

Aloe Vera Barbados Uses Based on Scientific Evidence

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Evidence These uses have been tested in humans or animals. Safety and effectiveness have not always been proven. Some of these conditions are potentially serious, and should be evaluated by a qualified healthcare provider.

Uses based on scientific evidence Grade* Constipation (laxative)

Dried latex from the inner lining of aloe leaves has been used traditionally as a laxative taken by mouth. Although few studies have been conducted to assess this effect of aloe in humans, the laxative properties of aloe components such as aloin are well supported by scientific evidence. A combination herbal remedy containing aloe was found to be an effective laxative, although it is not clear if this effect was due to aloe or to other ingredients in the product. Further study is needed to establish dosing and to compare the effectiveness and safety of aloe with other commonly used laxatives. A Genital herpes

Limited evidence from human studies suggests that 0.5% extract from Aloe vera in a hydrophilic cream may be an effective treatment of genital herpes in men (better than aloe gel or placebo). Although seemingly well designed, there may have been problems with the way these studies were conducted. Additional research is needed in this area before a strong recommendation can be made. B Psoriasis vulgaris

Evidence from one human trial suggests that 0.5% extract from aloe in a hydrophilic cream is an effective treatment of psoriasis vulgaris. However, there may have been problems with the way this study was conducted. Additional research is needed in this area before a strong recommendation can be made. B Seborrheic dermatitis (seborrhea, dandruff)

One study using 30% aloe lotion suggests effectiveness for treating seborrheic dermatitis when applied to the skin twice daily for 4-6 weeks. Further study is needed in this area before a strong recommendation can be made. B Cancer prevention

There is preliminary evidence from a small case-control study that oral aloe may reduce the risk of developing lung cancer. Further study is needed in this area to clarify if it is aloe itself or other factors that may cause this benefit. C Canker sores (aphthous stomatitis)

There is weak evidence from two studies that treatment of recurrent aphthous ulcers of the mouth with aloe gel may reduce pain and increase the amount of time between the appearance of new ulcers. Further study is needed before a recommendation can be made. C Diabetes (type 2)

Laboratory studies show that aloe can stimulate insulin release from the pancreas and can lower blood glucose levels in mice. Results from two poorly conducted human trials suggest that oral aloe gel may be effective in lowering blood glucose levels, although a third, smaller study found no effect. More research is needed to explore the effectiveness and safety of aloe in diabetics. C HIV infection

Acemannan, a component of aloe gel, has been shown in laboratory tests to have immune-stimulating and anti-viral activities. Results from early human studies are mixed, and due to weaknesses in the way these studies were designed, firm conclusions are not possible. Without further human trials, the evidence cannot be considered convincing either in favor or against this use of aloe. C Skin burns

Preliminary evidence suggests that aloe may be effective in promoting healing of mild to moderate skin burns. However, the existing studies are small and poor in quality, and therefore no clear conclusion can be drawn.

Further study is needed in this area. C Ulcerative colitis

There is limited but promising research of the use of oral aloe vera in ulcerative colitis (UC), compared to placebo. It is not clear how aloe vera compares to other treatments used for UC. C Wound healing

Study results of aloe on wound healing are mixed with some studies reporting positive results and others showing no benefit or potential worsening of the condition. Further study is needed, since wound healing is a popular use of topical aloe. C Mucositis

There is preliminary evidence from a human trial that oral aloe vera does not prevent or improve mucositis (mouth sores) associated with radiation therapy. D Pressure ulcers

One well-designed human trial found no benefit of topical acemannan hydrogel (a component of aloe gel) in the treatment of pressure ulcers. D Radiation dermatitis

Reports in the 1930s of topical aloe's beneficial effects on skin after radiation exposure lead to widespread use in skin products. Currently, aloe gel is sometimes recommended for radiation-induced dermatitis, although scientific evidence suggests a lack of benefit in this area. D

*Key to grades

- A: Strong scientific evidence for this use;
- B: Good scientific evidence for this use;
- C: Unclear scientific evidence for this use;
- D: Fair scientific evidence against this use;
- F: Strong scientific evidence against this use.

Methodology This information is based on a systematic review of scientific literature edited and peer-reviewed by contributors to the Natural Standard Research Collaboration (www.naturalstandard.com): Sean Dalton, MD, PhD, MPH (Harvard University); Ivo Foppa, MD, ScD (Harvard University); David Sollars, M.Ac, H.M.C. (New England School of Acupuncture); Catherine Ulbricht, PharmD (Massachusetts General Hospital); Catherine Kirkwood, MPH, CCCJS-MAC (MD Anderson Cancer Center, University of Texas); Samuel Basch, MD (Mt. Sinai Medical Center, NY); Steve Bent, MD (University of California, San Francisco); Cynthia Dacey, PharmD (Natural Standard Research Collaboration); Paul Hammerness, MD (Harvard Medical School); Jennifer Armstrong, PharmD (University of Rhode Island); Ethan Basch, MD (Natural Standard Research Collaboration).