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Aloe Vera, Aloe In Alternative Medicine Practice

Excerpts By Lawrence Plaskett, B.A., Ph.D., C.Chem., F.R.I.C.

Aloe vera can easily be incorporated into practice in Clinics of Nutritional Medicine, Naturopathy, Herbalism, Iridology, Kinesiology, Vega Testing and Mora Therapy, Colonics, Aromatherapy and Reflexology. It can be similarly used by Practitioners of Dowsing and Radionics. Within more orthodox practice, it can be used in conjunction with Physiotherapy.

This newsletter examines the rationale that lies behind the use of Aloe in these contexts. It looks at what is involved in incorporating Aloe into practice, gives guidance on the types of product that are needed and recommends a range of Possible doses.

The Practitioner's Thinking Which Lies Behind Treatment With Whole Leaf Aloe Vera

Practitioners who have assimilated the contents of Aloe vera Information Service News Letters 1-4 will by this time have abundant reasons for regarding **Whole Leaf Aloe Vera** with a great deal of respect as a **powerful herbal remedy** with multifaceted potency within the widest field of "healing." At the same time many readers may have been quite properly impressed with **Aloe's powers in specific healing directions**, such as those applying to those named medical conditions which have been subjected to trials with Aloe for potential therapeutic application.

For yet other people, who perhaps suffer from no illness or significant symptoms, **the attraction of Aloe may well be its potential for maintaining good health by a general "toning up" effect, which is inherent in Aloe's fundamental actions**, especially those having to do with maintaining or improving the condition of the immune system and increasing the oxygen consumption, and therefore the activity levels, within the tissues. These, effects, most emphatically, appear to offer a very positive route to the avoidance of the partially de-oxygenated, low-activity and toxic condition which is recognised, naturopathically and vitalistically, as constituting the state of "chronicity." Furthermore,



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whilst this state of “chronicity” is the major predisposing factor towards chronic illness, it does not yet form part of the philosophy and outlook of mainstream medicine. Notwithstanding this, the concept is nonetheless wholly compatible with the principles of modern medical biochemistry.

It will be clear why Aloe gets dubbed with emotive terms such as “The Silent Healer” and even “Panacea.” This happens, even among quite well informed users of Aloe, not just people who are easily influenced by hype and imagination. **It does so because the nature of the fundamental actions of Aloe are to improve the status of some vitally important systems of the body which affect many functions.** In this way it improves, generally, the biochemical status, activity levels and metabolic and functional competence of cells. Obviously, any such influence will be a most positive factor in keeping the individual safer than they would otherwise be, from developing chronic diseases in general. The painstaking process, which no doubt will have to be gone through, of thoroughly testing Aloe in clinical trials against every known chronic disease, is, to a certain extent superfluous within the philosophy of anyone who truly understands the fundamental modes of action of this remarkable herb.

The fundamental changes which Aloe is capable of making within the body will help the body to fend off each and every chronic disease. Much though that may sound like a heresy to strictly orthodox clinicians, whose medical philosophy requires them to look at each and every labeled medical condition as though it were a separate entity, this author, who is himself so deeply rooted in medical science, now regards this as a truism, and that conclusion emanates from deep enquiry into the biochemical actions of Aloe at the cellular level. There is, indeed, every reason, through a process of scientific inference, to believe that each and every chronic disease will be found to respond to greater or lesser degree, to Aloe. The most likely exception to this is those genetic illnesses determined by genetic error, but even with these there is a chance that the overall medical condition of the patient will be better for a certain toning up of cellular metabolism, such as Aloe can bring. This author’s exploration of the literature has found a general absence of negative results when people have tried the use of Aloe against chronic disease. Some of the papers on the subject report that 100% of patients responded to Aloe or very nearly so.

How does Aloe relate to specific Disciplines within Alternative and Complementary Medicine?

Nutritional Medicine



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For the Practitioner whose prime field is Nutritional Medicine, Aloe vera can be seen in the role of a quite unique adjunct of the Therapy. Although Aloe is often advocated for its content of nutrients, this is not really a key point, nor even a very significant point at all about Aloe. Naturally, Aloe, being a plant juice, contains some protein, carbohydrate and lipid, contains minerals, such as calcium, magnesium, sodium and potassium, and some of the vitamins, but the amounts of these are low. Because Aloe is the juice of a plant which is adapted to water-storage, its juice is very dilute, the gel containing about 0.5 - 0.7% of total solids and the Whole Leaf Extract about 1.0 - 2.0% of total solids. Most other plant juices are much more concentrated than this. Given these low concentrations, and the modest volumes of the juice which are used for therapy, the quantities of nutrients taken in with a daily dose of Aloe, are very small compared to dietary intakes. Therefore, one does not use Aloe for its nutrient content.

Instead, **Aloe is to be uniquely valued for its content of active biochemicals.** These are substances which interact with living cells in very small amounts, producing significant changes to cell metabolism and cell behaviour. These substances interact with specialized receptors on the cell surface to produce these changes, in a way which might be described as “pharmacological.” Yet the substances within Aloe which are doing this are entirely non-toxic natural substances and they leave no residues in the tissues. Any practitioner who is a purist and, perhaps, does not much like the use of the word “pharmacological” in this connection, can rest assured that Man has always been exposed to active substances of this kind in his foods. Aloe itself, of course, is not a food, but pharmacologically active substances of the same general type are well distributed among unprocessed whole foods. None of our foods contain the same range of active cell-stimulating constituents as Aloe in the same proportions, but the principles involved in using Aloe are much the same as when one uses some foods as medicines.

Naturally, much of what one does when using foods as medicines involves selecting the foods for their nutrient content. Unlike Aloe, we eat enough of various individual foods, or can do, to contribute significantly to the dietary supply of specified vitamins, minerals etc. That is one most important element of food therapy. The other aspects of food therapy, but one which is often forgotten, due to focusing primarily upon the nutrients, is the way that the various whole unprocessed foods contribute pharmacologically active substances which constantly stimulate or otherwise modify the behaviour and metabolism of our cells. We are used to the idea that food processing can damage our food by causing extensive losses of nutrients but, almost certainly, there is another huge area of understanding - one which we are only just beginning to glimpse at the present time - which concerns the way in which the processing of food damages these pharmacologically active substances which are in natural, unprocessed foods but which may be absent, or nearly so, from processed foods.



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The presence of special bioactive substances in plant-derived foods is the subject of two important books by Jean Carper *The Food Pharmacy*, 1989 and *Food Your Miracle Medicine*, 1993. Some of the components she identifies are nutrients and others simply have very powerful anti-oxidant effects, but it seems rather clear that some of them exert actions of a pharmacological kind.

Just because the pharmacologically active substances in Aloe, and also those in foods, interact with cell surface receptors, and because drugs also do the same thing, there is no need whatsoever to regard these substances as being drug-like in their action. Not only do these natural therapeutic agents leave no residues in the tissues, but, since there are some such substances in foods, it is true to say that Man has evolved with a certain level of exposure to these substances as his normal experience. That is an experience which must have ranged over at least three million years of the history of Man. Moreover, going back far longer than that, Man's evolutionary ancestors, during the whole of the period when the mammals were evolving and changing towards today's forms, a period of more than the last 80 million years, the tissue cells of plant-eating mammals have been subject to these same forms of pharmacological stimulation. Indeed, the flowering plants (Angiosperms), which are the principal source of foods for mammals and Man today, themselves evolved over a somewhat longer time-scale from the Cretaceous period of some 100 - 120 million years ago.

It is therefore very arguable that the tissue cells of Man have developed under conditions in which exposure to such stimulatory biochemicals has been expected, normal, and perhaps entirely necessary to survival. **If so, the partial withdrawal of such substances from the diet, which is inherent in the switch to processed food, may well be catastrophic to the health of Man.** And we must remember that some people today consume hardly any fresh plant foods. The consumption of fresh fruit and vegetables, which is shown in national statistics of diet and food consumption, is actually very unevenly distributed between individuals.

It is by no means surprising, therefore, if we find today that people in countries with a western lifestyle, Aloe, which has unique powers, and possibly other herbs also, where they contain concentrates of bioactive substances, are very badly needed to offset the loss of these actively stimulatory compounds from the food. Even more so, of course, they are needed to effect cures from chronic diseases among people who have followed the western lifestyle for many years.

Aloe, of course, must be classified as an adjunct to the Nutritional Therapist, simply because Aloe itself is not a food. **But it is a powerful one, containing more potent**



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stimulatory substances than any food, in its own unique combination. Used in this way it greatly enhances the efforts of the Practitioner to support the patient's immune system, to promote healing, to cleanse and to relieve inflammatory conditions. The writer is both a practitioner of Nutritional Medicine and is engaged in the training of Nutritional Medicine Practitioners. His student / Practitioners almost all understand and most use the powers of Aloe.

Naturopathy

Because of the nature of Aloe's actions, this plant is a natural ally of the Naturopathic Practitioner. Its cleansing effect, which is so completely in accord with the precepts of the Western Naturopathic system of thought, is most probably mediated through the effects of Aloe upon the immune system and those which it exerts upon the alimentary system. The healing action depends partly upon the direct stimulatory effect upon fibroblasts and other cell types and partly upon the consequences of the tissues being better cleansed. For the dedicated naturopathic it is obvious to use a potent cleansing herb to augment the benefits of their other cleansing procedures.

Herbalism

To a herbalist Aloe is home ground, as it is unquestionably a herbal remedy. Herbalists should also note all that has been said above about the relative lack of nutrients in Aloe. But then the same is true of herbs in general. They are often recommended in herbal texts for their content of some specified nutrient, such as iron, for example, and yet they rarely contain any significant amount of the named nutrient in the small quantity of herb likely to be consumed in a day's dose. It usually takes either foods or concentrated nutritional supplements to deliver a significant amounts of nutrients and the claim to do so with small doses of herbs is almost always misleading. Most active herbs, like Aloe, depend for their action upon pharmacologically active compounds present in small concentrations. The herbalist therefore needs to be aware of using the herbs for these specific biomedical effects which depend upon interactions between the living cell and the active compounds.

In my experience, herbalists may be mainly scientific in their emphasis, or mainly naturopathic, using the herbs within either of these appropriate concepts. Whichever way the herbalist leans, he or she will usually be happy with the information about Aloe and the way in which it is very readily justified in either the scientific or the naturopathic mode.



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Iridology

Iridology is a purely diagnostic discipline which only makes any sense when it is naturopathically interpreted, since the iris only yields information in naturopathic terms. Iridologists are therefore almost always either naturopathic, nutritional or herbal Practitioners who are used to using these various disciplines as a means of therapy once the iridology diagnosis has been reached. They will almost certainly find that Aloe has the strongest possible appeal to them as a powerful therapeutic tool, which will make real changes in the iris signs, which signify progress being made in identifiable parts of the body with cleansing, healing and the relief of inflammation. The writer is both a Practitioner of Iridology and is engaged in the training of Iridologists. His student / Practitioners almost all understand and use the powers of Aloe.

Osteopathy And Massage

Physical therapists obviously treat conditions which manifest as physical problems. These may arise from injuries or from metabolic deterioration of structural parts. Conditions which arise without any influence from outside physical trauma and are hence internally generated, usually have underlying causes from nutritional deficiencies or imbalance, toxicity and/or subtle energy imbalances.

When osteopaths or masseurs treat a patient for a condition which results from injury they are faced with both damage and inflammation. **Both the healing and anti-inflammatory actions of Aloe can be engaged at once to assist in these cases.** Aloe will work here very positively. It is, perhaps, in an adjunct role to the main therapy of the Practitioner, but in most cases it will be found to be a very potent and worthwhile adjunct.

When the complaint is internally generated, osteopathy itself is likely to provide helpful treatment, without, perhaps, touching the metabolic disorders which lay at the foundation of the trouble. To deal with this problem some osteopaths and masseurs embrace naturopathic means of treatment as well as their main therapy. Aloe is, of course, a major contribution to working in this way. It should appeal to physical practitioners whether or not they have already adopted a naturopathic approach to aspects of their treatment. Its use calls for no additional training and, by its cleansing action and its various cell-stimulating actions, it will tend to help metabolic problems, even though the nutritional defects should never be ignored.



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Practitioners of therapeutic massage who do massage directed to the purpose of lymphatic drainage, have a particular reason for seeking the help of Aloe as an adjunct of their treatment. The cell-types of the lymphatic system are one and the same with those of the immune system. When the flow of the lymphatic vessels is stimulated by the massage, the flow through the lymph glands is necessarily improved. These important concentrations of lymphatic cells are thereby helped in their cleansing by the massage and if Aloe is used at the same time, then these two actions, both aiming at essentially the same end, will augment one another and the benefits may well be synergistic.

Much that has been said in this section could also be said about other physical therapies, including the often distinctly non-Alternative field of Physiotherapy. Some Physiotherapists have nonetheless embraced some aspect of Alternative and Complementary therapy and hence may be able to gain in the same way from the use of Aloe.

Acupuncture And Homeopathy

These therapies are considered together here because they are prime energy therapies of great importance within the field as a whole. Aloe, so far as we know, does not become directly involved in the correction of subtle energy imbalances, but rather does so indirectly through relieving the Life Force from some of the burdens of toxicity and enhancing vitality through its stimulating actions upon tissue cells of different types. Therapists who are primarily subtle energy therapists will therefore regard Aloe as working upon a different level.

Not all training courses for acupuncturists and homeopaths stress sufficiently the way that the flow of energy, whilst being helped by these therapies, can also be synergistically facilitated by employing nutritional means. Therefore some of these Practitioners may not have got into using Nutrition as the valuable adjunct which it is. Those who have not done so, or whose patients simply “do not want to know” about diet and vitamin supplements may well find Aloe an easy option to introduce, so far as patient acceptance is concerned, and should be well pleased most of the time, with the results. The emphasis here is upon making the Practitioner’s work easier and gaining additional leaps forward for the patient. Those energy medicine Practitioners who do use diet and supplements as well should gain even more of a fillip to their treatments from employing Aloe as well. One needs to remember here that Aloe does not replace any aspect of Nutrition, so the benefits of Aloe plus Nutrition are generally found to be additive.



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The same observations I have made about acupuncturists and homeopaths apply also to those osteopaths who use cranial osteopathy and, through that version of their therapy, work directly upon the subtle energies of the patient.

Kinesiology - VEGA Testing - MORA Testing and Therapy

The use of subtle testing of patients via muscle testing and by using the higher human faculties combined with electronic methods, is done, of course to diagnose conditions, but also to select treatment, either homeopathic, herbal or, nutritional, while in the case of MORA, direct treatment is being applied through the equipment. These Practitioners will probably want to ask, through their diagnostic techniques, whether Aloe should be used. The known effects of Aloe are, as we have seen in previous NewsLetters, so broad spectrum in their relationship to pathologies, that probably there will be few who are not diagnosed as requiring or benefiting from Aloe. Perhaps, however, these methods will be able to pick out the most prime cases for concentrating upon Aloe treatment.

However, one can go much further and say that these diagnostic procedures will very frequently find labeled conditions for which treatment must then be found. If the diagnosed labeled condition is inflammatory, involves damage and therefore requires healing, involves the digestive system or else a need for fighting infection or tumours or requires cleansing action, then Aloe is likely to have a role. These Practitioners will either employ their technique and/or their equipment to help them decide, or may decide to use Aloe anyway, once the cause of the problem has been found.

Much of what has been said in this section could also be applied to Practitioners who work via Dowsing and/or Radionics, in relation to their likely use of Aloe.

Reflexology

Reflexologists both diagnose and treat through the feet. They find sites of previously unsuspected chronic inflammation, disorders of the digestive system which were, perhaps, not clearly diagnosable before, and find organs which may be struggling with chronicity for reasons connected with nutrition, toxicity and subtle energy imbalances. Application of Aloe by these Practitioners is likely to have much in common with that of Practitioners of other diagnostic approaches, like the kinesiologists. They will be able to apply Aloe to conditions they have uncovered and make the Aloe synergize with their main therapy.



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Colonic Irrigation

Any cleansing therapy can synergize with the cleansing action of Aloe. Aloe being taken by mouth during the same period when colonic washout therapy is being applied will strengthen cleansing effect simply by combining these two approaches to cleansing which operate in different ways, one, the Aloe, internally and the other essentially externally, bearing in mind that the colonic lumen is regarded as being outside the body. The benefits here will be much the same as those of combining Aloe with any other, distinctly different approach to cleansing, and the effects are almost certain to be synergistic. There is, however, one further bonus. The colonics therapist can use Aloe directly in the washout fluid, or leave the Aloe containing fluid in contact with the bowel lining for a time, to work directly upon inflammatory conditions itself.

Aromatherapy

The effects of Aromatherapy are presumed to be partly subtle and partly physiological. The subtle energy effects of the Therapy will interact with Aloe indirectly, rather than directly, as in the case of energy therapies, acupuncture and homeopathy. Insofar as the effects of Aromatherapy are physiological, they will interact directly with Aloe, working at the same material level to augment cleansing and re-establishment of balance within the body.

What will it take for Practitioners to incorporate Aloe into their Practice?

Of course, whichever of the above disciplines one practices, the use of Aloe is an addition to the rest of the therapy you are giving. It is something which the patient must do for themselves when they are not with you. For the osteopathic, massage, acupuncture or reflexology patient that might be a new departure since the main treatment is something which the practitioner does to them. For patients of nutritional medicine, herbalism and homeopathy, they are all used to the idea that the treatment involves regular administration of remedies or nutrients to themselves. The introduction of Aloe into treatment should not give any difficulty for any of these groups, since the administration is very easy, involving, in the case of Whole Leaf Extract, only measuring out and taking a small quantity of liquid one, two or three times per day. Advice to keep the bottle in the refrigerator once opened is appropriate.

Topical Use



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The use of Aloe vera Whole Leaf Extract will be the usual form of treatment, since internal administration is usually required. However, application to the surface is a secondary form of application which will be wanted fairly often either instead of internal use or in addition to it. For application of Aloe to the skin, or to the accessible mucous membranes, creams and ointments have a long-standing role, both in home treatment and in hospital applications. These are readily available from manufacturers. Their use for appropriate superficial conditions can be thoroughly recommended. Alternatively the concentrated Whole Leaf Extract can be applied topically also using either cotton wool pads, or other means. It has both an advantage and a disadvantage in this application. The ointments and creams are manufactured with “body” which helps them to adhere to the surface, but this very fact means that they usually have a lower Aloe content. The choice of brand should be made critically, as with Whole Leaf Extract.

Selection Of The Right Aloe Products For Practitioner Use

Any user of Aloe should bear in mind the recent history of Aloe, which is that whilst it has marvelous credentials as a curative herbal remedy, it has been much abused by the unscrupulous acts of certain suppliers. They have diluted the extracts with water and extended it dishonestly by the addition of inactive maltodextrin, dextrose or glycerol. It has also been subject to other forms of abuse which were not dishonest, but involved processing the plant in ways which failed, to various degrees, to preserve its biological activity. There are also operators who market only a distillate from Aloe. From what is known of the active ingredients of Aloe, there is absolutely no reason to expect that any significant amount of these will be present in such distillates.

The next question concerns the selection between a Whole Leaf Aloe vera and a Gel product. Most of the products on the market at present are products from the Gel of the leaf. There is certainly nothing wrong with that and Gel is the most long-established and longest recognised form of Aloe apart from the exudate, or “aloin” fraction, which is of a quite different nature. Previously, Whole Leaf Aloe Extracts were not used because they would always have contained the “aloin” fraction, which was not wanted because of its purgative action, which would have been unwanted and unhelpful in a product being taken mainly for anti-inflammatory, immunostimulant and healing effects. The fact that Aloe leaf was composed of separate Gel and rind provided a fortuitous way in which to furnish Aloe material which was virtually “aloin-free,” simply by dissecting out the central Gel section of the leaf.



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However, this fiddly dissection had originally to be hand done and was expensive, and discarding the rind was always an expensive option too, since the discarded rind undoubtedly contained further quantities of the same active principles which the Gel contained, made unusable only by the presence of the “aloin.” Recently the development of the technology required to produce a good quality Whole Leaf Extract almost free from the purgative “aloin” components, has changed the picture, and certainly has changed the choice of options available to the user of Aloe. This technology has consisted of (a) the addition of cellulose enzyme to the disintegrated whole leaf prior to expressing the juice and (b) carbon filtration for efficient removal of the “aloin” fraction and so avoid making a product with an unwanted purgative action.

Whole Leaf Extract manufactured in this way contains a higher concentration of total solids than any Gel extract. This is no surprise because the Gel is a specialized water-storage tissue and one would expect its water content to be very high and its solids content very low. The Whole Leaf Extract contains juice made from all the cells of the leaf, including the functional palisade layers and mesophyll layers of photosynthetic tissues, which have their place within the rind. Because these cell layers are highly active in metabolism they are bound to be rich in enzyme systems and all the other biochemicals which are prerequisites for an active metabolism. Any plant biochemist would therefore expect the content of soluble solids in the juice from these layers to be correspondingly much higher than in juice made solely from Gel.

This proves to be the case in practice. The total solids level is from 1.6 to 3 times higher in the Whole Leaf Extract than in the extract made just from Gel. Total solids is one of the measures used by The International Aloe Science Council in assessing the genuineness of Aloe products. **It is hard, therefore, to avoid the conclusion at this stage, that the Whole Leaf products are more concentrated than pure Gel extracts and that they are therefore better also with regard to physiological activity.**

This is where the subject rests at present, and it makes it necessary to recommend here that **the best source of Aloe for most purposes will be the Whole Leaf Extract.**

There is little doubt that this subject will be investigated more fully in the coming years and more information about the direct measurement of the biological activities of Whole Leaf Extract compared with the Gel will be very welcome. Detailed work to be done in the future is very likely to reveal that there are at least some important qualitative differences between the biological activities of Whole Leaf Extract and Gel. It is by no means impossible that Gel will be shown to be preferable in some particular applications.



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Dosage And Usage Of Whole Leaf Extract

It should be noted here that manufacturers produce Whole Leaf Extract (a) at its natural strength (b) at various levels of concentrate produced by evaporation - typically from twice the natural strength to ten times or more and (c) dried powders produced from Whole Leaf Extract by evaporation followed by freeze-drying. Clearly all these products are active when manufacture is in good hands and the processes of evaporation and drying are conducted in ways sensitive to the known susceptibilities of the active ingredients of Aloe. This author considers that the natural strength of the product is too dilute for perfect convenience and it is certainly rather uneconomic for transport across the Atlantic. On the other hand very high levels of concentration are likely to show some significant losses in activity in processing. Hence, moderate concentrates designated from 2X to 10X, and varying according to trade terminology and jargon, can be well recommended. Some of the most suitable products for general use are likely to contain between 10,000 and 15,000mg per litre of methanol precipitable solids, MPS.