

Outcome of the use of Kfibre™ against not using Kfibre™ and comparing weight loss outcome

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User

Many factors influence weight loss. Some with strong supporting evidence, others varying in level of evidence, getting down to anecdotal evidence. With Australia now leading the developing countries with the highest per capita of overweight and obese people, any factors that can help with weight loss can only be seen as a positive. This crude study was compiled over an eight-week period at a Nutritional and Herbal Clinic. Kfibre™ was used to see if it helped to increase the average weight loss experienced by participants.

Introduction

Many factors influence weight loss. Some with strong supporting evidence, others varying in level of evidence, getting down to anecdotal evidence. With Australia now leading the developing countries with the highest per capita of overweight and obese people, any factors that can help with weight loss can only be seen as a positive. This crude study was compiled over an eight-week period at a Nutritional and Herbal Clinic. All the challenges that come with weight loss in itself, including but not limited to concordance, motivation, temptation, were also challenged with factors including, cost of attending clinic, time constraints, holidays, and illness. All costs were absorbed free of charge by the Kfibre™ company in Ayr. This is the only input that was allowed. All clients received an eating plan, which suited their lifestyle, their beliefs and their physical output. This eating plan did vary between all the clients. The exercise plan also varied depending on what the client could achieve, wanted to achieve, could afford and where they felt comfortable to attend. However, ground rules were laid with all.

Aim

The aim of the trial was to see if implementation would increase the amount of weight loss experienced by the participating client, compared to those not taking Kfibre™.

Hypothesis

It was thought by the nutritionist that the special properties of the Kfibre™ may not only help with gut flora balance, glucose balance, but may also have an effect on the PXR. Other studies have shown that this may help with weight loss. If positive, perhaps a more intense study should investigate this effect. A positive result was seen if the group as a whole lost more weight than the group with no Kfibre™ or if the majority singularly lost more weight.

Method

People were recruited as they rang to make an appointment. They were assigned to a group, if they were willing to participate, either the group incorporating the Kfibre™, at a specific dose, (increasing to the desired dosage first), or the other group which still incorporated an eating plan, exercise plan and nutritional advice. Clients were asked to return every 2 to 3 weeks. Pathology was also reviewed before the trial began and again at the end, for some, but not all. In total, 40 people were assigned to the Kfibre™ arm, while 50 people were assigned to the non-Kfibre™ arm. The people were assigned to each arm over the phone, so that bias via visual cues could not occur. In relation to exercise, even though participants were free to choose their preferred method and trainer or group, it was asked that exercise of duration of 35 mins to 45 mins three times a week be performed, with at least one being HIT or resistance exercise. Most chose Boot camp, personal trainer in a group, water aerobics or weight training. Compliance was monitored via text, phone calls and level in container at each visit.

Results

In the Kfibre™ arm 37 out of the 40 managed to achieve the required dose of 1 tablespoon of Kfibre™ morning and afternoon and maintain it (according to their testimonies) during the 8 weeks. One failed due to diarrhea problems, one failed due to constipation and bloating problems and the last failed due to reflux problems (made worse by the Kfibre™). Upon re-challenge these problems resurfaced. In the non-Kfibre™ group, 4 people failed to complete due to either, pregnancy happening, left town, injury, unable to maintain or 8 weeks. The following tables show the results:

Results from both arms

MALE/FEMALE	AGE	KFIBRE™ USED	AMT OF EXERCISE	DAILY EATING PLAN USED PER WEEK- LISTED AS DAYS PER WEEK	WT LOSS (KG)
Female	28	Yes	3/wk	6/7 day	8
Male	32	Yes	3/wk	5/7	9
Male	67	Yes	3/wk	5/7	8.5
Female	75	Yes	3/wk	5/7	9
Male	73	Yes	4/wk	5/7	8.3
Female	43	Yes	4/wk	6/7	11
Male	48	Yes	5/wk	5/7	12
Female	45	Yes	6/wk	6/7	15.5
Female	30	Yes	6/wk	6/7	13.8
Female	34	Yes	3/wk	7/7	10.2
Male	55	Yes	3/wk	6/4	9.8
Female	52	Yes	3/wk	6/7	9.5
Female	50	Yes	3/wk	6/7	8.9
Female	48	Yes	3/wk	6/7	9.8
Female	39	Yes	3/wk	6/7	10.2
Female	42	Yes	3/wk	6/7	10.8
Female	47	Yes	3/wk	6/7	10.9
Female	44	Yes	3/wk	6/7	10.3
Male	42	Yes	4/wk	7/7	13.2
Female	44	Yes	4/wk	6/7	10.3
Female	40	Yes	4/wk	6/7	9.8
Female	33	Yes	3/wk	6/7	7.9
Female*	25	Yes	5/wk	6/7	5.4
Female	33	Yes	6/wk	6/7	13.9
Female	44	Yes	3/wk	6/7	10.1
Female	41	Yes	3/wk	6/7	9.8
Female	38	Yes	4/wk	6/7	9.6
Female	24	Yes	3/wk	6/7	9.7
Female	33	Yes	4/wk	5/7	10.3
Female	32	Yes	3/wk	6/7	9.9
Female	33	Yes	3/wk	6/7	9.8
Male	43	Yes	3/wk	5/7	9
Female	35	Yes	3/wk	6/7	10.3
Female	38	Yes	3/wk	6/7	10.8

Female	43	Yes	4/wk	7/7	12.6
Female	39	Yes	3/wk	6/7	9.8
Female	33	Yes	3/wk	5/7	9.3
Female+	64	No	3/wk	7/7	5
Female	84	No	3/wk	5/7	6.4
Female+	54	No	3/wk	5/7	3.9
Female	22	No	5/wk	5/7	6.3
Female	34	No	3/wk	5/7	6.9
Female	44	No	3/wk	6/7	7
Female	40	No	3/wk	6/7	6.5
Female	39	No	3/wk	5/7	5.9
Male	41	No	3/wk	5/7	4.8
Female	45	No	3/wk	5/7	6.6
Female	49	No	3/wk	5/7	5.9
Female	50	No	3/wk	5/7	6.3
Female	43	No	3/wk	5/7	6
Female	44	No	3/wk	4/7	5.6
Female^	38	No	3/wk	5/7	4.7
Male	43	No	3/wk	5/7	8.2
Male	44	No	3/wk	5/7	9
Female	68	No	3/wk	5/7	5.7
Female	29	No	5/wk	6/7	9
Female	35	No	3/wk	5/7	5.9
Female	44	No	3/wk	5/7	6
Female	39	No	3/wk	4/7	3.6
Female	35	No	3/wk	5/7	6.2
Female	28	No	3/wk	5/7	5.4
Female	24	No	3/wk	6/7	6.4
Female	46	No	3/wk	5/7	5.8
Male**	75	No	3/wk	5/7	6.9
Female	45	No	3/wk	5/7	3.8
Male	44	No	1/wk	4/7	3.4
Female	66	No	3/wk	5/7	5.9
Female	82	No	3/wk	5/7	5.6
Female	70	No	3/wk	5/7	3.6
Male	78	No	3/wk	5/7	6.2
Female	33	No	3/wk	5/7	6.3
Female	40	No	3/wk	5/7	5.4
Female	38	No	3/wk	4/7	4.8
Female	44	No	3/wk	5/7	5.9
Female	49	No	3/wk	5/7	6
Female	54	No	3/wk	5/7	6.2
Female	50	No	3/wk	5/7	6.9
Female	41	No	3/wk	5/7	4.9
Female	28	No	3/wk	5/7	6
Female	33	No	3/wk	5/7	4.8
Female	47	No	3/wk	5/7	5
Female	33	No	3/wk	5/7	5.8

Female	29	No	3/wk	4/7	4.8
Female	46	No	3/wk	5/7	5.2

*less result as client had PCOC; +drank 3 standard drinks per week; ^ smoked; ** 3 cans Pepsi/wk

Summary of weight loss

SEX	Av. Wt. loss over entire time – ON KFIBRE™	Av. Wt. loss over entire time - NOT ON KFIBRE™
Female	9.9kg & 10.06kg *	5.7kg
Male	9.97kg	6.41kg

*Result if not include female with PCOC-which has hormone issues attached

Discussion

It must be remembered that the reporting and trial was an afterthought. The main goal was to achieve not only what the client wanted to achieve, but also at the rate that the client wanted to achieve these results. Most of the client were married with small children and / or worked part time also. The eating plan was designed so that it was manageable by the client on a consistent base, thus; may not have been 100% ideal, but at least it was do-able. a written eating plan was given, after discussion with the client. It always included calcium rich foods, 3-5 serves of vegetables (with only 1 cupful of starch vegetables allowed), 2 serves of fruit only allowed, palm size protein foods three times a day, good oils/nut added in, only 2 thin slices of rye/whole meal bread allowed daily and 2L of water daily min. The plan consisted of 3 main meals and 2 snacks with portion control. No backed goods were allowed. Only one to two coffees per day were allowed. All supplements had to be ceased, unless instigated by GP. All medications were allowed. All the clients were Caucasian. Many did find it difficult to stay compliant due to the restriction of the Kfibre™ and what to disguise it in. Many would like to see the Kfibre™ be totally soluble in water with no taste or with a natural flavour added. It can be seen from the above tables, that there are many variables and the demographics concentrates mainly on females. This fits with the statistics that show it is mainly females that source alternative therapies. The variables were expected as exercise is usually seen by seen by working mothers as “what can be fitted” and what suits their budget and preference. Measurements were also taken at each consult. As expected those on Kfibre™ also showed more cm loss in the waist (just the rib cage) and belly button region than those in the non-Kfibre™ arm. Pathology was only performed by those that had diabetes/insulin resistance and /or high cholesterol and unfortunately they were in the Kfibre™ arm only. The results did show Hba1c levels dropping by 0.8%, LDL-C dropping into the normal range for all, (dropping by up to 2 levels) and surprisingly ESR and CRP levels dropping into normal range. One lady with an autoimmune condition had her ESR go into the normal range for the first time.

Conclusion

It is believed that the Kfibre™ has made a difference to the amount of weight lost. This should be further investigated with parameters kept more constant and pathology performed on all before and after the trail. Perhaps heart foundation exercise guidelines should be followed and a set eating plan offered.