



ADVANCED
ORTHOMOLECULAR RESEARCH

AOR CODE: AOR04185

Premium

SoluFibre

\$54.45 CAD

100% Soluble Fiber that is Taste and Texture Free

- Supports digestion and a healthy gastrointestinal tract
- Promotes glycemic and cardiovascular health
- One of the most well-tolerated fibers available
- Patented and clinically studied in children



 Gluten Free  Vegan  Non-GMO Blood Sugar & Weight Management

| AOR Code | Variant | Price |
|----------|--------------|---------|
| AOR04185 | 300 G POWDER | \$54.45 |

Details

Fiber is an essential part of a healthy diet. However, the average daily intake of fiber in the US is only about half of the recommended intake of 30-35 g per day. Soluble fiber is not digestible by enzymes in the gastrointestinal system, but is instead fermented by healthy bacteria in the gut. Soluble fiber enhances gastrointestinal health, function and regularity, and increases satiety. It also supports healthy blood sugar balance and cardiovascular health. A low intake of dietary fiber has been associated with an increased risk of cardiovascular disease.

Supplemental forms of fiber have been found to be more effective than fiber from the diet. AOR's Solufiber contains partially hydrolyzed guar gum, a highly soluble, prebiotic form of fiber derived from the endosperm of the cluster bean. Guar gum is fermented more slowly in the intestinal tract than some other prebiotic fibers, making it easily tolerated. Hydrolyzation is a controlled natural process that breaks guar gum down into smaller units, greatly decreasing its viscosity and allowing the particles to dissolve more readily, while maintaining the original fiber content. It is a patented highly soluble form of fiber that has been used in clinical trials, studied in children, and found to be one of the most palatable and well-tolerated soluble fibers that does not alter the taste and texture of food or drink.

Label Info

Discussion

SoluFibre contains Sunfiber®, a soluble fibre derived from guar bean gum. Sunfiber® improves intestinal/bowel regularity and provides gentle relief of constipation in the general population as well as in people with irritable bowel syndrome (IBS).

Product Variation

| Product Code | Size |
|--------------|--------------|
| AOR04185 | 300 G POWDER |

Supplements Facts

| Serving Size: 1 Scoop | Amount | % Daily |
|---|--------|---------|
| Sunfiber® * (partially hydrolyzed guar gum) | 5 g | |

*Sunfiber® is a registered trademark of Taiyo International Inc.

none.

Guarantees

AOR™ guarantees that all ingredients have been declared on the label. Contains no wheat, gluten, corn, nuts, peanuts, sesame seeds, sulphites, mustard, soy, dairy, eggs, fish, shellfish or any animal byproduct.

Adult Dosage

Adults take 1 or 2 level scoops twice daily, children over 9 take 1 scoop daily. Take 2 hours before or after taking other medications, or as directed by a qualified health care practitioner. For each scoop, mix with 200 ml of liquid (water, milk, fruit juice or similar aqueous beverage). Stir briskly and drink immediately. Maintain adequate fluid intake.

Cautions

Consult a health care practitioner prior to use, if you are pregnant or breastfeeding, if you are taking medications which inhibit peristaltic movement (e.g. opioids, loperamide), or if you are experiencing any of the following; sudden change in bowel habits that have persisted for more than 2 weeks, undiagnosed rectal bleeding, failure to defecate following the use of laxative products, diabetes mellitus in which blood sugar is difficult to regulate, or symptoms such as abdominal pain, nausea, vomiting, or fever. If symptoms worsen or if laxative effect does not occur within 7 days, consult a health care practitioner.

Source

Guar Gum - endosperm of the cluster bean

Main Application

Digestion

Gastrointestinal health

Cardiovascular health

Disclaimer

The information and product descriptions appearing on this website are for information purposes only, and are not intended to provide or replace medical advice to individuals from a qualified health care professional. Consult with your physician if you have any health concerns, and before initiating any new diet, exercise, supplement, or other lifestyle changes.

Research Background

AOR's Solufibre contains hydrolyzed guar gum, a highly soluble, easy to take, digestion resistant form of fibre. Dietary fibre is an essential and important part of the daily diet. However, the average daily intake of fibre in the US and many other Western countries is only about half of the recommended intake of 30-35g per day. Soluble fibre helps maintain the health of the gastrointestinal system, helps control blood glucose levels after a meal, and improves heart health.

An Effective Form

Supplemental forms of fibre have been found to be more effective than fibre from the diet. SoluFibre contains partially hydrolyzed guar gum, a highly soluble form of fibre that has been used in clinical trials. Guar gum is fermented more slowly in the intestinal tract than some other prebiotic fibres, thus making it easily tolerated. Hydrolyzation is a controlled natural enzymatic process that breaks guar gum down into smaller units, greatly decreasing its viscosity and allowing the particles to dissolve more readily, while maintaining the original fiber content.

Metabolic Benefits

Soluble fibre is not digestible by enzymes in the gastrointestinal system, but is instead fermented by healthy bacteria in the gut. Soluble fibre intake has been found to delay the rise in glucose levels after a meal and enhance the effects of insulin. It has also been found to lower blood pressure and reduce levels of cholesterol and triglycerides. A low intake of dietary fibre has been associated with an increased risk of cardiovascular disease. Fibre's ability to slow gastric emptying helps to increase satiety, which may be helpful for individuals who are trying to reduce energy consumption and lose weight. Studies show that when Sunfiber® is consumed along with protein, it increases the proteins' use in the body while preventing constipation.

How?

Fiber's effects are partly due to the short chain fatty acids produced by their fermentation. These products help regulate cholesterol metabolism. There is also some evidence that soluble fibers bind bile acids or cholesterol, leading to lower levels of cholesterol in the liver and an increased clearance of LDL cholesterol. Other mechanisms that have been suggested include changes in intestinal motility, increased excretion of sterols, altered fat absorption, and increased satiety leading to lower overall energy intake.

Research

Gastrointestinal Health

Several studies have shown that soluble fibers are effective in reducing diarrhea and decreasing recovery times following intestinal surgery.

Guar Gum Benefits Irritable Bowel Syndrome

The results of using partially hydrolyzed guar gum (PHGG) in irritable bowel syndrome patients were compared, at 10 g and 5 g per day taken over a period of 12 weeks. Gastrointestinal symptoms along with quality of life, and psychological symptoms were noted at baseline, at months 1 and 3 of treatment, and at month 6 follow-up observation.

In both treatment groups, quality of life and symptoms improved significantly after the first month of administration, until follow-up in comparison to the baseline. Over the short term, the guar gum was effective for improving somatic (gastrointestinal symptoms) and psychological (quality of life and psychological distress) symptoms.

However, the improvement was significantly reduced at follow-up compared to the end of treatment. Improvements in bowel functions tended to decrease after the end of the treatment period, additional studies should evaluate the benefits of PHGG at a maintenance dosage.

Treatment for Functional Constipation

The results of using a partially hydrolyzed guar gum was investigated in the treatment of functional constipation among patients in hospital. Following a blind, randomized, controlled-trial, 64 adults were divided into two groups: one group adhered to a daily high-fiber diet (approximately 30 g), and the other a comparable diet with the addition of 10 g of partially hydrolyzed guar gum, over a 15 day period. Dietary fiber improved functional constipation by 78.0%. Partially hydrolyzed guar gum did not cause any additional effect in frequency of defecation, fecal consistence, necessity of laxative drug use, although bowel complaints were reduced. The study results indicate that dietary fiber can be useful for functional constipation treatment, although further studies are recommended.

Guar Gum is a Well Tolerated Fiber

High-fiber diet sources are commonly used in IBS, although there can be several problems managing the condition. Partially hydrolyzed guar gum (PHGG) has exhibited beneficial effects in human studies and animal studies. In one such study, the effects of PHGG in IBS patients were compared to a wheat

bran dietary fiber intake. Bowel habits, abdominal pain and patient views of the treatment were evaluated in a total of 188 IBS patients, all of whom were adults.

Patients were divided into classifications of having either diarrhea-predominant, constipation-predominant, or changeable bowel habits and were then assigned to random groups receiving 30 g of wheat or 5 g of PHGG fiber per day. Patients were more likely to switch from PHGG from wheat bran than vice versa. Both fibers were effective at improving pain and bowel habits.

However, significantly more patients in the guar gum group reported a greater subjective improvement than those in the wheat fiber group. In conclusion, improvements in core IBS symptoms (abdominal pain and bowel habits) were observed with both bran and PHGG, but the latter was better tolerated and preferred by patients, revealing a higher probability of success than bran and a lower probability of patients abandoning the prescribed regimen, suggesting that it can increase the benefits deriving from fiber intake in IBS, making it a valid option to consider for high-fiber diet supplementation.

Metabolic Health

Prospective studies have suggested that soluble fiber intake is inversely associated with the risk of coronary heart disease. Other studies have suggested inverse associations between dietary fiber and cardiovascular disease risk factors such as blood pressure, waist-hip ratio, fasting insulin level, triglyceride levels and fibrinogen levels. Fiber's effects on insulin benefit the cardiovascular system, since insulin is thought to play a role in blood pressure regulation, blood clotting and blocking the formation of arterial plaque. Several clinical trials have found that dietary fibers lower cholesterol and low-density lipoprotein levels. One analysis found that soluble fiber has a favorable effect on blood lipids, in which the increase of each gram of dietary fiber lowered the concentration of low-density lipoprotein cholesterol in the blood by about 0.052 mmol/L. Population studies have found that a lower intake of fiber is associated with higher blood pressure. An increase in fiber consumption generally results in a blood pressure balancing effect.

Market Trends

Fibre supplements are taken for several reasons including constipation, weight management and heart health. Although many people try to increase their fibre intake through food sources, it can be difficult to get enough dietary fibre without the unpleasant gastrointestinal effects such as gas, bloating, cramping and irregular bowel movements. There are two types of fibre: soluble and insoluble.

There are numerous types of fibre supplements from various sources available on the market, some of which are sourced from corn. Other problems that can accompany fibre supplements making them unpalatable include grittiness, clumping, making the foods they're added to viscous or changing their flavour. Although fibre supplements are used to manage many health conditions, ironically, some fibers can bring on symptoms similar to IBS and inhibit mineral absorption.

AOR Advantage

Supplemental forms of fibre have been found to be more effective than fibre from the diet. AOR's Solufibre contains partially hydrolyzed guar gum, a highly soluble, easy to take, digestion resistant form of fibre that imparts no flavor or texture change to the foods it's added to. It has been studied in clinical trials, it has been found to have the greatest range of beneficial results and health applications, and it has been found to be the most tolerable form of fibre for children due to its lack of flavour and texture-changing characteristics.

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Abstract

New Research Links High-Fiber Diet to Lower Body Weight and Reduced Risk of Metabolic Syndrome

2009-05-05

Kellogg Company

According to recent studies that analyzed data from the National Health and Nutrition Examination Survey, increased fiber intake is associated with lower body weight, including a decrease in abdominal fat. Also, a high-fiber diet has been linked to a decreased risk of metabolic syndrome, a cluster of conditions that increase the risk of heart disease, stroke and diabetes. These findings were recently presented at the Experimental Biology Conference in New Orleans.

Also at the Experimental Biology Conference, a report by the Life Sciences Research Office funded by Kellogg Company shows that the health benefits of fiber, including heart-disease prevention, are primarily associated with the fiber-rich bran components of whole grain.

While most people turn to products made with whole grain to get the fiber they need, many are unaware that the amount of fiber in these products can vary dramatically. In fact, fewer than five percent of Americans consume adequate amounts of fiber. The recommended amount of fiber that should be consumed daily is 25 grams for women and 38 grams for men, according to the Institute of Medicine.

“While eating whole grains is important to overall health, a group of recent studies reveal that dietary fiber may have the greatest health benefit,” says Nelson Almeida, Ph.D., vice president, global nutrition, Kellogg Company. “Dietary fiber is concentrated in the bran-component of grain. Bran also provides other important nutrients and phytonutrients.”

Fiber and Weight Management

The first study, conducted by Susan S. Cho, Ph.D. and Theresa Nicklas, DrPH found that dietary fiber appears to be an active component of whole grains in relation to their effect on body-weight management. It also found that increased fiber intake is associated with a lower body-mass index and waist circumference in women and a lower waist circumference in men.

Fiber and Metabolic Syndrome

Data from the second study conducted by Carol O’Neil, Ph.D., RD; Theresa Nicklas; Susan Cho and Michael Zanovec suggests that a higher intake of dietary fiber is associated with a decreased risk of metabolic syndrome. Metabolic syndrome is characterized by a combination of symptoms such as an elevated waist circumference (greater than 40 inches for males, 35 inches for females), elevated blood sugar and high-blood pressure. These factors can contribute greatly to a person’s risk for heart disease, stroke and diabetes. The study also found that increased fiber intake is associated with higher HDL (good) cholesterol and a lower risk of high-blood pressure.

Almeida added, “These studies reaffirm the importance of fiber-containing grains, while also serving as a reminder that not all products made with whole grain are the same. Products and materials

qualifying as 'whole grain' vary in their composition and nutrient profile, including the amount of fiber they contain."

Effect of two doses of a mixture of soluble fibres on body weight and metabolic variables in overweight or obese patients: a randomised trial.

British Journal of Nutrition 2008; 99: 1380-1387.

Salas-Salvado J, Farre X, Luque X, Narejos S, Borrell M, Basora J, Anguera A, Torres R, Bullo M and Balanza R.

The aim of the study was to compare the effect of the administration of a mixture of fibres on body weight-loss, satiety, lipid profile and glucose metabolism. We included 200 overweight or obese patients in a parallel, double-blind, placebo-controlled clinical trial, who were randomised to receive, in the context of an energy-restricted diet for a period of 16 weeks, a mixed fibre dose (3 g *Plantago ovata* husk and 1 g glucomannan) twice (b.i.d. group) or three times daily (t.i.d. group) or placebo. Weight change was the primary efficacy endpoint. Satiety, dietary compliance, lipid profile, glucose tolerance, insulin resistance and high-sensitivity C-reactive protein were secondary endpoints. Weight loss tended to be higher after both doses of fibre (24.52 (SD 0.56) and 24.60 (SD 0.55) kg) than placebo (20.79 (SD 0.58) kg); the differences in changes between groups were not statistically significant. Postprandial satiety increased in both fibre groups compared to the placebo. The differences between groups in LDL-cholesterol levels were significant ($P=0.03$), with greater reductions in the two fibre-supplemented groups (20.38 (SD 0.10) and 20.24 (SD 0.09) mmol/l in the b.i.d. and t.i.d. groups v. 20.06 (SD 0.09) mmol/l in placebo group). A similar pattern was observed for changes in total cholesterol: HDL-cholesterol and HDL-cholesterol:LDL-cholesterol ratios. Interventions were well tolerated and had no effects on HDL-cholesterol, glucose and insulin concentrations, glucose tolerance or high-sensitivity C-reactive protein. In conclusion, a 16-week dietary supplement of soluble fibre in overweight or obese patients was well tolerated, induced satiety and had beneficial effects on some CVD risk factors, the most important of which was a significant decrease in plasma LDL-cholesterol concentrations.

The addition of fiber and the use of continuous infusion decrease the incidence of diarrhea in elderly tube-fed patients in medical wards of a general regional hospital: a controlled clinical trial.

J Clin Gastroenterol. 2007 Nov-Dec;41(10):901-5.

Shimoni Z, Averbuch Y, Shir E, Gottshalk T, Kfir D, Niven M, Moshkowitz M, Froom P.

GOALS: To determine if feeds high in fiber continuously administered might minimize diarrhea.

BACKGROUND: The addition of soluble fiber to enteral feedings has not consistently decreased diarrhea in controlled clinical trials, and the effect of the use of intermittent or continuous infusions on the rate of diarrhea is similarly controversial.

STUDY: We studied 148 of 160 selected elderly well-nourished patients with acute disease prohibiting oral intake in a controlled clinical trial in the setting of an internal medicine departments in a regional hospital who were divided into 4 groups and fed according to combinations of intermittent or continuous systems, with fiber-free or fiber rich formulas. The 5-day rate of diarrhea was defined as 2 liquid stools or 3 or more semisolid or liquid bowel movements during a 24-hour period. Other outcome variables included mortality, hospital days, prolonged hospitalization (over 20 d), fever, and stools positive for *Clostridium difficile* cytotoxin A/B.

RESULTS: The increased relative risk of the continuous/fiber-free, intermittent/fiber, and intermittent/fiber-free groups compared with the continuous/fiber group was 2.8 [95% confidence interval (CI)=1.0-8.1], 2.5 (95% CI=0.9-7.1), and 5.0 (95% CI=1.9-13.2), respectively. These findings were independent of age (>80 y), female sex, being treated with antibiotics for respiratory or urinary infections, receiving respiratory support, or being fully conscious. There were no significant differences in the other outcomes.

CONCLUSIONS: We conclude that in elderly well-nourished hospitalized patients with acute diseases prohibiting oral intake, continuous and closed enteral feedings with the addition of fiber is effective in reducing the rate of diarrhea.

Dietary Fiber and Blood Pressure: A Meta-analysis of Randomized Placebo-Controlled Trials.

Arch Intern Med. 2005;165:150-156.

Streppel MT, Arends LR, van't Veer P, Grobbee DE and Geleijnse JM.

BACKGROUND: Dietary fiber is part of a healthy diet and may exert a protective effect in the cardiovascular system. The effect of fiber intake on blood pressure (BP) has not yet been established.

METHODS: We performed a meta-analysis of randomized placebo-controlled trials to estimate the effect of fiber supplementation on BP overall and in population subgroups. Original articles published between January 1, 1966, and January 1, 2003, were retrieved for 24 trials that fulfilled criteria for meta-analysis. Data were abstracted on fiber dose, fiber type, BP changes, study design features, and study population characteristics. A random-effects model was used for meta-analysis.

RESULTS: Fiber supplementation (average dose, 11.5 g/d) changed systolic BP by -1.13 mm Hg (95% confidence interval: -2.49 to 0.23) and diastolic BP by -1.26mmHg (-2.04 to -0.48). Reductions in BP tended to be larger in older (40 years) and in hypertensive populations than in younger and in normotensive ones.

CONCLUSION: Increasing the intake of fiber in Western populations, where intake is far below recommended levels, may contribute to...

Dietary fiber intake and reduced risk of coronary heart disease in US men and women: the National Health and Nutrition Examination Survey I Epidemiologic Follow-up Study.

Arch Intern Med. 2003 Sep 8;163(16):1897-904.

Bazzano LA, He J, Ogden LG, Loria CM, Whelton PK

BACKGROUND: Prospective studies suggest that dietary fiber intake, especially water-soluble fiber, may be inversely associated with the risk of coronary heart disease (CHD).

METHODS: We examined the relationship between total and soluble dietary fiber intake and the risk of CHD and cardiovascular disease (CVD) in 9776 adults who participated in the National Health and Nutrition Examination Survey I Epidemiologic Follow-up Study and were free of CVD at baseline. A 24-hour dietary recall was conducted at the baseline examination, and nutrient intakes were calculated using Food Processor software. Incidence and mortality data for CHD and CVD were obtained from medical records and death certificates during follow-up.

RESULTS: During an average of 19 years of follow-up, 1843 incident cases of CHD and 3762 incident cases of CVD were documented. Compared with the lowest quartile of dietary fiber intake (median, 5.9 g/d), participants in the highest quartile (median, 20.7 g/d) had an adjusted relative risk of 0.88 (95% confidence interval [CI], 0.74-1.04; $P = .05$ for trend) for CHD events and of 0.89 (95% CI, 0.80-0.99; $P = .01$ for trend) for CVD events. The relative risks for those in the highest (median, 5.9 g/d) compared with those in the lowest (median, 0.9 g/d) quartile of water-soluble dietary fiber intake were 0.85 (95% CI, 0.74-0.98; $P = .004$ for trend) for CHD events and 0.90 (95% CI, 0.82-0.99; $P = .01$ for trend) for CVD events.

CONCLUSION: A higher intake of dietary fiber, particularly water-soluble fiber, reduces the risk of CHD.