

# Aloe Vera Products Interactions With Herbs and Dietary Supplements

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## Interactions with Foods

Aloe taken by mouth may interfere with absorption of foods and orally administered drugs. Prolonged oral use of aloe may lead to poor absorption of nutrients in the intestine.

Based on the laxative properties of oral aloe, prolonged use may result in potassium depletion. This may be worsened by the use of licorice root.

Theoretically, use of oral aloe and other laxative herbs may increase the risk of dehydration, potassium depletion, electrolyte imbalance, and changes in blood pH. Possible laxative herbs include alder buckthorn, black root, blue flag rhizome, butternut bark, dong quai, European buckthorn, eyebright, cascara bark, castor oil, chasteberry, colocynth fruit pulp, dandelion, gamboges bark, horsetail, jalap root, manna bark, plantain leaf, podophyllum root, psyllium, rhubarb, senna, wild cucumber fruit, and yellow dock root.

Based on preliminary human data, oral aloe can reduce blood sugar. Caution is advised when using herbs or supplements that may also lower blood sugar. Blood glucose levels may require monitoring, and doses may need adjustment. Possible examples include: American ginseng, bilberry, bitter melon, burdock, fenugreek, fish oil, gymnema, horse chestnut seed extract (HCSE), marshmallow, milk thistle, Panax ginseng, rosemary, Siberian ginseng, stinging nettle and white horehound.

Most herbs and supplements have not been thoroughly tested for interactions with other herbs, supplements, drugs, or foods. The interactions listed below are based on reports in scientific publications, laboratory experiments, or traditional use. You should always read product labels. If you have a medical condition, or are taking other drugs, herbs, or supplements, you should speak with a qualified healthcare provider before starting a new therapy.

## Interactions with Drugs

Based on a small number of human studies, aloe taken by mouth may lower blood sugar levels. Caution is advised when taken with medications that may also lower blood sugar. Patients taking drugs for diabetes by mouth or insulin should be monitored closely by a qualified healthcare professional. Medication adjustments may be necessary. In addition, insulin may add to the decrease in blood potassium levels that can occur with aloe.

Due to lowering of potassium levels that may occur when aloe is taken by mouth, the effectiveness of heart medications such as digoxin and digitoxin, and of other medications used for heart rhythm disturbances, may be reduced. The risk of adverse effects may be increased with these medications due to low potassium levels.

Caution should be used in patients taking loop diuretics, such as Lasix® (furosemide), that increase the elimination of both fluid and potassium in the urine. Combined use may increase the risk of potassium depletion and of dehydration.

Use of aloe with laxative drugs may increase the risk of dehydration, potassium depletion, electrolyte imbalance, and changes in blood pH.

Application of aloe to skin may increase the absorption of steroid creams such as hydrocortisone. In addition, oral use of aloe and steroids such as prednisone may increase the risk of potassium depletion.

There is one report of excess bleeding in a patient undergoing surgery receiving the anesthetic drug sevoflurane, who was also taking aloe by mouth. It is not clear that aloe or this specific interaction was the cause of bleeding.

Preliminary reports suggest that levels of AZT, a drug prescribed in HIV infection, may be increased by intake of aloe.

**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](http://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).