Review Article,

**Review on the Role and Recommendation for Dietary Fibers in Childhood Constipation**

Dr Dhanasekhar Kesavelu¹, Dr Nithya Franklyn²

¹Consultant pediatric gastroenterologist M.B., MRCPCH, FRCPCH, CCT (UK) Endoscopy fellowship
Apollo childrens hospital, Chennai, India

²M.B, DNB (Pediatrics), Sleep Fellowship Consultant pediatrician Vijaya Health centre NSK Salai, Vadapalani, Chennai, India

Email Addresses: drdskgastro@gmail.com

**Introduction to Fibers:**

The plant material in the diet that is resistant to enzymatic digestion is defined as “dietary fibre”. The primary ingredients that are classified as dietary fibres are cellulose, hemicellulose, pectic substances, gums, mucilages and lignin etc. Dietary fibre naturally exist in foods that are consumed daily viz., cereals, fruits, vegetables and nuts. The diets with high content of fibre have shown benefits in multiple areas and systems in maintaining a mileu-interior. Processing of foods leads to various changes in physical, chemical, enzymatic and thermal treatments, which may affect the composition of total fiber present in the diet. Fibres included in the diet leads to various changes in the qualitative aspects of the food that is processed. Favourable outcomes have been reported in various commodities such as cereals, bread, yoghurt and beverages. The importance and the uses of fibres in diet is an area of constant interest which needs to be explored further and our paper reviews and explains the relation between dietary fibres and their benefits, primarily in children [1].

The universally accepted definition of dietary fibers “Dietary fiber is a type of carbohydrate that cannot be digested by our bodies enzymes”. The current definition of dietary fiber "Dietary fiber is the remnants of the edible part of plants and analogous carbohydrates that are resistant to digestion and absorption in the human small intestine with complete or partial fermentation in the human large intestine" [2,3] Fiber is a very important non-nutrient. Foods rich in fiber improves satiety as it needs more clearing than other foods and it absorbs water and swells in the stomach and gives a feeling of fullness. [4]

The types of fiber that are known are

- Soluble fiber
- Insoluble fiber

Fibers have played an important role in the diet of our civilization and finds an inevitable role in all civilizations and all ages. The Indus, Aryan, Iron, Bronze, Neolithic all have quotes and food patterns where dietary fibers find a significant role in the diet. The chart below quotes the role of fibers and documentation in the past eras.[Table 1]

**Metabolism of Fibers:**

Dietary consumption of carbohydrates consists of absorbable and non-absorbable sugars. The absorbed sugars undergo a different pathway which involves the amylase (pancreatic enzyme) for digestion and conversion in the small intestine. [5,6]

- The non-digestible fibers include Cellulose, fructose, Starch, xylose, Gums, pectin. These fibers are fermented by colonic bacteria and they get converted to: Butyrate, Propionate, Acetate, Carbon-dioxide which gets converted to Hydrogen.
Where SCFA (Short chain fatty acids) are formed and it leads to the absorption by the colonic epithelial cells.

Let’s see an example of a food that is believed to “cure” or “treat” constipation in the Indian subcontinent: Banana. Banana is not digested by the small intestine and escapes the “digestion” by Amylase resistant starch and is directly delivered to the colon which leads to formation of “SCFA” and also gives a trophic effect, with increased absorption of Increase salt, water absorption, Provides energy[7,8]

Below are well known benefits of dietary fibers:
- Normalizes bowel movements
- Bowel health
  - Decreases risk of developing hemorrhoids
  - Decreases production of diverticula (diverticulosis)
- Lowers Cholesterol
  - VLDL (Very low density lipoprotein)
- May reduce blood pressure and inflammation
- Improves blood sugar due to soluble fibers (Helps in achieving better Glycaemic control)
- Reduce the risk of developing type 2 diabetes
- Insoluble fibers
  - Helps in reducing weight
  - Less caloric dense
  - Prevents colorectal cancer.

The current recommendations for fibers in pediatrics - a review
The current food era focusses on “balanced” diet and fiber has become an essential nutrient in all consumer foods including beverages and oral nutrition supplements. Recommendations for dietary fibers have been published by multiple world bodies including American dietetic association [6], Indian dietetic association (IDA)[7], Indian council of medical research (ICMR) among others. Although multiple guidelines exist for the use of fiber none of them have recommendations for children. Among the various recommendations for recommended use of fibers in children the following formula is universally accepted

“Age of the child in years + 5 g”

And

“0.5 g fiber/kg body weight/day) up to 35 g/day

Table 2

<table>
<thead>
<tr>
<th>Function</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adds bulk to diet, making feel full faster</td>
<td>May reduce reduce appetite</td>
</tr>
<tr>
<td>Attracts water and turns to gel during digestion, trapping carbohydrates and slowing absorption of glucose</td>
<td>Lowers variance in blood sugar levels</td>
</tr>
<tr>
<td>Lowers total and LDL cholesterol</td>
<td>Reduces risk of heart disease</td>
</tr>
<tr>
<td>Regulates blood pressure</td>
<td>May reduce onset risk or symptoms of metabolic syndrome and diabetes</td>
</tr>
<tr>
<td>Speeds the passage of foods through the digestive system</td>
<td>Facilitates regularity</td>
</tr>
<tr>
<td>Adds bulk to stool</td>
<td>Alleviates constipation</td>
</tr>
<tr>
<td>Balances intestinal pH and stimulates intestinal fermentation production of short-chain fatty acids</td>
<td>May reduce risk of colorectal cancers</td>
</tr>
</tbody>
</table>

Functions and benefits of dietary fibre on human health [Table 2][3]
### TABLE 3:

<table>
<thead>
<tr>
<th>Age</th>
<th>Fiber (grams/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 years</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
</tr>
<tr>
<td>Female</td>
<td>25</td>
</tr>
<tr>
<td>4-8 years</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>25</td>
</tr>
<tr>
<td>Female</td>
<td>31</td>
</tr>
<tr>
<td>9-13 years</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>31</td>
</tr>
<tr>
<td>Female</td>
<td>26</td>
</tr>
<tr>
<td>14-18 Years</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>38</td>
</tr>
<tr>
<td>Female</td>
<td>29</td>
</tr>
</tbody>
</table>

### Scientific evidence for fibers in constipation

The following causes are attributed to childhood constipation:

**Poor Lifestyle**
- Sedentary Lifestyle
- Less physical activity
- Chronic stress
- Lack of sleep

**Unhealthy Eating Habits**
- Junk foods rich in refined white flour, sugar, saturated fats
- Irregular meal timing
- Less intake of fluids
- Skipping meals or Overeating
- Over consumption of dairy products

**Others**
- Excessive use of certain Antibiotics and Medicines

Multiple studies have emphasized the role of fibers primarily in childhood constipation and various functional gastrointestinal disorders.

- There is existing evidence to suggest that fiber is more effective than [10,11]
  - Probiotics
  - Placebo
  - Laxatives
  - Drugs

In the management of paediatric constipation along with diet, adequate water intake and drugs (as age appropriate), various studies have shown that fiber improves stool frequency or improve stool consistency, successful treatment outcomes, drug use and painful passage of stools [10,11]. The usage of fibers in the safety and management of childhood constipation in increasing the Gut transit time and promoting regular evacuation have been documented in several studies but non-existence of Randomized controlled studies, particularly in the usage of isolated non-pharmacological treatment in the management of paediatric constipation lack.

The commonly used fibers in the management of constipation are:

- Cocoa husk
- Glucomannan
- Ispaghula

### TABLE 4

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total water intake per day, including water contained in food</th>
<th>Water obtained from drinks per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants 0–6 months</td>
<td>700 ml assumed to be from breast milk</td>
<td>600 ml</td>
</tr>
<tr>
<td>7–12 months</td>
<td>800 ml from milk and complementary foods and beverages</td>
<td></td>
</tr>
<tr>
<td>1–3 years</td>
<td>1300 ml</td>
<td>900 ml</td>
</tr>
<tr>
<td>4–8 years</td>
<td>1700 ml</td>
<td>1200 ml</td>
</tr>
<tr>
<td>Boys 9–13 years</td>
<td>2400 ml</td>
<td>1800 ml</td>
</tr>
<tr>
<td>Girls 9–13 years</td>
<td>2100 ml</td>
<td>1600 ml</td>
</tr>
<tr>
<td>Boys 14–18 years</td>
<td>3300 ml</td>
<td>2600 ml</td>
</tr>
<tr>
<td>Girls 14–18 years</td>
<td>2300 ml</td>
<td>1800 ml</td>
</tr>
</tbody>
</table>

**Recommended water intake for children**

**Daily Recommended Intake of Fiber by Age and Gender (age+5 formulas)**

**TABLE 3**

Recommended water intake for children[8,9]

**TABLE 4**

A small sample, double-blind, randomized, crossover study done by Loening-Baucke et al [12]
showed that the addition of fibres in children with chronic constipation with or without encopresis showed benefit on adding fibre (glucomannan) in this cohort irrespective of whether they are on laxatives or not.

**Dietary fibres and colonic transit time**
A double blind randomized controlled study done by Castellijo and colleagues in 2006 showed an improvement in colonic transit time especially in the left colon to rectum when cocoa husk was added in the treatment plan. Children who had cocoa husk showed increased bowel frequency and more formed stools with no reported adverse events [13].

**Diet and Fibers**
The following are examples of foods that are rich in fiber

- Whole cereals like whole wheat, barley, ragi, oatmeal etc.
- Legumes and germinated pulses like rajma, channa etc
- Green leafy vegetables like spinach, cabbage, lettuce etc.
- Salads and boiled vegetables (Cauliflower, Broccoli, Capsicum)
- Fruits with skin e.g. Apple, guava, pears

**Sample High fibre is given below for various meals of the day (primarily for Indian Children)**

**Breakfast**
**North Indian**
- Pulkas (2) / Chapatis (2) / Veg. Poha (1 cup) / Quinoa (1 cup)
- Dhal / Cooked vegetable preparation- 1 cup
- Tomato / Onion / Dhal Chutney / mint / Coriander chutney (No Coconut / Groundnut) -1 cup (or)

**Continental**
- Brown Bread / Multi-grain Toast / Veg s/w -2 slices (½ tsp Jam)
- (or)
- Thick Oats / Wheat Porridge/ Muesli -1½ cup+/- (½ tsp sugar)

**Mid-morning snack**
- 1030 am-Vegetable Soup- 1 cup (add salt to taste)
- Digestive Marie / Marie Biscuits-2-3 nos.

**Lunch sample menu**
- Chapati/Rice-(½ cup Rice = 1 Chapati) -2 (no’s) or / 1 cup
- Dhal / Sambar -1 cup
- Vegetable Curry / Subji -1- 2 cups
- Vegetable – Kootu or Poriyal-1-2 cups
- Salad / Boiled Vegetables -1- 2 cups
- Curd-1 cup

**Snack sample menu**
- 0400 pm-Fruits- 200 grams

**Tea time**
- Tea / Coffee / Milk-100 ml
- ½ tsp- sugar
- Sundal (channa) / Boiled gram / Boiled Corn- ¾ cup

**Dinner sample menu**
- Same as Breakfast / Lunch
- Flaxseed – 2 tablespoon

*Note: For reference:*
- 1 cup = 150 ml capacity
- 1 glass = 200 ml capacity
- 1 teaspoon = 5 gm

**Conclusion:**
The use of dietary fibers in clinical practice is expanding and the clinician has been enriched in the wider uses are yet to be discovered. The use of dietary fibers cannot be ruled out and they are here to stay for long term. Dietary fibers are safe with few or no side effects and they form a vital role in non-pharmacological treatment. Safety of fiber along with adequate fluid intake and minimal pharmacological therapy will help in resolving childhood constipation.

**References:**


