

# Fibre Clear

## ADVANCED Naturals PRODUCT MONOGRAPH

### Product composition

Medicinal Ingredients:

Per 10 g (2 scoops):

Acacia gum fibre (*Acacia senegal*) .....10 g

Non-medicinal ingredients: None

Recommended dose: Adults: Mix 2 scoops (10 g) into 250ml – 500ml of liquid daily.

Duration of use: None

### Indication:

Source of fibre for the maintenance of good health.

Source of fibre to support bowel health.

Contraindications: Do not consume this product if you have difficulty swallowing and/or have bowel obstruction.

Warnings: Keep out of reach of children.

Consult a health care practitioner prior to use if you are pregnant or breastfeeding.

Precautions: Not to be used by children

Take a few hours away from other medications and natural health products.

Adverse Effects: None reported.

Overdose: For management of suspected product overdose it is recommended to contact your physician.

Symptoms of Overdose: Has not been investigated nor any reports have been filed.

### Supporting Research and Traditional Evidence

#### **Acacia gum fibre (*Acacia senegal*)**

Gum arabic (*Acacia Senegal*) has been tested extensively for its properties as a non-digestible polysaccharide. Because of its physical properties, it retards glucose absorption, increases stool mass, and traps bile acids. (Adiotomre *et al*, 1990; Annison, 1994) Acacia gum fibre increases stool output by augmenting the water content of stools. Its intestinal tolerance is excellent and high daily doses can be consumed without any adverse intestinal events.

In a study to assess the effects of gum arabic ingestion on consumption, subjects received either one of four (5, 10, 20, 40 g) doses of gum arabic (EmulGold®) in water, 10g inulin (positive control), or water (negative control) daily for up to 4 weeks. Bacteria counts in stool samples were performed at baseline, Week 0, Week 2 and Week 4. Patient questionnaires were completed to capture potential drawbacks. Bifidobacteria and Lactobacilli were considered to be potentially beneficial bacteria; Bacteroides, Clostridium difficile and Enterococci were considered non-beneficial bacteria. This distinction was based on the balance of bacterial count in the host. Bifidobacteria and Lactobacilli counts 4 weeks following ingestion of one of six treatments was significantly higher in subjects who consumed gum Arabic versus controls. The optimal dose of gum Arabic was found to be approximately 10 g; at this dose Bifidobacteria, Lactobacilli and Bacteroides counts were significantly higher in subjects receiving gum arabic versus inulin. No potential drawbacks were reported. (Calame *et al*, 2008)

In a randomized prospective 3-month study to assess the effect of gum arabic oral treatment on the metabolic profile of patients with chronic renal failure (CRF), 46 subjects (36 patients with CRF managed by hemodialysis; 10 healthy subjects) received either low-protein diet (LPD) and 50 g/day gum Arabic (n=12 patients with CRF); LPD, gum arabic, iron (ferrous sulphate, 200 mg/day), and folic acid (5 mg/day) (n=14 patients with CRF); LPD, iron, and folic acid treatment (n=10 patients with CRF); or normal diet and gum Arabic 50g/day (n=10 healthy subjects). Blood samples for the analysis of urea, creatinine, uric acid, calcium, and phosphorus were collected from each subject before admission to the study and twice per month (pre-dialysis) for 3 months. Serum creatinine levels were significantly decreased in Arabic gum users vs. the control group, suggesting that fermentation of the gum arabic by colonic bacteria aids in the reduction of the host's nitrogen waste products. However, no



changes in serum uric acid levels were observed between the two treatment groups. Half of the subjects reported flatulence, which generally subsided after the second week of treatment; all patients completed the study. (Ali *et al*, 2008)

In a randomized prospective 4-week study to compare the cholesterol-lowering effects of two different mixtures of dietary fiber, 29 patients with hypercholesterolemia received either a medium viscosity mixture of water-soluble dietary fiber (WSDF: psyllium, pectin, guar gum and locust bean gum) or an equal amount of a low viscosity WSDF derived from acacia gum. WSDF treatments were provided in a low-calorie powder form for mixing into beverages. Patients were instructed to mix the powders into their usual beverages and to consume the beverage three times daily (5 g WSDF per serving) for 4 weeks. Patients consumed their regular fat-modified diets. Decreases in plasma lipid parameters were observed in the WSDF mixture (plasma total cholesterol decreased by 10%; low-density lipoprotein cholesterol decreased by 14%). No changes in lipid parameters were observed in the group treated with acacia gum. The data supported previous findings that diets rich in select WSDF may be useful in hypercholesterolemia. (Jensen *et al*, 1993)

In a randomized prospective 31-day study to compare the effects of psyllium, gum arabic, and placebo in patients with incontinence, supplementation with dietary fiber from psyllium or gum arabic was associated with decreased percentage incontinent stools and improved stool consistency. Patients were randomly assigned to receive psyllium, gum arabic, or a placebo, and recorded their diet intake and stool characteristics for 8 days before and at the end of the study. The dietary fiber supplements appeared to be completely fermented, as indicated by non-significant differences in stool total fiber, SCFAs and pH. (Bliss DZ *et al*, 2001)

### Ingredient Summary:

#### **Acacia gum fibre (*Acacia senegal*)**

- Source of fibre for the maintenance of good health.
- Source of fibre to support bowel health.

### References

1. Adiotomre J, Eastwood MA, Edwards CA, Brydon WG. Dietary fiber: In vitro methods that anticipate nutrition and metabolic activity in humans. *Am J Clin Nutr.* 1990;52(1):128-34.
2. Ali AA, Ali KE, Fadlalla AE, Khalid KE. The effects of gum arabic oral treatment on the metabolic profile of chronic renal failure patients under regular haemodialysis in Central Sudan. *Nat Prod Res.* 2008 Jan 10;22(1):12-21.
3. Annison G, Trimble RP, Topping DL. Feeding Australian Acacia gums and gum arabic leads to non-starch polysaccharide accumulation in the cecum of rats. *J Nutr.* 1995 Feb;125(2); 283-92.
4. Bliss DZ, Jung HJ, Savik K, Lowry A, LeMoine M, Jensen L, et al. Supplementation with dietary fiber improves fecal incontinence. *Nurs Res.* 2001 Jul-Aug;50(4):203-13.
5. Calame W, Weseler AR, Viebke C, Flynn C, Siemensma AD. Gum arabic establishes prebiotic functionality in healthy human volunteers in a dose-dependent manner. *Br J Nutr.* 2008 Dec;100(6):1269-75.
6. Jensen CD, Spiller GA, Gates JE, Miller AF, Whittam JH. The effect of acacia gum and a water-soluble dietary fiber mixture on blood lipids in humans. *J Am Coll Nutr.* 1993 Apr;12(2):147-54.