



# HerbClip™

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**FILE: ■ Aloe (*Aloe vera*)  
■ Ulcerative Colitis  
■ Inflammatory Bowel Disease**

**HC 020451-284**

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**RE: Clinical Trial on Aloe Gel for the Treatment of Acute Ulcerative Colitis**

Langmead L, Feakins RM, Goldthorpe S, Holt H, Tsironi E, De Silva A, Jewell DP, Rampton DS. Randomized, double-blind, placebo-controlled trial of oral aloe vera gel for active ulcerative colitis. *Aliment Pharmacol Ther.* April 2004; 19(7):739-747.

Ulcerative colitis is an inflammatory bowel disease (IBD), the general name for diseases that cause inflammation in the small intestine and colon. Treatment for ulcerative colitis depends on the severity of the disease, and most people are treated with prescription drugs. Conventional therapies for IBD are not always successful in achieving remission and some may cause serious side effects. Therefore, up to 50% of patients seek alternative options for treatment. Aloe vera gel is widely promoted for the treatment of digestive disorders such as IBD. The authors used an aloe vera gel obtained from the leaf of the plant *Aloe barbadensis* for this study. The extract contains over 70 active compounds that have been claimed to promote immunity and wound healing as well as have anti-cancer effects. In this randomized, placebo-controlled, blinded study, the authors sought to determine the safety and efficacy of aloe vera in the treatment of ulcerative colitis.

Patients with mildly to moderately active ulcerative colitis were recruited from London, UK area hospitals. Participants needed to have a Simple Clinical Colitis Activity Index (SCCAI) score between 3 and 12. The SCCAI scale ranges from 0 through 19, with a higher score indicating a more severe disease. Forty-four patients were randomized into the study. They received either placebo or aloe vera gel (100 mL of gel twice daily, Forever Living Products, Jersey, Channel Islands) for 4 weeks. This dose is the maximum recommended according to manufacturers and is the most common dose by individuals using aloe vera for therapy. Participants filled out questionnaires at baseline, 2, and 4 weeks. In addition, a sigmoidoscopy (an internal examination of the colon with a sigmoidoscope) and a rectal biopsy were performed at these times. The primary outcome measure was clinical remission defined as: 1) an SCCAI score of less than or equal to 2;

2) a sigmoidoscopic score of zero or 1; and 3) a histological grade from the biopsy of less than or equal to 1.

The average baseline SCCAI score was 6.5 and 6.1 for the aloe vera and the placebo group, respectively. Although the sigmoidoscopic scores did not significantly change, the SCCAI and histological scores decreased significantly ( $P=0.01$  and  $P=0.03$ , respectively) during treatment with aloe vera but not with placebo. Adverse effects recorded in both groups were minor, similar, and not clearly related to the study medication.

The authors suggest that any possible clinical benefits demonstrated by this trial are modest. They conclude that the results are encouraging, although not conclusive due to the limited size of the trial. They indicate a need for larger controlled trials of aloe vera, not only in ulcerative colitis, but also in other IBD such as Crohn's disease. In addition, it is possible that a higher dose of aloe vera gel might be more effective. Until further studies are performed, the authors suggest that patients should exercise caution in the use of aloe vera as an alternative to conventional therapy because this small study does not exclude the possibility of adverse effects.

—*Heather S. Oliff, PhD*

The American Botanical Council has chosen not to reprint the original article.

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