LIST OF TABLES

Table No	Title	Page No
2.1	Global prevalence of diabetes mellitus	20
2.2	Top 10 countries with diabetes in 2010 and 2030 (number of people)	25
2.3	Prevalence of type 2 diabetes in India	26
2.4	Departmental studies on prevalence of diabetes	29
2.5	Measurement of albuminuria	52
2.6	Nutrition and MNT	70
2.7	Glycemic index of traditional Indian recipes	73
3.1	Tools and techniques for data collection	101
3.2	Methods used for nutritional analysis of BGP	107
3.3	Components of product development and sensory evaluation in phase III a & III b	110
4.1	Socio-economic status of the T2DM subjects	123
4.2	Obesity measures in T2DM subjects	124
4.3	Obesity measures in T2DM subjects: prevalence data	128
4.4	Background information related to risk factors for T2DM subjects	129
4.5	Medical history of the T2DM subjects	129
4.6	Mean nutrient intake of the T2DM subjects	130
4.7	Glycemic status of the T2DM subjects	133
4.8	Lipid profile of T2DM subjects	135
4.9	Prevalence of dyslipidemia in T2DM subjects	137
4.10	Atherogenic index of plasma risk levels in T2DM subjects	138
4.11	Kidney function indicators in T2DM subjects	139
4.12	Glycemic status of the diabetic subjects in relation to obesity measures	143
4.13	Lipemic status of the diabetic subjects in relation to obesity measures	145
4.14	Urine microalbumin levels in the diabetic subjects in relation to obesity measures	148
4.15	Lipid profile of the diabetic subjects in relation to HbA1C levels	149
4.16	Kidney function indicators of the diabetic subjects in relation to HbA1C levels	150
4.17	Glycemic status of the diabetic subjects in relation to metabolic syndrome	152
4.18	Lipid profile of the diabetic subjects in relation to metabolic syndrome	153
4.19	Kidney function indicators of the diabetic subjects in relation to metabolic syndrome	154
4.20	Relative risk of developing microalbuminuria in diabetics with metabolic syndrome	154

Table No.	Title	Page
Table No	nue	No
4.21	Glycemic status of diabetic subjects in relation to urine microalbumin levels	156
4.22	Lipid profile of diabetic subjects in relation to urine microalbumin levels	157
4.23	Kidney function indicators of diabetic subjects in relation to urine microalbumin levels	158
4.24	Urine microalbumin in relation to duration of diabetes, body mass index, abdominal obesity and hypertension	159
4.25	Albumin excretion cross tabulated with glycemic status and hypertension	160
4.26	Anthropometric, glycemic, lipemic indices and microalbuminuria in relation to AIP risk levels	161
4.27	Risk factors and percent prevalence of microalbuminuria among diabetic subjects	163
4.28	Correlation analysis of urine microalbumin with variables	164
4.29	Odds ratio for the presence of microalbuminuria in relation to risk factors	165
4.30	Logistic regression analysis for the presence of microalbuminuria in relation to indicators	166
4.31	Overall summary of risk factors in T2DM subjects	174
4.32	Family history of diabetes, hypertension and CHD in the industrial T2DM subjects	177
4.33	Medical history of the industrial T2DM subjects	177
4.34	Prevalence of risk factors in the industrial T2DM subjects	178
4.35	Glycemic and lipemic status of the industrial T2DM subjects	180
4.36	Prevalence of dyslipidemia in the industrial T2DM subjects	181
4.37	Atherogenic index of plasma risk levels in the industrial T2DM subjects	181
4.38	Percent industrial T2DM subjects undergoing routine tests	182
4.39	Longitudinal data on blood glucose and lipid profile of the industrial diabetic subjects over a four year period	18
4.40	Dyslipidemia in the industrial diabetic subjects over a four year period	186
4.41	Cumulative incidence of hypercholesterolemia and hypertriglyceridemia in the industrial diabetic subjects (per 100 subjects)	187
4.42	Nutrient analysis of barley grass powder	19
4.43	Scores for various attributes of barley grass powder incorporated thepla	196
4.44	Scores for various attributes of barley grass powder	198

Table No	Title	Page No
4.45	Scores for various attributes of barley grass powder incorporated khakhra	199
4.46	Scores for various attributes of barley grass powder incorporated muthiya	200
4.47	Mean total scores of the four barley grass powder incorporated recipes	201
4.48	Ranking of the various BGP incorporated food recipes by the panelists	203
4.49	Anthropometric profile of T2DM subjects in the control and the experimental group	207
4.50	Background information related to risk factors for T2DM subjects in the control and experimental groups	209
4.51	Medical history of the T2DM subjects	209
4.52	Mean nutrient intake of the subjects	210
4.53	Impact of barley grass powder supplementation on the fasting blood glucose and HbA1C levels of T2DM subjects	211
4.54	Impact of barley grass powder supplementation on the fasting blood glucose and HbA1C levels of male and female T2DM subjects	213
4.55	Impact of barley grass powder supplementation on the fasting blood glucose and HbA1C levels of T2DM subjects based on the initial fasting blood glucose values	215
4.56	Impact of barley grass powder supplementation on the lipid profile of T2DM subjects	217
4.57	Impact of barley grass powder supplementation on the lipid profile of male and female T2DM subjects	219
4.58	Impact of barley grass powder supplementation on the lipid profile of T2DM subjects based on the initial total cholesterol values	220
4.59	Impact of barley grass powder supplementation on the lipid profile of T2DM subjects based on the initial triglyceride values	221
4.60	Impact of barley grass powder supplementation on the atherogenic indices of T2DM subjects	223
4.61	Impact of barley grass powder supplementation on the atherogenic indices of T2DM subjects based on the initial total cholesterol values	224
4.62	Impact of barley grass powder supplementation on the atherogenic indices of T2DM subjects based on the initial triglyceride values	225
4.63	Impact of barley grass powder supplementation on the fasting blood glucose and HbA1C levels of T2DM subjects in relation to their initial BMI	226
4.64	Impact of barley grass powder supplementation on the lipid	227

Table No	Title	Page No
	profile of T2DM subjects in relation to their initial BMI	
4.65	Impact of barley grass powder supplementation on the atherogenic indices of T2DM subjects in relation to their initial BMI	228
4.66	Impact of barley grass powder supplementation on the fasting blood glucose and HbA1C levels of T2DM subjects with hypertension as a complication	230
4.67	Impact of barley grass powder supplementation on the lipid profile of T2DM subjects with hypertension as a complication	231
4.68	Impact of barley grass powder supplementation on the atherogenic indices of T2DM subjects with hypertension as a complication	232
4.69	Impact of barley grass powder supplementation on the fasting blood glucose and HbA1C levels of T2DM subjects with BMI >23 and hypertension as a complication	233
4.70	Impact of barley grass powder supplementation on the lipid profile of T2DM subjects with BMI >23 and hypertension as a complication	234
4.71	Impact of barley grass powder supplementation on the atherogenic indices of T2DM subjects with BMI >23 and hypertension as a complication	235
4.72	Percent subjects attaining normoglycemia and normolipidemia after BGP supplementation	237
4.73	Percent subjects showing improvement in glycemic and lipemic status after BGP supplementation	237