

# Fiber Full

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Cheryl and Carole Anne

## Recipes and Ideas

### *Double Chocolate Muffins*

1/2 cup wheat bran  
1/2 cup oat bran  
2 eggs  
1/4 cup oil  
1/4 cup milk  
3 small jars of prune baby food  
1/2 cup vanilla yogurt

**Mix bran with wet ingredients and set aside to soak.**

1/2 tsp salt  
1 tsp baking soda  
2 tsp baking powder  
3/4 cup brown sugar  
4 T cocoa powder  
2 cups whole wheat flour

**Combine all dry ingredients.  
Stir dry ingredients into wet ingredients.**

1/2 cup chocolate chips

**Add to batter and spoon batter into greased muffin tins.**

**Bake muffins at 350 for about 15 – 20 minutes.**

### *Fabulous Fiber Cookies*

1/2 cup non-hydrogenated margarine  
1/2 cup brown sugar  
1 egg  
1/4 cup yogurt (optional for a moister product)

**Cream together margarine, brown sugar, egg and yogurt.**

1/2 cup oat bran  
1/2 cup wheat bran  
1/4 cup ground flax (optional)  
1/4 cup wheat germ  
1 1/2 cup large flake rolled oats

**Stir in oat bran, wheat bran, flax, wheat germ, and rolled oats.**

3/4 cup whole grain flour  
1/2 tsp salt  
1 tsp baking powder  
1 tsp baking soda  
1/2 cup chocolate chips  
(or raisins, m and m's, etc.)

**Combine all dry ingredients and stir into the batter. Add the chocolate chips. Roll into balls and squish on a cookie sheet.**

**Bake at 350 °F for 8-10 minutes.**

**Do not over bake or they will turn into hockey pucks! Freeze very well.**

Available online, or at Therapyware (17451 103 Avenue, Edmonton ),  
Useful Website: <https://www.gikids.org>

# Waste Management

## Learning to use the Toilet

Children between 2 and 3½ years generally learn to use the toilet with parental support. It is important that children feel a sense of accomplishment and success with this endeavor. This skill needs to be achieved on the child's schedule and not the parent's. Parents often feel pressured by their peers, grandparents and child care providers to train children before they are ready. Children are ready to learn to use the toilet when they have awareness of their bodily function and use the words pee and poop. Watch for them showing interest and curiosity about the bathroom and some control over elimination processes too. Here are some helpful tips to make this learning process enjoyable for you and your child:

- Have your child sit on the potty or toilet, with clothes on initially then with pants down.
- If using the large toilet, use an insert and put a stool under for the child's feet to support stability and proper anatomical squatting position.
- Read potty books or watch children's potty videos to facilitate learning and relaxation.
- Show your child how the toilet works as some children may be afraid of the flush or sensitive to the noise.
- Establish a routine about toilet training.
- Reward sitting and trying, but keep your excitement about success muted. Showing too much praise for successes may make the child resistant to trying when the child wants to be in control. A child may also worry about failure or disappointing their parents when they have accidents.
- Reward success with stickers or small edible treats (one animal cracker, two gummi bears etc.)
- If you try to help your child learn how to use the toilet over a few

weeks and they are resistant or aren't getting it, then stop and wait a few months. Many children learn this skill in a few days or weeks when they are ready.

- Children will have accidents after they are trained. It is important to convey to the child that accidents happen and all is well.
- Older siblings can be wonderful role models for younger children in the home.

Many parenting advice books have good information on toileting. A resource for parents with special needs children is the Autism Speaks website regarding toilet training. Books that kids like include *Toilet Tales* and *Once Upon a Potty*. Remember poop happens! If your child wants more information about how her body functions we recommend *Everyone Poops* and *The Gas We Pass The Story of Farts*. Look for these books and other toileting resources in our reference section.

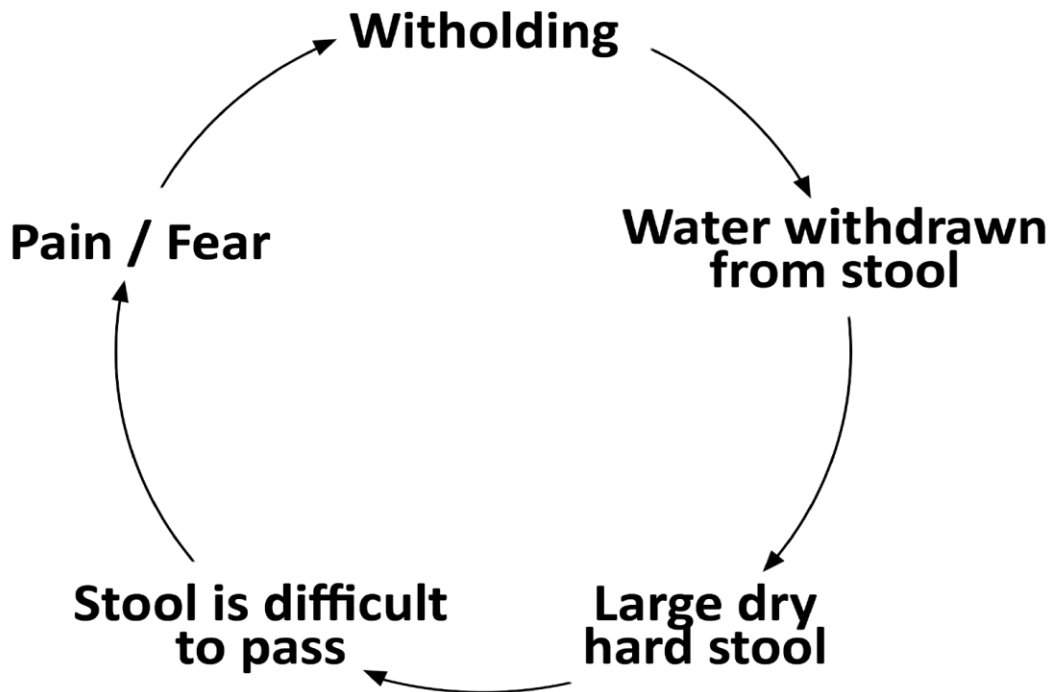
## Constipation in Children

There has been significant scientific research regarding the frequency of bowel movements across the lifespan. Babies poop 4 – 5 times per day but by the second birthday most children have regular bowel movements 1 –2 times per day. A minority of children poop less often. The frequency of bowel movements therefore for most children and adults is 3 – 12 times per week or 3 times per day to 3 times per week. Constipation is defined as difficulty passing stool from the rectum, or the slow movement of feces through the bowel. It is associated with dry, hard stool, gas, abdominal bloating or pain.

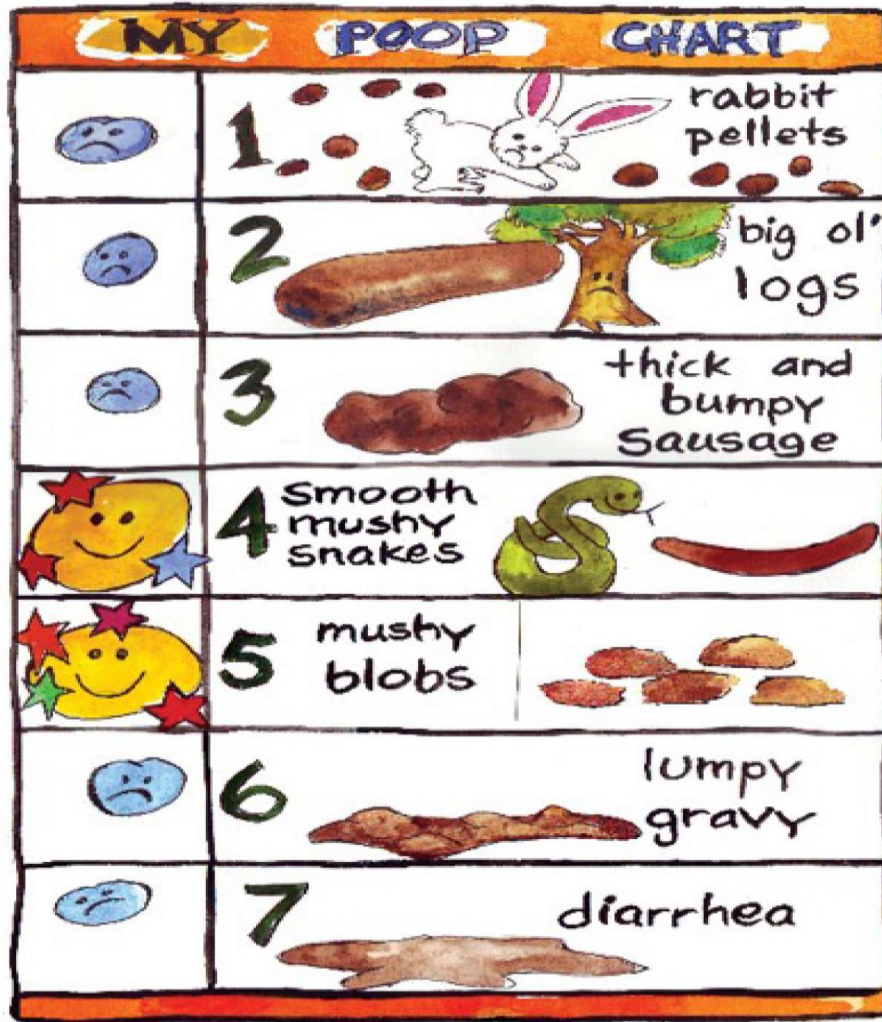
For the vast majority of children there is no medical cause for constipation. The most common causes are a diet low in fiber and the child learning to withhold stool. The most common time for children to develop constipation is from age 2 – 4 years when they are learning to use the toilet. Some children are too busy playing and don't like the interruption of using the potty. Some children refuse to comply with parental demand to make the trip to the

bathroom. If there are stresses in the parent-child relationship or other problems within the family, children may withhold bowel movements. If children experience passing hard stools, they may learn to protect themselves by withholding stool. Other children may suppress bowel movements when they start school or daycare if they are anxious about going outside of the home environment. Some children are sensitive to a lack of privacy and may show embarrassment. Changes in routine like traveling can also precipitate constipation.

### **If a child withholds stool this may set up a vicious cycle:**



If stool accumulates in the rectum it may form a hard mass that is very difficult to pass. Loose watery stool may leak around it and the child may have involuntary soiling of their underwear. Sometimes a parent may see the problem as diarrhea. The longer this situation lasts the longer it takes to improve as the bowel actually stretches over time and loses muscle tone. The rectum gets used to being overfull and the urge to poop diminishes over time. When a stool is



*My Poop Chart* Illustrated by Cristina Acosta  
 Courtesy of Steve Hodges and Suzanne Schlosberg.  
 See their website at [www.bedwettingandaccidents.com](http://www.bedwettingandaccidents.com)

finally passed, parents may describe a huge volume that can fill the toilet. Parents may also describe that there may be a small amount of blood with bowel movements which could be due to a small anal fissure (a small tear). Children with constipation may complain of tummy aches, may have a poor appetite and infrequently may not gain adequate weight. Constipation can also contribute to frequent urination and urinary tract infections. A recent publication from Britain, *Constipation, Withholding and Your Child* by Anthony Cohn, is good to read if you have concerns about your child and constipation issues. Another useful resource is *It's No Accident: Breakthrough Solutions to your Child's Wetting, Constipation, UTIs*

*and other Potty Problems*, by Steve Hodges and Suzanne Schlosberg. The *My Poop Chart* illustrated by Cristina Acosta that we include was generously provided by these authors.

For some children this cycle provokes significant stress and anxiety. They can become very fearful and may have tantrums or panic when the bowel tries to empty. They may rock or stiffen their bodies or squirm to prevent themselves from passing stool. Some children can develop a phobia for the toilet. They may create elaborate rituals to avoid toilet training, for example, hiding, insisting on putting on a diaper before trying to poop, or only defecating on certain toilets.

Inappropriate or punitive reactions of parents can fuel the cycle further. Parents and children can experience battles of wills on this topic, which can affect their relationship and set the social and emotional development of the child off track. Again, the longer the cycle of constipation persists the more established and rigid behavior patterns can become. If this situation occurs, it is absolutely vital that the parent seek the advice of a health and/or mental health professional with experience with young children. Medical causes of constipation in children are infrequent and could be due to side effects of medications, celiac disease, cystic fibrosis or hypothyroidism for example.

Miracles can happen! A four year old boy with severe constipation, defiance and a grumpy mood ate our Fabulous Fiber Cookies daily for a week. His excited Mom called to report that the constipation was resolved, that he had toilet trained and was a happier boy. What looks like a complex problem can sometimes be helped by a simple solution.

## **Constipation in Adults**

In adults the most frequent causes of constipation are inadequate intake of fiber and water, and not responding to the call of nature to empty the bowel when needed. When adults are constipated they may experience small or dry stools and need to strain to pass them. The straining can increase pressure in the rectum which causes

veins to swell (hemorrhoids). If bowel muscles are not exercised and strengthened, pouches or diverticuli can form in the bowel wall. These pouches are susceptible to inflammation and infection (diverticulitis) which can be very painful. Constipation is more common in women than men. Adults who suffer from constipation could have irritable bowel syndrome. If one experiences any rectal pain, bleeding, blood mixed in stools, black stools, or any significant change in bowel habit it is very important to discuss these symptoms with a doctor. Older adults need surveillance of bowel health which may include screening colonoscopy and sampling for blood in the stool. The frequency of screening depends on an individual's health issues and family history of bowel health problems (for example colon cancer).

One of Carole Anne's coworkers made a big batch of Fabulous Fiber Cookies for her husband to take to work (yes, another fiber cookie story). Coffee and cookies fueled the letter carriers before they set off to deliver the mail. The fiber, fluid and exercise combination resulted in quick delivery as many of the posties reported an urgent need to use the facilities! They were reported to ask, 'WHAT was in those cookies?'

## **Dealing with Constipation**

### **Strategies to prevent constipation:**

- Increase physical activity
- Increase fluid intake
- Increase fiber intake in whole foods
- Regular toileting routine
- Monitor frequency of bowel movements
- Consider using the Squatty Potty or a stool to elevate your feet.

Around the world there are different cultural practices with regard to toileting. A student emailed Cheryl about bowel health issues and commented that in China it is still a common practice to squat as it is in many other countries around the world. He found a website called Squatty Potty. This company makes stools that fit





under the toilet. The stool elevates the feet so that the pelvis, its muscles and ligaments are in the best anatomical position to fully evacuate the bowel. Some researchers suggest that the invention of the flush toilet has contributed to constipation. Preschool children with constipation concerns may benefit from using a potty instead of a grown up toilet when they poop. For more information and diagrams check out [www.squattypotty.com](http://www.squattypotty.com).

## **Strategies to treat constipation:**

Use all of the strategies described to prevent constipation. Drink prune juice which has sorbitol, a sugar that draws water into the bowel and soluble fiber.

## **Medical Treatments for Constipation**

The following information is provided about over the counter and prescription medications to help you better understand how they work. Doses of the following medications are not described, as it is very important to consult with a doctor before considering use of medication or enemas to treat constipation whether for yourself or your child. Laxatives are medications that help promote stool softness and evacuation from the rectum. Canadian brand names are in italics.

**Bulk forming laxatives:** This type of laxative retains water in the bowel. They increase the bulk and softness of the stool and help in a few days.

- Psyllium – from seed husks of plants from genus *Plantago*, *Metamucil*, *Prodiium*, many generic varieties
- Glucomannon – polysaccharide fiber gel, tuber of the Japanese Konjac plant
- Methylcellulose – methylation of natural cellulose from plants, *Citrucel*
- Calcium polycarbophil – *Equalactin*
- Inulin – from root of Chicory family of plants (endive, radicchio, and green leafy lettuce), *Benefibre*

Side effects: Safe to use daily, can interfere with absorption of medications, therefore medication must be given a few hours after these agents, can be added to smoothies, pudding or yogurt.

**Osmotic Agents:** Salts or carbohydrates (complex sugars) that promote water absorption into the bowel, salts work in 30 minutes to 3 hours and carbohydrates in 1 – 3 days.

- Lactulose – *Laxilose*

Side effects: Can be fermented by colon bacteria producing gas, diarrhea while adjusting the dose can acidify stools which may irritate skin around the anus.

- Magnesium citrate – *Citro-mag*
- Magnesium hydroxide – *Milk of Magnesia*

Side effects: Unpleasant taste, diarrhea while adjusting the dose.

- Polyethylene glycol without electrolytes – PEG 3350, *RestoraLAX*, *Lax-a-day*. Generic or store brands are available

Side effects: Gas, abdominal pain, diarrhea while adjusting the dose.

**Stool Softeners:** Blend with and soften stool, help in 1 – 3 days.

- Docusate calcium – *Kaopectate*
- Docusate sodium – *Col-ace*

Side effects: Generally safe, do not give within 2 hours of other medication as it may reduce absorption.

**Hyperosmotic agents:** complex sugar that promotes water absorption into the bowel that work in 1 – 3 days.

- Sorbitol

Side effects: Can be fermented by colon bacteria producing gas.

**Lubricants:** Coat the stool, allows stool to pass easily, help in 6-8 hours.

- Mineral Oil - Liquid or fruit flavored jelly, *Lansoyl*

Side effects: Can interfere with absorption of fat-soluble vitamins (A, D, E and K), not advised for infants or individuals with swallowing problems because if it is aspirated (inhaled into the lungs) it can cause severe pneumonia, can also cause anal itchiness.

**Suppositories:** Medication in a lubricated solid preparation which is inserted through the anus into the rectum, draws water into the rectum softening stool, helps in about 1 hour.

- Glycerin – 70 % glycerin with sodium stearate (fatty acid)

Side effects: Unpleasant to administer.

**Stimulant Agents:** Stimulate muscles in the bowel to contract, help in 6 – 12 hours.

- Sennosides – *Senokot, Ex-Lax*
- Cascara, casanthranol, cascara sagrada bark – from bark of plants of genus *Frangula*
- Casanthranol with docusate sodium – *Peri-Colace*
- Bisacodyl – *Dulcolax*
- Castor Oil – from castor beans

Side effects: Safe for use occasionally, can produce painful contractions of bowel, if used excessively the bowel muscle does not contract as well on its own.

**Enemas:** Water in the rectum promotes contraction of the muscles of the bowel and salts in the enema increase water in the bowel.

- Glycerin/sorbital/ sodium citrate – *Microlax*

Side effects: Unpleasant to administer, uncomfortable and very intrusive, recommended for occasional use under medical supervision when other methods are not effective.

Constipation is not just an adult problem. Children also suffer from this condition with potential long term negative effects on health. Proper surveillance of diet and bowel habits in young children can move families towards prevention and away from treatment for this common problem.

