reduce constipation**

Taking the following steps may reduce your constipation:

- **Add fiber to your diet.** Fiber will absorb water and add bulk to the large intestine, making bowel movements easier and more frequent than you usually experience. Eat high-fiber foods such as fresh fruits (raspberries, pears, apples), fresh vegetables (peas, brussels sprouts), wheat bran, whole-grain breads and cereals, and beans (such as kidney, pinto, and garbanzo). Increase the amount of fiber in your diet slowly to avoid excess gas.
- **Drink plenty of water.** It is also important to drink 6 to 8 glasses of water daily, because fiber absorbs water. Water will keep stools soft.
- **Get regular exercise.** Regular, gentle exercise such as walking, cycling, or swimming helps maintain bowel regularity.

If it is difficult to eat enough high-fiber foods, try using a nonprescription fiber supplement or bulking agent that contains crushed psyllium seed or methylcellulose. Examples include Citrucel, FiberCon, and Metamucil. These products are different from laxatives because they do not irritate the lining of the intestine. They are safe for long-term use. To increase their effectiveness, take fiber supplements at the same time you eat. Although you may find the taste or texture unpleasant, most people get used to them over time, and the safety and effectiveness may be worth the inconvenience. Use laxatives (for example, milk of magnesia or bisacodyl-such as Dulcolax) only when recommended by your doctor.

Not all experts agree that eating more fiber will help reduce or prevent your symptoms of IBS. For some people who have IBS, eating more fiber may actually make some symptoms worse, such as bloating. Check with your doctor before increasing the amount of fiber in your diet. Add fiber gradually so your body can adjust to the change; if you do not, you may experience bloating.

### **Following a diet to reduce diarrhea**

You may be able to reduce diarrhea if you limit or eliminate the following foods and beverages:

- Alcohol
- Caffeine, which is found in coffee, tea, cola drinks, and chocolate
- Nicotine, from smoking or chewing tobacco
- Gas-producing foods, such as beans, broccoli, cabbage, and apples
- Dairy products that contain lactose (milk sugar), such as ice cream, milk, cheese, and sour cream
- Foods and drinks high in sugar, especially fruit juice, soda, candy, and other packaged sweets (such as cookies)
- Foods high in fat, including bacon, sausage, butter, oils, and anything deep-fried
- Sorbitol and xylitol, artificial sweeteners found in some sugarless candies and chewing gum

You may try eliminating foods or beverages one at a time to see whether symptoms improve. If a specific food does not seem to be related to symptoms, there is no need to continue avoiding it.

You might want to consult a registered dietitian before eliminating foods from your diet. A dietitian can help you plan a diet to minimize symptoms while maintaining good nutrition.

If you have trouble digesting dairy products, you may have [lactose intolerance](#), a condition that occurs when people have symptoms (such as gas, abdominal pain, and bloating) after consuming foods that contain lactose. If you avoid eating dairy products, be sure to get enough calcium from other sources, such as a calcium supplement or yogurt. Some of the lactose found in yogurt has already been digested by the yogurt cultures, so yogurt may not cause symptoms.

### **Keeping a food diary**

Some people with IBS use a daily food diary to keep track of what they eat and whether they have any symptoms after eating certain foods. The diary also can be a good way to record what is going on in your life. Stress plays a role in IBS: if you are aware that particular stresses bring on symptoms, you can try to reduce those stresses.

### **Maintaining a pleasant mealtime environment**

Try to maintain a pleasant environment when you eat. This may reduce stress that can make symptoms likely to occur. Give yourself plenty of time to eat, rather than eating on the go. Chew your food slowly. Try not to swallow air, which can cause bloating.

Although there is no particular diet to follow, you can manage your irritable bowel syndrome (IBS) by limiting or eliminating foods that may bring on symptoms, particularly diarrhea. In general, you can change your diet based on whether your main symptom is constipation or diarrhea.

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# Diet in Renal Failure and CKD

## Diet for the failing kidney and CKD

### [Diet for the failing kidney / CKD](#)

Kidney function is essential in dealing with the waste material from digested food and the working body. As kidney function worsens, it may be necessary to alter diet to reduce the problems caused by these substances accumulating. Control of diet is also necessary in patients on dialysis (see other sections linked from the Diet Home page), as dialysis only partly replaces kidney function. Finally, some patients with advanced kidney disease lose their appetite and risk becoming undernourished.

### Protein

In the past a low protein diet was often recommended to slow down the steady deterioration of kidney function that occurs in some patients. We don't do this any more, instead recommending a moderate protein diet (not low, not high; 0.8-1g protein per kg of ideal body weight, if you like measuring).

#### Why not low protein?

- Modern treatments, especially improved blood pressure treatments, have made any extra benefit from low protein diets much smaller.
- Low protein diets don't taste good, and this may lead you to go short on calories too.
- There is a significant risk of long-term malnutrition in those on low-protein diets

#### Why not high protein?

- High protein intake in CKD makes the body more acid, and this can lead to increased muscle breakdown.
- High protein intake means high phosphate intake too (see below)
- In animals and probably humans, large amounts of protein may damage kidneys

#### Supplements and high protein diets may be harmful if you have CKD

- Don't follow the Atkins diet or other high-protein diets for weight loss if you have CKD.

- Don't take protein supplements unless a renal dietitian agrees you need them
- Don't take creatine or similar supplements for muscle development.

### **Sometimes low protein diets are useful**

In patients who do not want dialysis, or cannot have it for some reason, low protein diets may cut down symptoms, but should be monitored by a renal dietitian.

More information about protein in food.

### **Sodium (salt)**

Common salt is **sodium** chloride. Keeping the amount you eat down is important for almost all patients with kidney disease, even at early stages. Too much salt causes high blood pressure and fluid retention (more info). Many blood pressure tablets only work properly if combined with a reduced salt intake.

More info about avoiding excessive salt.

In a very few people it is necessary to encourage a high salt intake - "salt wasters" are patients who pass large amounts of sodium in the urine. This happens in some kinds of kidney disease, and can cause serious salt and water depletion.

### **Potassium**

Potassium should not be restricted routinely, as it is present in many very healthy foods, but this is sometimes necessary when kidney function has become very poor. High potassium levels are very dangerous but usually only a problem in advanced kidney disease. Some unlucky people need to restrict potassium at milder levels of kidney failure. More info on potassium.

**Hyperkalaemia** (too much potassium in the blood) can have other causes apart from eating too much potassium. For example some medicines, such as ACE inhibitors (drugs with a name ending -ipril) and ARBs (ending -sartan) raise blood potassium, and there can be other reasons. In some patients it may be better to continue the drug and watch your potassium intake, as these drugs can protect the kidneys particularly well.

More info on foods that contain high levels of potassium.

### **Fluid (liquid)**

Until end-stage is reached most patients benefit from maintaining a normal fluid intake (e.g. 1.5-2 litres daily). You should drink when you are thirsty, and avoid dehydration, which is bad for kidney function. However some patients have to

limit their drinking when kidney function becomes poor (fluid restriction). NOTE: it is impossible to stop yourself from drinking if there is too much salt (sodium) in your diet - see above.

More info on fluids.

## Phosphate

Hyperphosphataemia, too much phosphate in the blood, is usually only a problem in the later stages of renal failure, although phosphate retention occurs long before it shows up in raised blood levels.

Avoiding excess protein limits the amount of phosphate in the diet too, and there are some foods that can be limited if the level of phosphate in blood rises. However in advanced kidney failure most people require phosphate binding medication before meals. This works by binding phosphate in the gut and preventing it from being absorbed into the body. It is therefore important that it is taken **with or just before food**. These are medicines such as calcium acetate and Renagel, for example.

More info on controlling phosphate.

## Energy

Too few calories leads to the breakdown of muscle to provide energy - this is a sign of malnutrition and contributes to make patients more prone to infections.

As kidney failure gets worse, people tend to eat less, and poor nutrition can become a major problem. Sometimes it is necessary to provide dietary supplements if the patient can't eat enough. More info about undernutrition and energy intake.

### [Diet after a transplant](#)

You should not need a very special diet if your new kidney is functioning well, but this is a good time to think about your general health and the positive things you can do to improve it. [More info about kidney transplants](#).

If your transplant is functioning at less than 50%, you may need to follow some parts of the advice in [diet for patients with chronic kidney disease](#).

### **Early after the transplant**

If your transplant works well from the start, limitations on what you can eat and drink will usually be relaxed quite quickly. Other people may need to stick to restrictions for longer, or if they have had a difficult time, they may need supplements of calories or protein.

### **The first few weeks - get your diet right for the future**

If your transplant is now working, it is an important time to get your diet right so that you keep yourself, and your new kidney, as healthy as possible.

Healthy eating is not a 'diet' - it requires a gradual change in your eating behaviour and should become a regular part of your lifestyle. After a transplant it is important to prevent obesity, diabetes, and blood vessel disease caused by high cholesterol. This generally involves

- Enjoying what you eat and having a varied diet
- Eating plenty of fruit and vegetables
- Limiting fat, sugar and salt
- Being a healthy weight
- Keeping alcohol intake within safe levels

You can get more information about healthy eating and food safety below and at the websites listed at the foot of this page.

Three particularly common or important issues are mentioned below.

### **Will I gain weight after my transplant?**

Many people gain weight following a transplant, especially in the first year. This can be due to freedom from dietary restrictions, feeling well, increased appetite, and lack of exercise. It is not helped by steroid treatment.

Maintaining a healthy weight is very important for your health as being overweight puts a strain on your body contributing to many health problems including high blood pressure, heart disease and diabetes.

If you are overweight it is worthwhile trying to lose some weight before you receive your transplant.

It is possible to maintain a healthy weight after your transplant if you make the necessary changes to your diet at an early stage. It is much easier to prevent weight gain than it is to try to lose weight, and it is sensible to make changes to your eating habits as early as possible to prevent weight gain.

### **Food safety**

The medicines you take to prevent rejection of the transplant also make you more prone to infections. Here are reminders to reduce the risk of getting infections from food:

- Avoid soft ripened cheeses like Brie, Camembert and blue veined types unless they have been pasteurised.
- Cook eggs thoroughly; avoid foods containing raw eggs.

And here is advice which everyone should follow all the time, but which is even more important for transplant patients:

- Take chilled and frozen foods home quickly and store at the correct temperature. Use a cool bag if there is likely to be some delay.
- Check the temperature of your fridge and freezer with a fridge/freezer thermometer sometimes. Your fridge should be 0-5 degrees and your freezer -18 degrees C or colder.
- Store and prepare raw and cooked foods separately. Raw food, especially meat, should be on the bottom shelf or where they cannot drip down onto other things.
- Wash your hands before handling food.
- Defrost completely and cook food well so that it is cooked (or re-heated) thoroughly all the way through.

### **Calcium**

Bones often lose calcium around the time of a transplant. Some of this is due to steroid treatment. Calcium supplements may be given to you, but a diet with plenty of calcium in it is sensible too.

Most calcium in our diet comes from dairy products, milk and milk products. Some is also found in white bread, nuts, eggs, and leafy green vegetables.

[Diet on haemodialysis](#)[Haemodialysis \(HD\) was the first type of dialysis that was successfully used to treat renal failure, and diet has been an important part of the treatment since the beginning \(more info on haemodialysis\).](#)

The average amount of time spent on haemodialysis is 10-15 hours per week. This means that for over 90% of the week the patient has little or no kidney function. It is therefore important to make some adjustments to the intake of food and fluids in order to avoid excessive accumulation of waste products and fluid between treatments.

Individual patients have different needs, so what is written here may not be exactly right for you. Renal dietitians will give advice according to your own blood test results and nutritional needs.

### Protein

Slightly increased protein intake is usually recommended, 1-1.2g per day for each kilogram of your ideal body weight. However more or less may be recommended in special circumstances.

More information about protein in food.

### Sodium

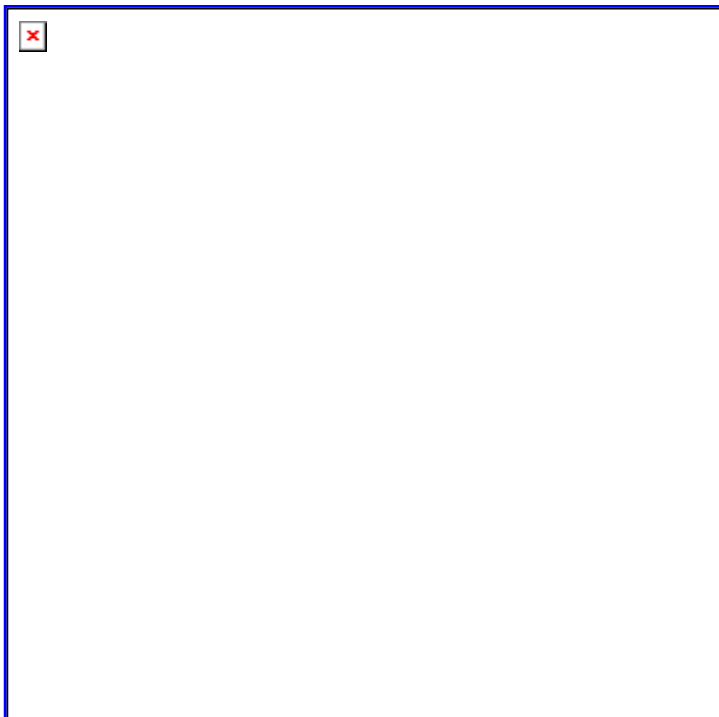
As for all renal patients, avoiding excessive salt is important. Too much salt will raise blood pressure, cause fluid retention and fluid overload, and it will make you thirsty so that you cannot keep your fluid intake down. We recommend a 'no added salt' diet. Do **not** use salt substitutes, these contain large amounts of potassium.

More info about avoiding excessive salt.

### Potassium

On haemodialysis potassium levels change a lot between treatments. Because very high potassium levels are dangerous, most patients need to be careful not to eat too much potassium.

- If you are eating healthily, potassium is commonly a little high before dialysis and it may be a little low



- immediately after dialysis.
- It is generally felt that a pre-dialysis potassium of up to 6mmol/L is safe.
  - No food needs to be completely avoided because of its potassium content - you must just not take too much of it.
  - Not all patients need to limit their potassium intake. A little remaining function from your own kidneys can be a big help. Blood tests are needed to show whether you do.

More info on foods that contain high levels of potassium.

Peter Quaife cartoon by kind permission of Jazz Communications,  
[www.lightersideofdialysis.com](http://www.lightersideofdialysis.com)

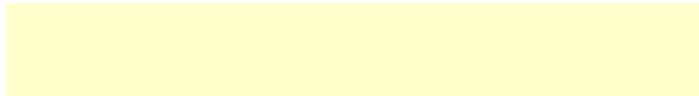
### **Fluid (liquids including water)**

You can safely drink an amount equal to the volume of urine that you pass each day, plus 500ml. Whether more than this is safe for you needs to be judged for you individually. If you eat too much salt, you will not be able to keep your fluid intake down and will accumulate fluid.

Unfortunately urine output often falls after you start haemodialysis.

Foods also contain some fluid, and it is important that you eat enough to keep you well. If you do not produce much urine, you should expect to gain at least 0.5kg of weight each day between dialysis treatments, i.e. a weight gain of 1.5-2kg since your last dialysis. Much higher weight gains mean that you are accumulating too much fluid. This is likely to damage your heart and raise your blood pressure, and can cause severe and dangerous fluid overload.

More info on fluids



### **Phosphate**

Phosphate is not removed very well by haemodialysis unless you have very long treatments. Almost all patients need to follow a phosphate restriction, and to take phosphate binders with food. The aim is to keep the phosphate level in the blood below 1.8mmol/l.

More info on controlling phosphate.

### **Energy**

Patients on haemodialysis sometimes seem to burn calories faster than usual, so the recommendation for calorie intake is usually slightly increased, to prevent unintentional weight loss.

More info about undernutrition and energy intake.

## **A healthy diet**

All renal patients are at extra risk of developing heart disease. It is important to live and eat healthily, eating a varied diet and avoiding fatty foods.

### [Diet on peritoneal dialysis](#)

[Peritoneal dialysis \(PD\) only became a common treatment for end stage renal disease in the 1980s. APD and CAPD are types of peritoneal dialysis \(more info about peritoneal dialysis\).](#) It is usually a continuous or daily treatment, which means that diet is generally a little easier than it is for most patients on 3-times weekly haemodialysis.

Individual patients have different needs, so what is written here may not be exactly right for you. Renal dietitians will give advice according to your own blood test results and nutritional needs.

### **Protein**

Patients on PD have some extra protein loss into the PD fluid, and this can add up to quite a lot each day. A higher protein intake is often recommended, e.g. an intake of 1.2-1.5 g/kg ideal body weight each day.

More information about protein in food.

### **Sodium (salt)**

As for all renal patients, avoiding excessive salt is important. Too much salt will raise blood pressure, cause fluid retention and fluid overload, and it will make you thirsty so that you cannot keep your fluid intake down. We recommend a 'no added salt' diet. Do **not** use salt substitutes such as Lo-salt, which contain large amounts of potassium.

More info about avoiding excessive salt.

### **Potassium**

The frequent or continuous dialysis that patients on PD have means that potassium is usually easier to control than on haemodialysis. Many patients do not need to restrict potassium at all, and some may need to deliberately eat foods containing potassium. However others do need to restrict their potassium.

More info on foods that contain high levels of potassium.

### **Fluid (liquids including water)**

You can safely drink an amount equal to the volume of urine that you pass each day, plus usually 750ml. The amount of fluid removed by dialysis usually allows you more flexibility in the volume you can drink than haemodialysis, as the fluid is removed every day. This needs to be judged for you individually. If you eat too much salt, you will not be able to keep your fluid intake down and will accumulate fluid.

More info on fluids

## **Phosphate**

Eating a diet higher in protein means that phosphate intake is higher. Most patients need to follow a phosphate restriction, and to take phosphate binders with food. The aim is to keep the phosphate level in the blood below 1.8mmol/l.

More info on controlling phosphate.

## **Energy (calories)**

PD fluid contains sugar (glucose, also called dextrose), and some of this goes into the blood. It can contribute up to 500 calories per day in some patients. Some patients may therefore need to reduce the calories that they eat. However under-nutrition can be a problem in dialysis patients, so advice on this depends on your own needs.

More info about undernutrition and energy intake.

## **Fibre**

Constipation can cause problems with peritoneal dialysis, so most patients are encouraged to eat enough fibre to keep things moving.

## **A healthy diet**

All renal patients are at extra risk of developing heart disease. It is important to live and eat healthily, eating a varied diet and avoiding fatty foods.

# RECURRENT RENAL STONE DISEASE

*Patients should avoid:*

I      **Foods rich in oxalate**

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### I **Foods rich in oxalate**

- Rhubarb, Standard teas, Nuts, Beans, Spinach, Coffee and Choclates.

### II **Drugs**

#### 1. Drugs that promote calcium stone formation

- Loop diuretics
- Antacids (calcium and non-calcium)
- Acetazolamide
- Glucocorticoids
- Theophylline
- Vitamins D and C

#### 2. Drugs that promote uric acid formation

- Thiazides
- Salicylates
- Probenecid
- Allopurinol

#### 3. Drugs that precipitate into stones

- Triamterine
- Aciclovir
- Indinavir

## **Management of Chronic stones:**

The patients should be encouraged to increase their basic water intake to at least 2 liters daily, and especially so during heavy exercises, fever episodes and when traveling long distances.

A non-animal low protein diet (0.8-1.0g/Kg per day) prevents the mild acidosis induced by animal protein breakdown, and improves calcium homeostasis. Severe protein restriction results in malnutrition and muscle breakdown and should be discouraged.

oclates.

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# KIDNEY STONES DIET

## **ESSENTIALS TO PREVENT STONE RECURRENCE**

- Analysis of 24 Hours urine, stone & serum for mineral content.
- Fluid intake to be > 5 litres/24 hours.
- To ensure urine output more than 3 litres / 24 hours.
- Urine Culture every 3-6 months.
- Selective dietary precautions as advised below.

## **URIC ACID STONES**

### **FOODS TO AVOID**

- Liver, Brains, Kidney, Fish, Aslmon, Sardines.
- Meat extracts and gravies.
- Alcoholic beverages of all kinds.

## **CALCIUM STONES**

### **FOODS TO AVOID**

- Milk and milk products (Less than 200 ml. / day allowed).
- Custard, Ice cream, milk, milk based soups.
- White cheese, Dahi.
- Bean, Cauliflower, Egg yolk, Figs, Potatoes, Gur.

## **OXALATE STONES**

### **FOODS TO AVOID**

- Raspberries, plums, strawberries, chickoo, custard apple.
- Chocolate, cocoa
- Spinach, tomato
- Strong Tea (less than 6 week cups a day allowed)
- Cashew Nuts, Khus Khus.

ULTRA SOUND SCAN K.U.B. X-RAY ONCE IN EVERY YEAR FOR EARLY DETECTION OF STONE RECURRENCE

## **2000 CALORIES DISBETIC DIET**

### **FREE FOODS THAT CAN BE TAKEN:-**

Plain Tea, coffee, Nimboo Pani, clear soup, khatti lassi, kheera, kakkari, Tomato, Mooli, Karela Sag & Leafy vegetables.

### **FOODS TO BE TAKEN IN PRESCRIBED AMOUNT:**

Wheat Atta, Gram Atta, Rice, Milk, Bean, curd, Paneer, Chicken, Fish, Meat, Fruits, Vegetables.

### **FOODS TO BE AVOIDED :-**

Ice-Cream, Pudding, Pickles, Fried food, Fast food, Alcohol

### **FRUITS TO BE AVOIDED :-**

Mango, Banana, Grapes, Chickoo, Khazoor

### **VEGETABLES TO BE AVOIDED:-**

Sitaphal, Shakargandi, Potato,

### **OTHER THINGS TO BE AVOIDED:-**

<b>Food Stuff</b>	<b>Vegetarian</b>	<b>Non-Veg</b>	<b>Household measure</b>
Wheat flour	200 gms	200 gms	8 chapatti Small
Bread (Brown)	75 gms	75 gms	3 slices
Milk (Toned)	500 gms	500 gms	1 ½ liter
Green Veg.	1 Katori	1 Katori	1 Katori
Fruit	100gms	100 gms	1 No
Egg	-	1 No	1 No
Paneer	35 gms	-	1 ½ pieces
Dal	50 gms	30 gms	1 Katori
Lean Meat/Fish/chicke	-	45/100/80 gms	1 Katori
Ghee/Oil	25 gms	25 gms	5 teaspoons
Biscuits	5 Nos.	5 Nos.	5 Nos.

Pastry, Sweets, Sweet dishes, Sugar, Honey and Maida articles. Total food for the day

# **MEAL PLAN FOR 2000 CALORIES DIABETIC DIET**

<b>BREAKFAST</b>	<b>MILK(Skimmed)</b>	<b>200ml one glass</b>
	<b>BUTTER</b>	<b>1 ½ TSP</b>
	<b>BREAD</b>	<b>3 SLICES</b>
	<b>EGG</b>	<b>1 NOS.</b>

<b>MID MORNING</b>	<b>TEA/COFFEE</b>	<b>1 CUP</b>
	<b>VEG SANDWICH or</b>	<b>1 No.</b>
	<b>SALTY BISCUIT</b>	<b>5 Nos.</b>
<b>LUNCH</b>	<b>CHAPPATI</b>	<b>4 Nos.</b>
	<b>GREEN Veg.</b>	<b>1 Katori</b>
	<b>DAL</b>	<b>1 Katori</b>
	<b>CURD</b>	<b>1 Katori</b>
	<b>SALAD</b>	<b>1 Bowl</b>
<b>EVE.TEA</b>	<b>TEA/COFFEE</b>	<b>1 CUP</b>
	<b>FRUIT or</b>	<b>1 No.</b>
	<b>MARIE BUSCUIT of</b>	<b>4-5 Nos.</b>
	<b>ROASTED CHANNA</b>	<b>30 GMS ( 1 Katori raw)I</b>
	<b>DHOKLA or</b>	<b>1 piece</b>
	<b>SPROUTED CHANNA</b>	<b>30 GMS ( 1 Katori-raw</b>
<b>DINNER</b>	<b>SALAD</b>	<b>1 PLATE</b>
	<b>CHAPATI</b>	<b>4 Nos.</b>
	<b>GREEN VEG</b>	<b>1 Katori</b>
	<b>DAL/FISH/CHICKEN</b>	<b>1 Katori</b>

**INSTRUCTIONS TO BE STRICTLY FOLLOWED:-**

- The patient should do Morning and Evening Brisk Walk for ½ hour each time.
- Take lemon water in the morning without sugar.
- Take minimum 10-12 glasses of water every day.
- 
- **1500 CALORIES DISBETIC DIET**

**FREE FOODS THAT CAN BE TAKEN:-**

Plain Tea, coffee, Nimboo Pani, clear soup, khatti lassi, kheera, kakkari, Tomato, Mooli, Karela Sag & Leafy vegetables.

**FOODS TO BE TAKEN IN PRESCRIBED AMOUNT:**

Wheat Atta, Gram Atta, Rice, Milk, Bean, curd, Paneer, Chicken, Fish, Meat, Fruits, Vegetables.

**FOODS TO BE AVOIDED :**

Frief food, fast food, Alcohol, Ice Cream, Pudding, Pickles

**FRUITS TO BE AVOIDED :-**

Mango, Banana, Grapes, Chickoo, Khazoor

**VEGETABLES TO BE AVOIDED:-**

Sitaphal, Shakargandi, Potato,

**OTHER THINGS TO BE AVOIDED:-**

Pastry, Sweets, Sweet dishes, Sugar, Honey and Maida articles.

Total food for the day

<b>Food Stuff</b>	<b>Vegetarian</b>	<b>Non-Veg</b>	<b>Household measure</b>
Wheat flour	200 gms	200 gms	8 chapatti Small
Bread (Brown)	50 gms	50 gms	2 slices
Milk (Toned)	400 gms	400 gms	2 Bowls
Fruit	200gms	200 gms	2 No
Egg	-	1 No	1 No
Paneer	25 gms	-	1 piece
Dal	50 gms	30 gms	1 Bowl
Lean Meat/Fish/chicke	-	25/5/40 gms	1 Bowl
Ghee/Oil	10 gms	10gms	2teaspoons
Biscuits	4 Nos.	4 Nos.	4 Nos.

# **DELHI                      DIABETIC                      FORUM**

**39/17,old Rajinder Nagar, Delhi-110060**

<b>Meals</b>	
Bed Tea	<b>Tea- 1 cup (without sugar)</b>
Breakfast	<b>Sk Milk-250 gm ( 1 glass) Bread Slices-1 in no Or Breakfast Cereal-20 gm( 1 ½ T Egg/Paneer-1/60 gm</b>
Mid Morning	<b>Fruit-100 gm (Apple/papaya/melon/water Melon/Orange/Mausmi) Lemon Juice-1 Lemon</b>

Lunch	<b>Wheat flour- 60 gms ( 3 Chapaties)</b> <b>Dal-30gm ( 1 Katori)</b> <b>Boiled Vegetable-150 gm(1 Katori)</b> <b>Salad-A big helping ( No beet root)</b> <b>Curds-120 gm ( ¾ Katori)</b> <b>Refined Oil- 5 gm (1 t)</b>
Eve. Tea	<b>Tea-1 Cup (without sugar)</b> <b>Sk.Milk-25 ml (1-1/2 T)</b> <b>Biscuits (Salty/Marie) 2 in No.</b>
Dinner	<b>Wheat flour-60 gm( 3 Chapaties)</b> <b>Dal-30 gm (1 Katori)</b> <b>Vegetables-150 gm (1 Katori)</b> <b>Salad- 100 gm (No beet root)</b> <b>Curds- 100gm ( ½ Katori)</b> <b>Refined Oil – 5 gm (1 T)</b>
Bed Time	<b>Milk-250 gm (1 Glass)</b>

## **EXCHANGE LIST**

**1 Egg : 60 gm Paneer**  
**Or**  
**100 gm Mutton**

## **INSTRUCTION FOR DIABETICS**

### **Foods to avoid**

- . Sugar & Sweet products like cakes, Pastries etc.

- Saturated fats like butter, cream desi ghee etc.
- Salt, drinks, juices, squashes
- Full cream milk
- Dry fruits
- All alcoholic drinks
- Roots, vegetables like Aloo, Arbi, Zimikand, Beetroot, Sweet Potato etc.
- Fruits like Banana, Cheeku, Mango, Grapes etc.
- Pickles in oil
- Rice & Rice products
- Horlicks, Bournvita etc.
- Juices and squashes

## **Foods allowed liberally**

- All green leafy vegetable & other vegetable except those mentioned above.
- Barley water, lemon water, veg. soup soda water
- Karela/Jamun in season
- Amla, Sprouts



## Food Exchanges Charts

Calorie values given in the appendices have been adopted from 'Nutritive Value of Indian Foods', National Institute of nutrition, ICMR, Hyderabad and 'Some Common Indian Recipes and their Nutritive Value', National Institute of Nutrition, ICMR Hyderabad. Minor variations may occur in the calorie values due to variations in household measures and cooking style. The values mentioned here are only approximate values.

- [Pulses / Meat / Fish](#)
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- [Milk Exchange](#)
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- [Fats Exchange](#)

### Pulses / Meat / Fish

Food Stuff	Approximate Household Measures	Approximate Weight/Volume
<b>PULSES</b>		
Dals-mung, Arhar, Urad, Chana, Musur	¾ Katori (cooked)	25 gms. (uncooked)
Bengal gram	¾ Katori (cooked)	25 gms. (uncooked)
Rajmah	½ Katori (cooked)	25 gms. (uncooked)
Cow pea (Lobiya)	¾ Katori (cooked)	25 gms. (uncooked)
Field beans (Val)	¾ Katori (cooked)	25 gms. (uncooked)
Peas dry	¾ Katori (cooked)	25 gms. (uncooked)
Soya bean	½ Katori (cooked)	18 gms. (uncooked)
<b>MEAT</b>		
Mutton	3 pieces	67 gms. (raw)
Chicken	1 breast	73 gms. (raw)
Pork	1 slice	70 gms. (raw)
Beef	1 slice	70 gms. (raw)
<b>FISH</b>		
Hilsa	1 slice	45 gms.
Bhetki	2-3 pieces	29 gms.
Pomfret white	2-3 pieces	100 gms.
Katla	2-3 pieces	100 gms.
Magur	2-3 pieces	72 gms.
Rohu	2-3 pieces	100 gms.
Prawn	2-3 pieces	82 gms.
Shrimp (small-dried)	8-10 pieces	100 gms.
	10 pieces	22 gms.

### Cereal Exchange

Food Stuff	Approximate Household Measures	Approximate Weight/Volume
Chappati	1 approx. 6" diameter	25 gms.

## Medicinal Plants

### Fenugreek

Fenugreek is one of the oldest medicinal plants, dating back to the ancient Egyptians and Hippocrates. Although originally from South eastern Europe and western Asia , Fenugreek is grown in many parts of India . The seed of Fenugreek, contains the most potent medicinal effects of the plant.

Fenugreek has been used in connection with following conditions: It is primarily used for atherosclerosis, diabetes, and triglycerides. It is also used to against constipation.

Active constituents: The steroidal saponins account for many of the beneficial effects of fenugreek, particularly the inhibition of cholesterol absorption and synthesis. The seeds are rich in dietary fiber, which may be the main reason they can lower blood sugar levels in diabetes. One human study found that fenugreek can help lower cholesterol and blood sugar levels in persons with moderate atherosclerosis and non-insulin-dependent diabetes. Randomized and uncontrolled studies have confirmed fenugreek helps stabilize blood sugar control in patients with insulin-dependent and non-insulin-dependent diabetes.

In Indian National Institute of Nutrition, Hyderabad, India, 10 IDDM patients were given meals with 100 g defatted powdered fenugreek per day during regular meals. After 10 days, fasting glucose levels decreased 30 percent in patients receiving meals with fenugreek; urinary sugar excretion dropped 54 percent, but there was no increase in insulin levels. Fenugreek also contains protein, saponins and the phytochemicals coumarin, fenugreekine, nicotinic acid, phytic acid, scopoletin and trigonelline, all of which lower blood sugar.

How much is usually taken? Due to the somewhat bitter taste of fenugreek seeds, debitterized seeds or encapsulated products are preferred. The typical range of intake for diabetes or cholesterol-lowering is 5-30 grams with each meal or 15-90 grams all at once with one meal. As a tincture, 3-4 ml of fenugreek can be taken up to three times per day. Are there any side effects or interactions? Use of more than 100 grams of fenugreek seeds daily can cause intestinal upset and nausea. Otherwise, fenugreek is extremely safe

### Neem

The first indication that neem was being used for medical treatment was about 4,500 years ago. That was the high point of the Indian Harappa culture, one of the great civilizations of the ancient world . From almost the very beginning of recorded human history , people have taken advantages of the neem tree which has remarkable medicinal qualities. Its branches, fruits and leaves cure many illnesses.

#### **Following are some of the exciting uses for neem:**

Psoriasis, Diabetes, AIDS, Cancer, Heart disease, Periodontal disease, Ulcers.

### Holy Basil

Holy Basil called Tulsi in Indian language, is planted in mostly all Hindu homes, as it is treated as a holy plant. Besides its religious reasons, Tulsi is used to cure, in fact, any disease. Consuming Tulsi leaf everyday cures cough, cold, fever, flue, disorders of stomach, throat, nose, teeth and eyes. It is also good for skin and heart diseases.

## Calorie Count - Beverages

Beverage	Approximate Measures	Caloric Content
Aerated soft drinks	1 bottle	78
Lemonade	1 glass	90
Fruit Juices		
Apple	¾ glass	87
Sweet Lime (fresh)	1 glass	52
Orange (fresh)	1 glass	111
Pineapple (canned)	¾ glass	104
Tomato (canned)	¾ glass	34
Coconut water	1 coconut	120
Tea (clear, unsweetened)	1 cup	2
Coffee (clear, unsweetened)	1 cup	5
Chocolate (all milk)	1 glass	208
Bournvita powder	3 teaspoonful	88
Horlicks	5 teaspoonful	88
Protinex	2 teaspoonful	88
Soups		
Clear vegetable soup	1 cup	negligible
Chicken noodle soup	1 cup	59
Chicken soup	1 cup	75
Cream of tomato	1 cup	173
Cream of mushroom	1 cup	149
Cream of peas	1 cup	128

## Calorie Count - Alcoholic Beverages

Beverage	Approximate Measures	Caloric Content
Beer	1 glass	114
Rum	1 Jigger	105
Gin	1 Jigger	105
Whiskey	1 Jigger	105
Champagne	1 glass	84
Sherry	1 glass	84
Vodka	1 Jigger	125

## Calorie Count - Cooked food

Food	Approximate Weight	Approximate Calories
Kachori	100 gms	500
Plain Dosai	100 gms	360
Iddli	100 gms	132
Pongal	100 gms	356
Uthappa	100 gms	330
Puri	40 gms	184
Khichadi	100 gms	168
Papdi chat	100 gms	474
Dhokla	100 gms	122
Uppama	100 gms	233
Poha	100 gms	118



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### Cereal Exchange

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## Household Measures

### Approximate household measures :

- 1 Glass = 250 ml.
- 1 Cup = 125 ml.
- 1 Katori = 200 ml.
- 1 Jigger = 45 ml.
- 1 Sherry glass = 60 ml.
- 1 Wine glass = 120 ml.

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