the silent healer

a modern study of Aloe Vera

Bill C. Coats, R.Ph.,C.C.N.
with robert ahola

New Revised Edition

The Silent Healer

A Modern Study of Aloe Vera

by Bill C. Coats, R.Ph., C.C.N.
with Robert Ahola

This book is dedicated to the thousands of people who have helped me since the inception of my studies and work in the stabilization of Aloe Vera. Without them, there would have been no realization of the dream and little hope of passing it on to others.

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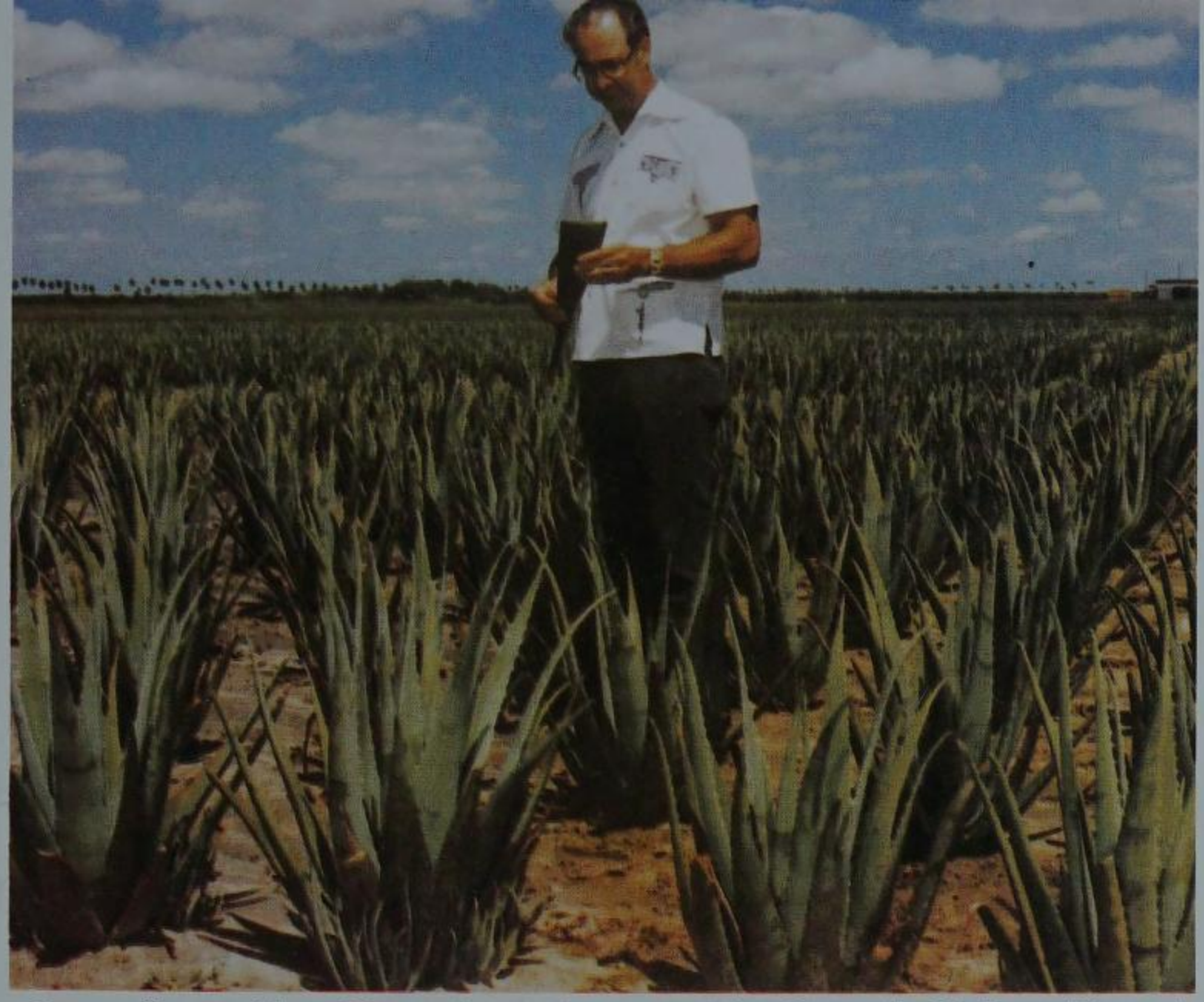
A Special Acknowledgement: To the memory of Dr. Richard Russell, a courageous, pioneering professional, and a dear friend.

AUTHOR'S NOTE:

The contents of this book are not intended in any way to reflect the approval of any state, local, or federal regulatory body. However, what is written here is documented and represents the accumulated findings of medical professionals, athletic trainers, coaches, cosmetologists, independent laboratories, testing by Aloe Vera of America, Incorporated's Research and Development, and verified testimonies by people who have undergone treatments with the products themselves.



One of our Aloe Vera plantations — Rio Grande Valley, (Texas)

The Silent Healer.
A mature Aloe Vera plant.

The Silent Healer

A Modern Study of Aloe Vera

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THE SILENT HEALER
A Modern Study of Aloe Vera

Preface

This is a book written with both bias and passion. Its central character is a plant. Its saga can be traced through thousands of years of uses, misuses, prejudices, fears, vindications, and even near deifications. Yet, though its story weaves through the span of civilization as we know it, and is as exciting, intriguing, and engrossing as any novel, this is no work of fiction. We are here to offer a final vindication for our central character by dealing ultimately in scientific fact.

The plant is called *Aloe Vera*. It has had other names: *Aloe barbadensis, Aloe chinensis, Cape aloe* and many more, yet these are only variations of the same plant — *Aloe Vera,* a Latin name meaning "the true aloe." It has also been called many other names — "Voodoo juice, witches brew, the fountain of youth, the first-aid plant, the miracle worker." The spectrum of pseudonyms both denouncing and praising has been as broadsweeping as the claims that accompany its use.

Heralded throughout history as able to cure everything from colitis to athlete's foot, Aloe Vera has just as frequently been condemned as worthless, unstable, and even dangerous by those who failed to understand its properties or those who judged it by hearsay without ever having exposed themselves to it directly.

Even among those doctors and professionals who believed in its healing abilities, there persisted the justifiable concern as to whether or not the potent but perishable gel housed in its leaves could ever be stabilized into a consistently viable, predictable, enduring medication.

As a pharmacist, I had worked with Aloe Vera and for years had borne witness to what it could do on its own. And just as I believed in the boundless potential of the plant itself, I also believed it could be stabilized, that a formula could be developed to extend its potency over a prolonged period of time.

Soon, the conviction became a dream, and the dream became an obsession that overcame my traditional needs for security. In 1964, I sold a thriving chain of pharmacies to pour both my efforts and resources into the research and development of that dream. After four years of hard work and countless laboratory experiments, a successful stabilization formula was achieved and patented; and Aloe Vera of America, Incorporated was formed. It was the beginning.

This book is the culmination of twenty years of labor, of constant striving to perfect our products, of our efforts to bring the benefits of these Stabilized* Aloe Vera products to those who need them, and to gain documented testimony from the medical profession and the scientific community as to their efficacy, curative properties, and lack of toxicity. And *it is above all the intent of*

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* Stabilized Aloe Vera, is a unique patented process of Aloe Vera of America, Incorporated. U.S. Patent No. 3,892,853.

this writing to bring Aloe Vera out of the genre of folk medicine, to lift it out of the realm of witchery, and guide it into the light of scientific context where it belongs, for it is only in that light and under pure scientific scrutiny that we can hope to bring Aloe Vera to help the millions of people worldwide who need it desperately.

In recent years, Aloe Vera of America, Inc., has made great strides toward the goal of taking the benefits of Aloe Vera to every corner of the globe. Still, we realize only too well just how far we have to go. And if my associates and I are ever to receive universal recognition for having successfully stabilized Aloe Vera, we can only accept that recognition with humility and in considerable awe of the plant itself — this Silent Healer. The healing activity and wonders it creates are inherent in the plant; we have only found a means to preserve what is already there.

The Indians perhaps understood this better than anyone. They called Aloe Vera, "the wand of Heaven," and believed all those touched by it would be healed.[1] They felt it was a gift from God.

So do I.

Bill C. Coats

Introduction

Aloe
Category: *See Compound Benzoin Tincture.*
Description: (Note: The taste of each variety of Aloe is nauseating and very bitter)

-- United States Pharmacopeia XIX
1978

October, 1975. Dallas, Texas. Dr. David K. Selby entered the detailing room of the Doctor's Lounge, a discouraged man. He had just completed his sixth successive operation to remove a severe proteus infection in the calf-bone (tibia) of a teenage boy's leg. The prognosis: bleak. If the post-operative results were no better than the five operations preceding, the infection would continue to spread unchecked, and Dr. Selby would have to go in for yet a seventh operation.

The young man had been in a motorcycle accident several weeks earlier, a car-bike collision serious enough to necessitate the amputation of his left foot just above the ankle. Dr. Selby, an orthopedic surgeon, had been called in to perform the operation. The debridement (removal of infected tissue) and amputation had gone according to schedule, and he had prescribed the customary antibiotics to preclude the possibility of secondary infection.

The antibiotics had failed; the leg was suffering a rampant proteus infection. Dr. Selby had prescribed a new series of antibiotics, but those too fell short of stopping the infection. Eventually, every known serial antibiotic had been used to try and stem the infection and every one had failed. The operations were a last resort. Selby was at a *cul de sac*.

I happened to be present in the doctor's lounge when Dr. Selby came in relating his frustrations with the case.

"We've tried every known antibiotic, and nothing works," he said. "I've operated six times on the boy, going higher on the leg each time. And it's still infected. When I get to his hip, he dies . . ."

Having been made aware of Dr. Selby's dilemma, I told him of the remarkable success other doctors had experienced using our Aloe 99 Gel to fight infections, and showed him some of our bacteriological data to back it up. He was impressed with what he saw, but still remained concerned about the possible toxicity, a reservation soon put to rest by two other physicians who had used the Aloe Vera Gel. Being present at the time the recommendation was made, they told him they had treated several cases with the 100% Stabilized* Aloe Vera Gel and had never experienced a single case of side-effects or contraindications.

At this point, Selby realized he had noth-

ing to lose. Within a short period of time, he stabilized the boy's leg and inserted a tube into the bone using the 100% Stabilized* Gel as a drip. Within a few hours, the proteus infection appeared dormant. In less than forty-eight hours, the infection had been eliminated entirely.

The boy recovered and, though fitted with an artificial limb, is healthy and active today.[2]

Aloe.
Uses — Aloe was known to the ancients . . . It has been employed for eczematous skin conditions in China, India, and Tibet under the names *lu hui, musabbar,* and *jelly leeks,* respectively . . .
. . . In the 16th and 17th centuries Aloe was used locally in the treatment of wounds and burns but its use for this purpose entirely disappeared except as an ingredient compound in benzoin tincture . . ."[3]
— United States Dispensatory
and Physicians Pharmacology (1967)

Shreveport, Louisiana. July, 1976. A patient, J. Monte Hayner, had undergone a chronic case of bilateral scleroderma,** a severe hardening of the tissue of both sides of the legs from the ankle to just below the knee. The condition, both unsightly and excruciating, had recently taken a turn for the worse — a pronounced ulceration that increased both in depth and breadth until the ulcers deepening almost to the bone covered the entire lower leg on each leg.

Mr. Hayner's dermatologist, Dr. Albert Irving Clark, tried everything known to medicine to treat this kind of affliction; he ran the gamut of therapy from wet casts, honey, biozyme, grandulex, gold leaf, to numerous other treatments both ordinary and bizarre. Nothing worked. The condition continued to worsen.

Dr. Clark consulted with other specialists, sending his patient to several dermatologists in hopes that they might be able to come up with a treatment that would ameliorate the condition. Their methods failed as well.

Before long, the sclerodermic condition had degenerated to such a painful and pronounced degree that Dr. Clark actually feared Mr. Hayner might even take his own life; such occurrences were not uncommon in extreme cases. Quite the opposite occurred, however, when Mr. Hayner became the instrument of his own healing by coming to Dr. Clark with reports of a new discovery. Someone had told him about the use of Aloe Vera for the treatment of these kinds of ulcerations.

"Frankly at the time, I felt we were dealing with more or less of a hopeless situation," Dr. Clark recalled, "and I would have used anything (even manure) if I had thought it would help this man." Instead, Dr. Clark inquired into exactly which Aloe Vera products in a "stabilized" form were most consistenlty effective. The ones recommended to him were Aloe 99 products by Aloe Vera of America, Incorporated.***

In July 1976, Monte Hayner was hospitalized, and an Aloe Vera poultice made from our Stabilized* Aloe 99 Gel was applied to the ulcers for eight hours a day. Aloe 99 Creme was added for the remainder of the day, and the Gel was administered orally at regular intervals. After weeks in the hospital, the patient reported to his doctor in late September that the healing was progressing nicely and that he was walking again. By December 9, 1976, the ulcers were healing rapidly. Only two areas remained livid, and they had greatly reduced in size. By September 19, 1977, there was only one ulcer remaining; that was superficial, approximately one-half the size of a dime.

The physicians observing this healing were left with little other choice than to de-

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** *Scleroderma.* A disease characterized by induration (hardening) and thickening of the skin. The skin becomes firmly adherent to underlying tissue causing stiffening and often ulceration.

*** Aloe 99 products were the original formulation for products now in a new improved form under the Forever Living Products banner.

clare it something of a phenomenon. And in a personal letter to Aloe Vera of America, Dr. Clark was less than restrained in his evaluations:

> ...I have been very muchly impressed with the value of Aloe Vera in this case, when I consider the numerous modalities used prior to Aloe Vera without any results; when I consider the fact that other Dermatologists to whom I sent him did nothing for him; and when I consider the fact that everyone I have spoken to offered me no hope. I can only say that the use of Aloe Vera has cured this man of the severe ulcerations that went with his bilateral Scleroderma. When I consider the man also has Diabetes, Hypertension, elevated cholesterol, and Rheumatoid Arthritis as concomitant diseases, I can wholeheartedly state without any equivocation that the only thing that healed extensive ulcerations of both lower extremities was the use of Aloe Vera supplied by the AVA Corporation which cured this man of the severe pains of Scleroderma...[4]
>
> Very truly yours,
> Albert Irving Clark M.D.
> Shreveport, Louisiana

> The cathartic action of Aloe is due to a stimulation of perstalsis, expecially in the larger bowel, probably the result of a local irritant effect upon the mucous membrane, although there is some evidence that it exercises a specific stimulant effect upon the unstripped muscles; considerable griping pain and is often associated with its action.[5]
>
> *U.S. Dispensatory and Physician's Pharmacology*
> 1967

Dallas, Texas. May, 1979. A woman was suffering from a severe ulcerated colon. Several physicians had tried every conventional means of neutralizing the condition with no success. The ulcerative colitis had worsened. And soon her attending physician was forced to consider performing a colostomy, which is a broadly effective but disfiguring operation in which the diseased portion of the colon is removed with an artifical anal opening formed in the colon at the site of the original anus, or, in severe cases, in the patient's abdominal wall.

Bilateral Scleroderma: J.M. Hayner, Jr. at the time of initial treatment with Stabilized Aloe Vera Gel.*

Bilateral Scleroderma: J.M. Hayner, Jr. after three months' treatment with Stabilized Aloe Vera Gel.*

The woman, Ruth K., was still quite young and attractive. The prospect of this kind of disfigurement was abhorrent to her, yet the alternative was unbearable pain and the possibility of cancer.

In this case, Ruth's consulting physician was Dr. Richard. R. Russell. He had done everything possible within accepted medical parameters to remedy her condition, and, though the situation began to look hopeless, he had one treatment left to try. Dr. Russell was one of a growing breed of doctors who rely on imagination and pragmatism rather than solely on established medical dogma. He was flexible and willing to try something "uncoventional." He had worked with Stabilized* Aloe Vera in literally hundreds of cases and dozens of treatment modalities, primarily in external applications. He believed in its effectiveness. And even though there was less reliable clinical data to support its internal usage, he knew Aloe 99 Gel was non-toxic and could be prescribed without fear of contraindication. That was, if Ruth K. was willing.

"Ruth, there is one last resort," he told her. "If this doesn't work, we'll have to take out your colon, rectum, and put the bag on you."

The last resort of which Dr. Russell spoke was Aloe Vera of America, Incorporated. He was able to get Ruth in touch with me for my recommendations. I was able to recommend a regimen of four ounces a day of 100% Stabilized* Aloe Vera (Cello) Gel to be taken internally. In conjunction with this oral dosage, I recommended enemas with the 100% Aloe Vera Gel twice a day, the patient retaining the fluid in the rectum as long as possible. The regimen was to be followed assiduously and without adjuncts.

In four days time, Ruth's colitic condition was greatly improved, the pain reduced. Within thirty days, Dr. Russell was able to report that the patient had virtually recovered and that no colostomy would be necessary.

There can be a little question the three case histories we have just recounted involving the use of Aloe Vera were dramatic. Some critics might accuse us of being melodramatic, even histrionic. Still, the cases *are* documented. We make no apologies for them. Instead, we use them to make some very strong points that merit consideration.

First, each of the three cases in which our products were used were termed "hopeless" prior to the introduction of the Stabilized* Aloe Vera. In each of these extreme instances, the physicians attending (amenable, pragmatic, and courageous though they were) turned to our Stabilized* Aloe Vera only after they had exhausted all *accepted* means of treatment. They were willing to try anything. So why not Aloe Vera? It is a situation we have confronted almost routinely in our experiences as a pharmaceutical company.

Second, we use each case in counterpoint to the technical descriptions for *aloes* written in the *United States Pharmacopeia* and the *U.S. Dispensatory and Physician's Pharmacology* not to demean or diminish the work in these eminent publications, but to point out what would already be evident: in their descriptions, definitions, and chemical analyses of Aloe Vera, they are generally outdated and specifically incorrect. We will have to raise this point again later showing the specific points that merit review, not for the purpose of assaulting these vunerable references, but precisely because they *are* venerable references and influence the professional disposition toward every drug, plant, or compound listed in them. Through our own research spanning more than twenty years, through our laboratory test results and the test results of independent research facilities — all presented in this book — we believe we have evidence that necessitates a re-evaluation of Aloe Vera and the products that can be created from it. Furthermore, we offer to submit any product, compound, or cosmetic produced by

Aloe Vera of America, Inc. to responsible, independent research testing sponsored by any interested, ethical authority to determine its efficacy, sterility, and stability.

The third point we need to make is, we feel perhaps the most significant. We have cited three extreme and/or hopeless cases which were greatly improved by the use of Aloe Vera in a properly stabilized form. There are actually hundreds of cases; some of them will be documented in this work. There are thousands more covering a broad spectrum of uses. Each of those, though perhaps less critical, is equally dramatic in its respective way; many of those will be documented in this writing. They will cover not only the various fields of medicine, but also research findings, athletic uses, cosmetology, bacteriology, toxicology reports unseen before this publication, the most complete explanation of the chemistry of Aloe Vera ever put forth, and some explorations into new fields of applied use.

We recognize at the outset that we run the risk of proclaiming too loudly the cure-all powers of Aloe Vera. It is a trap that ensnares so many among us who believe in the plant, and too often the same people who praise its wonders cannot support their praise with either believable data or viable products. We feel we can do both. And though to herald anything as a "cure-all" is to banish oneself to the alleys of the medicine show, we can say that we have experienced a great deal that convinces us of the unlimited potential of a properly Stabilized* Aloe Vera. And we have found a way to stabilize it properly. Our experiences and data are here for all to see in the chapters that follow. All we ask is that you read them with an open mind and come to your own conclusions.

One conclusion at which we feel certain you will arrive is one that has been reached by many interested professionals dealing with Aloe Vera over the years. And though many of these "experts" hover along the periphery of the plant's faithful followers, their opinions too are best when measured in context. These conlcusions are perhaps best expressed in an article written by Gunnar Gjerstad and T.D. Riner for the *American Journal of Pharmacy in 1968*. Although explorations and *bona fide* laboratory evaluations had not reached the extensive proportions achieved ten years later, and although the authors expressed some skepticism regarding the plant, they did conclude the following:

> These authors feel strongly that these properties of *Aloe Vera* deserve a critical retesting on a statistically significant population. Since quite large sums of patients' money is involved in its current market, it seems highly reasonable that modest public funds should underwrite such investigations - AND SOON![6]

We couldn't agree more. We know Aloe Vera has helped tens of thousands of people in recent years. We believe it has the potential to help tens of millions and should be given the chance to do so. The only way that chance will come is through independent investigation and broad scale, professional recognition. It is our hope that this book will take the first steps toward accomplishing that goal.

1

The Unnatural Status of Plants

> And God said, Behold, I have given
> you every herb bearing seed,
> which is upon the face of all the earth,
> and every tree, in the which is the fruit
> of a tree yielding seed;
> to you it shall be for meat.
>
> —Genesis 1:29

If we were to reflect upon it for a moment, we would come to accept the obvious truth. In the plants that grow on earth, there is enough to sustain every living creature. This is particularly true of the creature, *homo sapiens*. Since the beginnings of man and even through our present time, plants have carried the secret of our survival. They have fed us, clothed us, housed us, grazed our stock, healed our wounds, chastened our infirmities, altered our consciousness, and provided us fuel. They've given us the power over every other creature within our realm of contact and enabled us to have dominion in the world as we know it. "Backdrop to our evolution, they attend the vital needs of all our ancestors as they indispensably supply ours still. No progress in our past . . . no new organ or cellular extension of our brain was possible without their collusion."[7]

Imagine if you would just how far civilization, or life itself for that matter, would have progressed without the existence of three plant forms — trees, grains, and grasses. The essentials they provide are self-evident. The products derived from them are too numerous to mention, but suffice it so say that life as we know it would have been unsustainable without them. Early Egyptian and Mesopotamian societies were formed around their cultivation, as were most of the societies of early civilized man. Gifts of grain were often brought as tribute to mighty ruler; a tree is still frequently given as a symbol of peace and amity between two nations, and conversely. Disputes between countries have often been over the same precious commodities. Jehads (holy wars) have often been beem fought in arid countries over a few patches of grazing land. Cities have been destroyed over the rights of possession to a forest. In the orient, wars have been fought over spices, opium, and even flowers. In Europe, insurgencies have been brought about by a shortage of the potato. A revolution was once spawned over an embargo on tea. And Alexander the Great was exhorted by Aristotle, his teacher/mentor, to reconquer the Island of Socotra where there grew a plant noted for its healing abilities. Alexander heeded his mother's advice and drove the Persians from the Island. That plant was *Aloe succotrina,* one of the various ancient classifications for Aloe Vera.

We use these illustrations not to intimate that plants are primal causes for conflagrations between men and nations, but rather to reawaken ourselves to the realization that plants *are* power. It was a level of understanding our forefathers (both ancient and modern) held only too well, and one we in our technological obsessions with metal, ma-

chinery, and chemistry too frequently overlook. In our haste to find quick solutions to ecological and medical challenges, we ignore, pass-by, and often deliberately shun plants and herbs that have carried the answers for us all along.

It took us millennia to discover that the common mold which grows on our bread is the source of our matrix antibiotic — penicillin. Natives in various parts of Africa have been using the same mold for as long as their shamans can remember. After centuries we are finally willing to explore the possibility that *ginseng* might be more than an oriental witches brew, that it might actually have some effective anti-carcinogenic properties, and might promote healthy circulation and male potency. We are also at last willing to accept as feasible the long held belief that *chamomile* aids digestion and slows the progress of diarrhea, and that *bee pollen and bee propolis* might help not only to increase one's energy level but also stave off certain systemic illnesses. And it is only in the last half of this century that we have cultivated a drug for headache/hypertension called, *reserpine* — the major component in a root used by the Chinese to treat that same malady over 3000 years ago.

In his encyclopedic work, *The Power of Plants,* Brendan Lehane articulates quite realistically the degree of alientation of the scientist/technocrat from the natural world around him:

> ...undoubtedly, science has too hastily scuttled the accumulated findings of the past, tested through centuries of use with a thoroughness that no laboratory program can now afford.
>
> For speed is of the essence today. Driven by a thirst for profits, the great pharmaceutical companies vie with each other to be the first with some new cure. Thousands of years of testing on people are replaced by a few months of experiments on rats, guinea pigs, or Rhesus monkeys. Long-term effects cannot be known. Mistakes, when they come, come on a tragically large scale. Meanwhile acreages of wildflowers grow, bloom, and die natural deaths, their offers refused, their powers to heal ignored.[8]

Mr. Lehane is also quick to point out that many countries forced by economy and circumstance to apply more traditional means of healing their sick have advanced the use of natural curatives with marked success; some of those include countries whose civil rights are less flexible than those of the free world. Meanwhile, in nations whose bent is more strongly technological, doctors and scientists have been forced to abandon the time-honored remedies for fear of both professional and government accusations of their being too primitive in their approach to problem solving. Again Lehane points somewhat cynically to the profit motive as the prime culprit: "A cure that grows in the backyard is not going to increase anyone's dividends."[9]

Although we applaud Brendan Lehane's concern for the need to revitalize our use of "natural" foods and medicines in our daily living, we feel he tends to villainize the profit motive a bit too strongly. Granted, that's a part of the problem. Need for profit and mere survivability against competition engenders some expedient marketing on the part of pharmaceutical companies, cosmetic firms, and proprietary drug companies. Still, those corporations are regulated, and generally speaking those regulations serve the public well. But it is those very regulations that bring about a second and perhaps more important consideration in gauging the public's use of natural foods and drugs. There is a traditional skepticism ingrained in both U.S. government agencies and private citizens against any plant food, drug, or medicine that proclaims its own remarkable curative powers or exceptional nutritive powers.

Ever since the days of the early frontier, people in dire need of medical knowledge have been conned, duped, and occasionally even poisoned by the minions of the medicine wagon. The magic elixirs, the quack doctor with the tonic formulated to "cure all ailments," the drummer with the secret, bottled remedy for the incurably ill were all-too-familiar sights in the nation's formative

years, and many were still in evidence as recently as a generation ago. Usually these "tonics" were little more than colored water mixed with a bit of alcohol and could do no more than give the taker a quick charge of energy followed by an immediate lapse. Occasionally, however, the drugs/tonics administered did real harm. And we need only recollect that it was only after World War I that such addictive killers as heroin, cocaine, and morphine — all direct plant derivatives — were banned from public use.

Almost without exception, these secret remedies, magic elixirs, regenerative "cure-alls," whether they were laced with cocaine or glycerine, bore the trappings of "natural" to lend credibility to their incredible claims — "Mother Nature's Original Formula," "Old Fashioned Natural Health Tonic," and "Nature's Way." The list was endless and consistent.

Concomitant with these overstated claims to naturalness were also a number of mail-order ruses involving herbs, roots, and miracle plants claiming to cure everything from chicken pox to veneral disease. Those in need would order them only to find that the plants/herbs they received were inert, dessicated, and downright worthless, if they received them at all. Once again, with few exceptions, the banner "natural" was the one most often hiked to tout these products.

*Caveat emptor*** may have always been a condition of free enterprise societies, but not to the point of endangering the lives or health of the individuals within that society. It's not surprising, then, that from public outrage and legislative demand several federal regulatory bodies came into being whose power was pervasive and whose systems of approval became understandably both painstaking and severe. (Nor should it be surprising that since the turn of the century, the national attitude has been increasingly receptive to predominant viewpoint of the medical community that only cures sold by prescription have any chance of working at all. Medical doctors have been the Authority, prescription drugs the Word. Until the late 1960's, the prescribed drug was in its heyday, while at the same time, any use of the term "natural" still bore the stigma of being phoney.

In the last decade, however, the trend has once again reversed. Increasingly alarmed at the "chemical warfare" they've been informed is being waged on them by the big food and drug conglomerates, and having experienced a generation of thalydomide babies, illnesses from carcinogenic pesticides, warnings about cyclamates, nitrites, and side-effects from birth control pills, the American public has once again gone "natural." And once more the pendulum has swung in the opposite direction.

"Organic" foods, "natural" vitamins, health juices, and the general health food industry has proliferated dramatically. Though derided by skeptics as being faddist, health/nutrition has turned overnight into a multi-billion dollar business. Everything from soaps to shampoos, toothpastes to cleansing creams loudly proclaim their "natural ingredients," many of which have been there all along. And ingredients such as honey, wheat germ, milk, apricot, apple essence, avocado, coconut (some of which are beneficial and some of which would be better off in a milk-shake) have found their way into every kind of cosmetic from shampoo to shaving lotion, from skin moisturizer to bubble bath, and are eagerly sought by a public with little evidence of what these additives can actually do when applied to the hair or skin.

To a lesser, though markedly increasing degree, "health drugs," natural herbs, weeds, creams, secret vitamins, and prophylactic health compounds are being grown "organically" in this country and being imported from others for marketing to health fanatics who embrace the homeopathic school of medicine as the only pathway to effective cure. In the meantime, hundreds of years of research and scientific progress are being denigrated by many as the ultimate

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** *Caveat Emptor* (Latin). Let the buyer beware.

evil, and that's not quite fair either.

To be sure, some of the herbs, brews, and roots prasied by the new health cultists are effective, time-tested, and deserve the renewed recognition they are receiving. Others, quite frankly, are of negligible worth and are only riding the crest of a trend. All curative claims or even hints of cryptic nutritive powers are understandably limited by what the manufacturers are allowed to say both in their advertising and labeling, enforcements brought about by the government regulatory agencies whose original *raison d'etre* was to protect the public from rampant food and drug charlatanism. Set up as ethical watchdogs after World War I, many of these bodies view the current "natural" food/drug mania as innocuous at best and expensively misleading at worst. Their scrutiny of the health genre and health products is justified to be sure. Nevertheless, we have to ask the question: "Is it truly objective?"

Somewhere along the line there has to be a balance struck between the purists of the arbor and the scientists of the laboratory. If we were only to examine the truth of it, we would all have to accept the reality that most chemical compounds stem from an organic source, and conversley all organic matter possesses a chemical composition, although the intrinsic value of most organic chemicals has yet to be determined.

With more than 200,000 known plant species in the world, it is sad to have to acknowledge that we have learned to use only about 2,500 of them, and less than 150 for food. Yet if we are to survive in the critical times ahead, we must realize that the biodegradable, chemical compounds in plants can provide all the secrets to unlock the problems that face us today — food, and energy shortages, pollution, and disease. We need only give them the proper evaluation, then see to it that those evaluations are put to some practical use.

No one is more sensitive to those needs than Aloe Vera of America, Inc. If Aloe Vera of America has survived as a company, it has been because it has understood the value of the Aloe Vera plant in its natural state. We have taken centuries of accumulated knowledge and applied to to learn exactly how *Aloe barbadensis* should be grown, harvested, and processed when its juices are at their most potent. And we have learned too that Aloe Vera, as is the case with most plants, is at its most beneficial when its freshness can be captured and preserved. By the same token, we could never have found the means to extend its curative powers had we not fully understood the nature of its complex chemical composition, including how to break it down, and how to stabilize it for a prolonged period of time for it is in that prolonged stabilized state that the true wonders of this remarkable healing plant can be worked.

Yet if the wonders of Stabilized* Aloe Vera are to be allowed the full scope of their potential, we realize too that they must be approached with caution and documented with great care. We have devoted nearly twenty years to the research and development of Aloe Vera into finished product form; we know what it can do. Proving Aloe Vera's value to acknowledged world and national regulatory bodies is another challenge, for it is only in their acceptance that Aloe Vera and so many other untapped plant sources are going to enjoy the proper exposure required for much needed universal use.

To some degree this is at last coming to pass. Recently, we noted with considerable delight that the World Health Organization (WHO), is sponsoring a global network of laboratories in the research of thirty-seven selected varieties of plants which have displayed certain abilities to inhibit fertility. In other words, we may at last be able to develop some natural, affordable birth control devices with no toxic side-effects. Furthermore, that same body is also sponsoring research to analyze other plants believed to have medicinal or healing properties. We applaud that kind of futuristic planning, and would like to see Aloe Vera head the list if only to corroborate the findings at which we

have arrived on our own. Such research to help spread the wonderful healing plant worldwide, it would also enable the global community at last to come to the same knowledge the so-called primitive societies have possessed all along.

2

The Roots of Aloe

It has been characteristic of Aloe Vera that it has never quite succumbed to the taint of showmanship and hyperbole that has been foisted upon it in recent years. Where other "miracle plants" and "natural" wonder cures have fallen by the wayside, it has held its ground.

Frequently referred to as the "healing plant" or "the silent healer," it has endured through the centuries, because it has in a way been protected by those who used it. The explorers and clerics who carried it to new lands, the early apothecaries who first studied and classified it, the physicians who treated with it, entire rural communities of individuals who were traditionally healed by it seemed only to whisper of its remarkable curative powers as if to speak of them loudly would render them inert.

It is one of the oldest plants in recorded medical annals. Still, it has often seemed a caprice of the universe that this cure which grows in the ground has been relegated to the shadows of history to remain there until the time was right to offer its vindication, and only when that time was right would its truth be known. Yet, in order to know all the truth of Aloe Vera, we must first come to understand exactly what it is and where it has been throughout the course of recorded history.

The True Aloe (and some imitations).

Before we begin to discuss the role of Aloe Vera and record its use in the history of various civilizations, we need to clarify one important fact. There is only one True Aloe. By that we mean there is only one aloe which possesses the consistently potent, broad spectrum healing powers attributed (often erroneously) to false aloes and to the entire family of aloes whose healing powers are more restricted. At the risk of sounding exclusionary, we also need to emphasize that the True Aloe occurs in many regions under many forms of identification. Its identity is something we hope to clear up in this chapter.

In point of fact, there are over two hundred species of aloe, over 150 of those in the family *Liliacae*. All are succulents and, as the family name *(Liliacae)* would indicate, are in the same botanical classification as lilies, some species of tulips, onions, asparagus, and others.

The relationship of aloes to the lily matrix is more direct than one might first suppose, and it is most significant since many aloe species actually produce beautiful blooms during various times of the spring and autumn. Usually the flowers are borne well above the plant on simple unbranched pedestals. In some cases (such as the *Aloe barbadensis* on the cover of this book) they flair up in elaborate candelabra-like stalks with blooms of beautiful bright yellow.[10] Since aloe leaves exhibit an elongated triangular configuration with pointed tips and somewhat spiny ridges, such blooms might seem like something of an anomaly. Still, it is actu-

ally the case in many regions that aloes are enjoyed for their ornamental as well as their therapeutic value. In some countries they are enjoyed for their ornamental properties exclusively. Their intrinsic medicinal value is overlooked by people ignorant of it as is frequently the case today in Greece, Turkey, and many countries of the Mediterranean where it was ironically among the most valued pharmaceutical aids of ancient times.

As we mentioned initially, Aloe Vera in its various identities is a leaf-succulent. The thick fleshy leaves taper to form spear-like configurations ribbed with thorny ridges along the spine. That somewhat bizarre structure has netted the plant some formidable nicknames over the years. In Java it was called "crocodile's tongue." In ninth century China, its leaves were said to look like the "tail of a giant crab."[11] To be sure, handling the leaves improperly can create some discomfort, and in areas where *Aloe Vera* is harvested for commercial use, it is always recommended that workers wear gloves.

The fleshy, triangular aloe leaves grow in a spiral shape to form a rossette configuration; and because of the leaf formation and external structure, many types of Aloe Vera in the Americas are confused with members of the *Agavaceae* family known as century plants. The agaves are also referred to as "false aloes," specifically because cases of mistaken identity in this hemisphere are commonplace. Not only are mistakes commonplace, they are entirely superficial, and a modicum of understanding about the two types can point up the differences rather quickly. Though many agaves such as the century plant might resemble aloes at first glance, their leaves will invariably be stiff, tough, and fibrous. A dissection of a leaf from each would easily reveal the contrast since Aloe Vera leaves will exude a mucilaginous pulp more easily described as a "viscous watery gel," which "has the appearance of transparent gelatin."[12] It is this watery gel and the juices extracted from the matrix pulp that will be the focus of our study. It is the meat shared in common by all true aloes and the prime messenger of its chemical potency.

The world "aloe" actually stems from the Arabic source-word *"alloeh,"* meaning "shining bitter substance." It also means approximately the same thing in the ancient Hebrew *ahaloth,* and appears in the various *Psalms of Solomon,* Solomon being known to favor it highly.[13] There is also something in the sound of the word *"ahaloth"* that bespeaks of its heavenly origins and its fragrance. The words in both languages accurately depict the plant since aloes when they bloom can project a bouquet that is by some descriptions, etherial. On the other hand, the pulp in *Aloe Vera* can be on the bitter side. When left exposed for long periods of time after cutting or left split and drying in the sun, the pulp from aloes decompose to become both black and bitter. As a result, the pharmacological term, "bitter aloes," has survived to curse the plant's reputation up to the very moment of this writing.

Although there are uniform botanical characteristics that place aloes in the same family, the variances among plants can be broad. Aloes can vary in growth, size, and configuration from tiny stemless plants a little more than an inch or two in height to immense clustering shrubs and giant tree-like specimens up to 50 feet high.

In the Congo, it has been a longtime custom of native bushmen to pack the whole leaves on wounds, and prior to the hunt to rub the bulky juices of *Aloe saponaria* on their skin to reduce perspiration and eliminate human scent. In the equatorial regions of Columbia, the legs of children are coated with the pulp of *Curacao Aloe* to fend off insect bites. *Aloe chinensis* was recorded for use in both ancient and modern China as an aid for growing hair. And *Aloe barbadensis* was strapped on the heads of Mayan Indians of Yucatan to mitigate the pain of headaches.[14]

In all of the instances just mentioned, the aloes in question were variations of the true

aloe, Aloe Vera. Their traditional uses over the centuries bespeak of their effectiveness, yet almost as traditionally, many aloes have been used medically with high expectations only to bring resounding disappointments because they were not "True Aloes" and lacked the medicinal potency.

There is considerable confusion about this even within circles of the learned, so we feel the matter needs to be made rather clear. It is not only among true aloes that we derive the real healing power of legend and history, it is among the "false aloes" that we find innocuous and (in the case of *Aloe venenosa)* even toxic results. So, if people are going to use various forms of Aloe Vera for medicinal purposes, it pays to know your plant.

Surprisingly, Aloe Vera in its various forms is pretty easy to identify once you know what to look for, and what you look for specifically is a rosette growth pattern. The term implies, "in the shape of a rose," and many species of Aloe Vera actually grow with their leaves in a petal-like configuration. Some, like *Aloe barbadensis, Aloe chinensis, Cape Aloe,* and others will begin the rosette in the classic floral pattern directly at the base of the plant or slightly lifted from the stem; and though this is the commonly accepted rosette configuration, there are other expressions of it.

The term "rosette" is also used to designate growth patterns that are evenly circular, or in which leaves surround the same source. So whether the aloes grow higher up on the stem in a stalk-like structure (such as *Aloe ferox*), appear to flare out in random variegated formation, or flare out in the prevalent petalesque display, the rosette pattern will be present in the *True Aloe*.

You will never find Aloe Vera in a fan shape, in an irregular multistalk formation, or in a rambling brush configuration without the rosetta matrix. Species of *Aloe gensia, Haworthis, Gasterias,* and *Amyrillus* that tend to grow in these patterns are not considered members of the *True Aloe* grouping and, perhaps not surprisingly, exhibit limited medical properties. In some instances, they can cause allergic reactions.

There isn't room here to detail the many botanical groupings of the major types of aloes, true and false. Such an undertaking belongs in a complete work on the botanical nature of Aloe Vera, rather than in one such as this, on its history and uses. However, its identification serves as a starting place in our story. And if we were to place one of the classic Aloe Vera (an *Aloe barbadensia*) next to one of the classic false/ornamental aloes, such as the *Aloe gensia,* we would be able to see some striking studies in contrast. For one thing, the *Aloe gensia* would be only a few inches high at maturity while the *Aloe barbadensis* would top off at a height of over three feet. The leaves of the *gensia* are long and stringy. The *Aloe barbadensis* exhibits a dense growth of leaves pregnant with the much valued gel, each one of which averages three to five inches at the base and ranges in weight from one to three pounds. The commercial and medical potential of one variety over the other appear significant even at a glance. And even at a glance, there is a significant difference in the configuration. The *gensia* grows in a fan shape, the *barbadensis* in the classic rosette pattern, with leaves that are consistently plump and juicy.

It is important to notice that among the effective species of *Aloe Vera* the leaves are meatier and contain ample quantities of the leaf gel for personal and commercial use. Just as there is a marked difference between true aloes and false aloes, there is some degree of difference between the various true aloes in terms of their resprective degrees of effectiveness. In historical archives, certain species of *Aloe Vera* are credited with specific curative powers, but it generally depended upon the areas in which they were found as to what recondite medicinal powers were attributed to them, and what names they were given.

In Southern Africa, for example, where seventeen species of aloe are known to have grown, *Aloe saponaria* is credited with heal-

ing wounds from battle or hunting. In the Red Sea areas, *Aloe latifolia* was believed by ancients and moderns alike to cure both ringworm and impetigal infections. In certain Mediterranean latitudes, *aloe variegta* was infused with liquor and brandies and taken internally as a remedy for hemorrhoids. In South Africa, *Aloe ferox* was applied to venereal sores, and as a wash to heal low yield conjunctivitis and related eye infections. In India, *Aloe barbadensis* was used on eye sores. In the tropical climes of Java, *Aloe barbadensis* was used by the natives in a wash for cutaneous infections, applied with the rind on sunburn and blisters, and ground into pulp to be taken internally as a treatment for both tuberculosis and gonorrheal afflictions.[15]

Historically, there are two other major varieties of aloe credited with profound curative abilities and broad usage: *Aloe ferox,* and *Aloe perryi. Aloe perryi,* the classic *Succotrine Aloe* of ancient times, was a favorite of Arabic societies for internal uses, and was so redoubtable that pitched battles were fought over it on the island where it was grown. *Aloe ferox,* the South African native, was highly valued by 18th century European societies, was heavily processed and widely exported.[16]

The list of various species used in scores of ways in virtually every corner of the globe could be continued *ad infinitum,* and we could almost guarantee that the list of regional varieties that claim the title, "Most effective," would be almost as long as the list of respective cures they are reputed to provide.

It is a sad but predictable note of scientific history that botanists and naturalists over the generations have studied the "different" species of *Aloe*, named them, partitioned them, and spawned something of a favorite-son-rivalry over which plant is better for curing what and for whom. Armed with good intentions, limited research techniques, and historical prejudices, these masters of taxonomy have helped keep the Aloe Vera mystique alive on one hand, while on the other, they've helped add to the confusion surrounding the plant and unwittingly contributed to the medical profession's dismissing of some of the viable curative capabilities among the species.

In plain truth, there are several varieties of *Aloe Vera* which exhibit broad sprectrum topical, internal, orthopedic, and cosmetic potentials. And whether the plant classification is *Aloe barbadensis, Aloe curacao, Aloe chinensis, Cape aloe,* or one of the many other regional names, it is still only a variation of the True Aloe, each possessing varying degrees of the true healing power of the plant.

What needs to be done to put the issue to rest is to submit all the aloe species to the same laboratory testing methods, apply them in identical pharmacological and cosmetic usage patterns, and establish a criteria of usage. We won't attempt to deceive anybody into thinking this would be an easy task. It would be a long and arduous undertaking for any research group courageous and well-financed enough to attempt it. As it is, it has taken us nearly twenty years of working to research and develop one regional variety to its maximum potential; nevertheless, that experience combined with some exploratory research into other forms of aloe has brought us to one inescapable conclusion: In any testing for broad spectrum medical and cosmetic efficacy, the species, *Aloe barbadensis* would win hands down.

Named in the 17th century after a plant cluster believed erroneously to be indigenous to the island of Barbados, the plant might seem to the uninitiated to be just another regionalization; such is not the case. *Aloe barbadensis* is the quintessential Aloe Vera. It alone has been given the modern classification Aloe Vera by modern taxonomers. The distinction is amply justified.

In our research and development at Aloe Vera of America, we have found *Aloe barbadensis* to be the most consistent of all varieties in all areas of commercial use. We already know it possesses the classic rosette configuration. It exhibits an uncanny ability

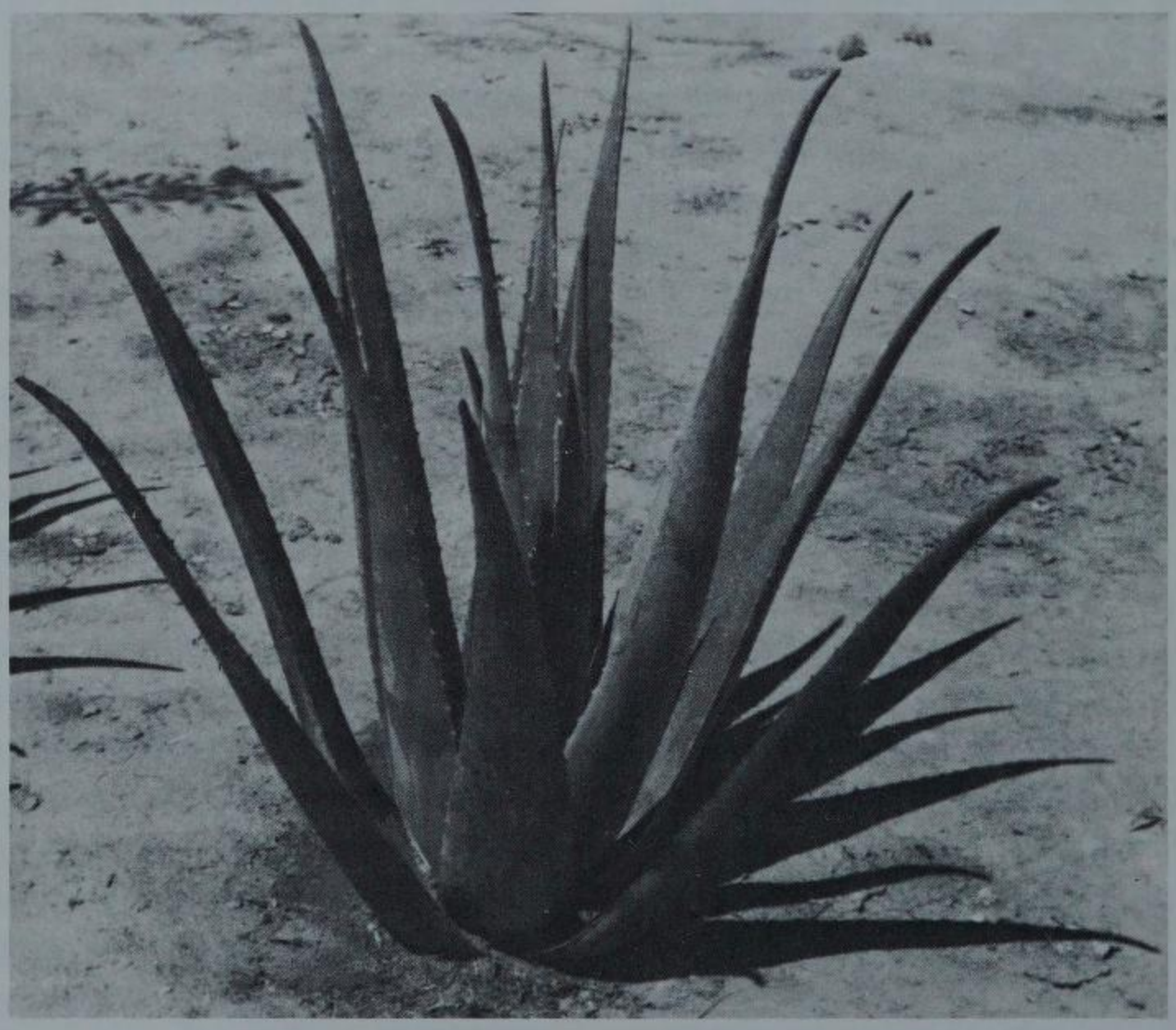
to adjust to the climatic conditions in which it is planted. It is equally at home in arid climates and sandy desert soil, and shows an ability to flourish in desolate areas where little else can. It is highly prolific in its reproduction of new plants, and size and bulk of the plant generates the most pulp bearing leaves producing the maximum quantities of gel with consistent broad-spectrum potency.

Just as there are certain grapes that produce a vintage wine and certain hybrid flowers that produce the most beautiful bloom, just as ther are breeds of livestock that give richer dairy products and higher grades of meat, there is a type of Aloe Vera that generates the finest properties of its genus. In our experience, we have found *Aloe barbadensis* to be that type.

Historically, it has been the most universally recognized species of the plant. It has been carried the span of the globe and back again by explorers, priests, physicians, and conquering armies, a gift of civilization carried to new lands to develop as the indigenous cultures developed.

Aloe barbadensis will have almost as many names as the locations in the world to which it was carried, and whether it is called *Curacao Aloe, Aloe saponaria,* or *Cape Aloe,* it is the same plant. In the *Cape Aloe* of South Africa, we have a larger version. *Aloe chinensis, Aloe variegata,* and others are merely smaller and perhaps more condensed versions. The plant is still the same.

At the risk of seeming redundant, we cannot emphasize strongly enough the need to simplify the identity of this remarkable plant. Perhaps it would be the best to use an analogous means of clarifying the significance of Aloe Vera and eliminating the confusion for good. Among the religions of the world, there are many names for God. Among the regions of the world, there are many names for Aloe Vera. And just as there is only one true God, there is one true aloe. Traditional confusion over its identity can never diminish its worth, nor should it be allowed to.



Aloe barbadensis

3

Aloe Historia

From the outset we need to establish that the history of *Aloe Vera* deals roughly in equal portions of recorded history, presumed recorded history, and a third category that more closely qualifies as folklore and legend. For several thousand years the third category accounted for nearly as much as the first two combined, but the patterns interweave, and historical fact frequently tends to support the fantasy.

The earliest recorded pharmaceutical use of Aloe Vera can be found in Sumerian clay tablets around the year 1750 B.C., Sumeria being an early Mesopotamian civilization that coincides with the biblically famous empire of Babylonia. *Aloe Vera* easily predates the Sumerian reference by a couple of thousand years as it was found in carvings on temple walls in Egypt as early as the fourth millenium B.C.[17]

The reverence the early Egyptians held for the plant is best illustrated by the fact that they referred to it as "The Plant of Immortality." Apparently belief in its powers bordered on the spiritual. Drawings of Aloe Vera can be seen in the calligraphy of Egypt — from walls of the temples to tombs of pharoahs. According to some accounts, Aloe Vera (in the plant form) was a traditional gift brought to the funeral ceremony of pharoahs to see them off to their final resting place in the Valley of the Kings. There is some historical testimony to the fact that aloes were planted around the pyramids to help mark the pharoahs' paths to the Land of the Dead as well as to give them sustenance on their journey.[18] This is quite feasible; living plants at ancient funerals were symbolic of renewed life, and Aloe Vera would certainly have seemed a logical heir to that belief. Some historians have observed that there are no Aloe Vera plants marking the pyramids today. But since we know the graves of the Egyptian kings were plundered with impunity, and since Aloe Vera was highly prized in Egyptian civilizations, it is reasonable to assume that the sacred plants were probably part of the plunder. What's more, even the durable Aloe Vera has a limited life expectancy of from twenty-four to thirty-six years.

At least one of the uses for which Aloe Vera was believed to be prized in Egypt was in preparing the dead. The Roman naturalist Pliny recorded its use in embalming the pharoahs and nobility, but his findings were refuted by later historians since no aloes are listed in the ingredients used other than scant reference to "other oils and astringents." It is curious to note, however, that although studious attempts have been made by modern Egyptologists and researchers to duplicate the embalming techniques of the Egyptians, all efforts have failed because there seems to be a secret the ancients have kept. Might we suggest that the "secret" is the plant whose drawings adorn the sides of sarcophagi?

If the Egyptians were literally and figuratively cryptic about their use of Aloe

Vera in the funereal preparations, the ancient Hebrews were not. And though their techniques were perhaps more symbolic than physiological, there is consistent evidence that the plant was used in the Hebrew burial chamber. In *John 19:39-40*, Nicodemus is said to have brought a mixture of myrrh and aloes to the burial chamber of Jesus:

> 39. And there came also Nicodemus which at first came to Jesus by night, and brought a mixture of myrrh and aloes about an hundred pound weight.
>
> 40. Then they took the body of Jesus and wound it in linen clothes with the spices as the manner of the Jews is to bury.

Once again, although there are historical impressions to refute this, one might logically conclude that the ancient Jews learned at least part of the burial techniques during their long Egyptian captivity.

There are additional references in the Bible to aloes having been used as disinfectants for cleansing, as aromatics, and in scents for rooms and perfumes. Solomon, the paragon of regal gardeners, grew it prodigiously, valuing both its medicinal and aromatic properties.

In ancient Egypt, the uses were pharmaceutical as well as spiritual. And in the middle of the second millennium (around 1550 B.C.), the *Egyptian Book of Remedies* records various kinds of extractions from the Aloe Vera plant for use in curing infections, rubbing on the skin, and in preparing drug aloes.[19]

Aloe Vera in its various applications is first recorded in the Persian Empire about the 6th Century B.C. By all estimates, it reached the latitudes of India about the same time. The spread of the plant seems to have come in conjunction with the introduction of drug aloes to those lands by Arab traders.

The Arabs appear to have mastered the ancient art of processing drug aloes by pressing pulp and juice from the rinds of the plant with their bare feet then setting the extract in goatskin bags which were left in the sun until completely dried. The principal use for the drug aloes seems to have been as a laxative, although other internal uses and topical applications are suggested. No one seems to have mastered the art of processing drug aloes better than the Arabs.[20]

The Greek pharmacologist, Celsus, recorded their methods for regulating the bowels with Aloes in his *De Materia Medica* about 25 A.D. In 74 A.D., the physician Dioscordes transmitted the same information with some degree of accuracy in his medical log by the same name — *De Materia Medica*. Dioscordes' first century text was perhaps more thorough in its translation of the complete aspects *Aloe Vulgaris,* not only describing it as an effective purgative, but also suggesting its abilities to heal wounds by conglutination (congealing), repress boils, heal bruises, eliminate chapping and skin abrasions, stop hair loss, soothe eye sores, salve genital ulcers (possibly Herpes virus II), ameliorate tonsillitis, and get rid of hemorrhoids.[21]

About the same period in Rome, Pliny's, *Natural History* — though it describes *Aloe Vera* principally as a purgative — also noted incidentally that when combined with wine and rubbed into the hair it prevented hair loss; when combined with rose oil and vinegar, it soothed headaches; when combined with honey, it was quite effective for bleeding mouth and gums (probably gingivitis infections), and when combined with vinegar it also seemed good for removing hemorrhoids. Additionally, it was deemed effective as an "injection" (enema) for the amelioration of dysentery and for the removal of hangnails; the latter two uses were apparently acceptable without adjuncts.[22] The adjuncts recommended were no doubt more comsetic than essential. In some cases, the additional ingredients were probably used to improve the taste/odor acceptability of the medication. In many others, however, they simply followed the traditional pharmaceutical mentality that nothing completely natural is ever completely effective when applied on its own.

Nevertheless, it is the records of the

Greek physician Dioscordes and the Roman naturalist Pliny that provide us with the first documented indication of the broad-spectrum uses attributed to the *Aloe Vera* plant. And though most attempts to evaluate history are at best a matter of interpretation, it would not take a master of deduction to discern that these medical masterworks were not the instances of one generation or one people. They were the compilation of the best pharmacological material available to that time from all corners of the civilized world.

One can only imagine the impact this kind of data must have made on the latter-day scholars of the 16th and 17th centuries who read it for the first time. Unfortunately, their translations were not always accurate; they often confused the applications of the pure plant with those of the primarily cathartic drug aloes, thus fostering an unwitting degeneration of the medical usage. As a result, the logical scholarly progression from awe to skepticism to challenge to trial and error fostered more error than trial, especially among the apothecaries of northern Europe where the properties of Aloe Vera were being studied most actively. Ignorant of the importance of using fresh plants, unclear about the effects of impurities and external agents on the juice, and under the mistaken impression that the black and bitter extract of the drug aloe carried the same potency as the fresh pulp, many studious attempts to corroborate the uses of Aloe Vera by the medics of that time met with negative results. Plants used were frequently not fresh or were immature. The gel extracted from the leaves was often cooked, boiled, dried, baked, and almost invariably combined with additives of some kind to "enhance" the properties. This was all done, of course, in strict accordance with the accepted apothecary preparations of drug aloes. Small wonder, the bastard compounds of Aloe Vera failed to work in the multifarious ways extolled by the ancients; small wonder too that with the exception of its acceptance as a cathartic, Aloe Vera as a medical savant fell into disuse in most European societies.

Even the use of drug aloes as a laxative was often recommended only for extreme cases. Some of the reservations about its use no doubt came from first hand experience. Still, much of that prejudice stemmed from translations of various medieval medical writers who bore tales of its possible side effects. Principal among these writers was Mesue of Damascus, an Arab, who gave a rather lurid report of the side-effects of the "drastic purge," repurcussions which included prolonged nausea, continued pains in the elimination system, and piles.[23]

Unfortunately, that apocryphal image of Aloe Vera as merely the source for a violent but effective cathartic carried through the post Renaissance societies of Europe to the present time. And even today, its image is still implanted on the public and medical community in this country. Descriptions of its "purgative" usage in the U.S. Pharmacopoeia as recently as 1979 is living testimony to that legacy.

In a way, it's not surprising that Aloe Vera fell into disuse in the societies of northern Europe. A little logic points to the fact that one of the reasons it failed to live up to its expectations as a broad-spectrum medication was its survivability as a plant.

Any botanist will tell you that Aloe Vera is among the most durable plants in the world. It can stand extreme heat, salt-sea air, arid desert climes, drab lifeless sandy soil, and even verbal and physical abuse. It can subsist on a paucity of water, flourish though neglected for months (or even years) on end, and has been known to live for an extended period of time outside the mother earth from which it draws its nourishment. It is, however, a succulent; and succulents simply cannot survive cold, damp, freezing climates of any kind.

The regions of northern Europe are often characterized by prolonged freezing winters. Few Aloe Vera plants transplanted by novices and exposed to that kind of frigid weather could have survived them. Judging by the fact that only a handful of carefully

preserved specimens existed in the England and Holland of the nineteenth century, very few of them did. One nineteenth century observation was made that aloes could survive the severe cold climates if treated and housed as a delicate pot plant, a recognition made late and in connection with the fact that the plant no longer had viable use as a commercial medicant.[24]

It may seem like an oversimplification to lay so much of the blame for the misunderstandings surrounding Aloe Vera on the climate factor, but too often the simplest patterns of logic are the ones most frequently overlooked. And it is a simple fact that Aloe Vera has seldom been grown successfully in northern countries of Europe, the northern regions of North America, in Russia (until this century), Mongolia, the northern half of China, or in the Andean longitudes of South America, and knowledge of its use in those areas is still scattered and broadly inaccurate.

It is in the warm sub-tropical zones of the globe that Aloe Vera has survived and flourished, and it is there that its uses have been most heralded. Today it can be found growing abundantly in Italy, Sicily, Greece, Spain, and many islands of the Mediteranean. It proliferates on almost the entire continent of Africa, in all the Arab countries, Turkey, India, Tibet, Central and Southern China, Malaysia, Indonesia, the Canaries, the Philippines, Australia, most northern portions of South America, almost all the islands of the Caribbean, throughout Central America, Mexico, and the Sunbelt of the United States. And even those inept at deduction should be able to arrive at some conclusion that there is a direct corollary between the availability of the plant, the freshness of the gel drawn from the plant, and the legendary benefits attributed to it. Yet, as we will soon see, until the last two decades of this century no such conclusions were reached. Instead research scientists throughout the world, in various methodologies, have perennially tried to test Aloe Vera using erroneous criteria established by the inexact studies of people who never understood the plant in the first place.

Meanwhile forced to travel through the folk legends and on the trade routes of uncharted civilizations, the Silent Healer has made its steady way from nation to nation, people to people, passed along with a subdued but consistent missionary zeal.

The ancients understood its significance only too well. The moderns have never quite seemed to grasp it, possibly because something was lost in the translation.

Passing the Gift

There is no precise way to date the origins of Aloe Vera. The Hindus believed it was the one plant brought directly to us from the Garden of Eden. There is some legend dealing with the belief that it first grew on the (mythical?) Island of Atlantis and was transported by that supra civilization to its primitive neighbors in the Mediterranean. Legend or no legend, we are aware now that its first recorded origins in the ancient Kingdom of Egypt date back about 6000 years. Its first recorded medical use was in Sumeria about 4000 years ago. And though there is pretty strong support for the fact that it grew indigenously in South Africa, the Caribean Islands, and Central America, it was from the Hamitic/Semitic peoples of the ancient world that its glories spread.

From the pharaonic accountings we have some idea of the value placed on the plant. It was a gift brought to the birth of Christ and entombed with him at his burial. There is some legend to the effect that Egyptian Queens Nefertiti and Cleopatra took frequent baths in its juices. Since Cleopatra seemed to have bathed in just about everything imaginable, the possibility is a distinct one.

We know for a fact that an industry devoted entirely to the harvesting and disbursement of the healing plant, blossomed on the ancient Island of Socotra, a plant so redoubtable as to prompt a conquest by Alexander the Great just to obtain control of it. From the writings of Celsus, Pliny, and

Dioscordes, we know that the Greeks and Romans prized it highly and understood the totality of its use.

It was recorded as an integral part of the medicinal annals in the 6th century B.C. in Persia, and was distributed widely on trade routes by Arab merchants — sailors who also perfected the processing and implementation of drug aloes. It was also about the 6th century B.C. that Arab traders were first believed to have brought Aloe Vera to India, Tibet, and what is now known as Malaysia. From there it was probably spread to Java, Sumatra, the rest of the East Indies, and to the Canton province of China where it was first recorded for use around the 7th century A.D. in the healing of dermatitis. It was also in the 10th century A.D. in the Sung Dynasty that there was a bona fide pharmacological record of *lu-wei* (an aberration of the Arabic, *alloeh*) in its traditional use as a purgative. Exposures to Aloe Vera in China vary depending on the part of the country, and so do attitudes toward its use, a good indication that it was carried to the nation from both the Arab traders of the West and the Indian sailors of the East. And though records of its use are spotty at best, it is curious to note that *Aloe chinensis* is one of the two best known regionalizations of the plant today.

Although we have learned that Aloe Vera met with somewhat blunted acceptance in the northern Europe of the sixteenth and seventeenth centuries, it is also important to mention that it was highly appreciated by the southern European societies of Italy, Spain, and Portugal. In the 13th century, Venetian explorer Marco Polo wrote of it in his *Il Milione*, charting much of its history and legend from the Red Sea Island of Socotra to the trade routes of the East. In his *Colloquies in Simples and Drugs of India*, Portugese naturalist Garcia da Orta gave accounts of the Hindus' using Aloe Vera, "for purgatives, in kidney disease, colics, and also for healing wounds."[25] Physicians and chroniclers travelling with Columbus charted its presence in Hispañola (Cuba) and in the other Caribbean Islands where those pathfinding voyagers journeyed.

In the New World of the Americas, the growth and spread of Aloe Vera as a medicant can be attributed to two main avenues of development. First, it grew in many areas indigenously — legend and folklore point to its use by the Mayans of Yucatan, the Seminole Indians of Florida, and the natives of Curacao and Cuba. In Meso-America, the legend spread that the Mayan maidens used its juices to maintain their flawless complexions. There were also later records of mothers placing the bitter substance on their breasts to wean children.[26]

From the Seminoles, we have the legend of the "Fountain of Youth" sought so fervently by Ponce de Leon. According to the Seminole tale, the magic rejuvenating pool sprang from the midst of a cluster of Aloe Vera.[27]

The natives of the Caribbean appear to have been more practical in their use of the plant, applying it in the more nearly traditional ways for blistering, abrasions, infections from wounds or insect bites, and for internal maladies, although it appears as well that these uses were taught them by the explorers, and the physicians and priests who accompanied them.

We must place a large measure of credit for the spread of Aloe Vera with the Jesuit priests of Spain. In the fifteenth and sixteenth centuries, they were the best educated men of their times, the most astute scholars, and among the most knowledgeable physicians. The holy fathers had working knowledge of the classics, full understanding of the Greek and Roman pharmacological texts, and an instinct for how to grow and use the fresh Aloe Vera. They also had easy access to it since the plant grew abundantly in Spain and Portugal. When the Jesuit fathers accompanied the explorers, they used Aloe Vera whenever they found it growing wild; and where it did not grow indigenously, they planted it.[28]

Theirs was a gift of learning and civilization. Much of the knowledge they imparted

was pharmacological; the cultivation and application of Aloe Vera was apparently a part of the knowledge. Operating from the Spanish protectorate of Hispañola, they brought the wonders of the healing plant to such islands as Puerto Rico, Jamaica, and probably Barbados. In areas such as Curacao, Florida, and the coasts of Central America where it grew naturally, they helped expand knowledge of its uses. They followed in the wake of the conquistador Cortez establishing missions; and after the Spanish had reduced the civilization of the Aztec to rubble, the missionaries brought the plant to the downtrodden nations, planting it among the Nahuatl peoples that spread from the center of the Aztec empire to the southeast and northwest. There is some evidence that it was even carried to the early missions of what was to later become Texas.[29]

There are even some (unconfirmed) indications that the holy fathers came with their plants and/or the knowledge of how to use them to the northern coasts of South America, the Netherland Antilles, and even as far as Magellan's extensions to the Philippines and other parts of the Pacific. And it might be said with some measure of accuracy that the flourishing of Aloe Vera, the perpetuations of its multifarious uses, and the folklore that surrounds it in the world's "developing countries" can be credited to the Jesuits and their work.

Attempts to credit any single group, however, would be short-sighted indeed. The passing of the legacy of Aloe Vera was the work of many people throughout history, and yet what we have learned to date about the movement of the plant, its passages from nation to nation, from century to century, reveal some threads of similarity from which we can draw significance. First, we know Aloe Vera grew indigenously in only a few areas and was believed to have been spread by the Arab traders on their travels to the east, by the explorers on their journeys to the west, and by the Jesuit missionaries who followed the explorers and conquistadors. What we fail to observe from our modern perspective is the difficult conditions under which the plant was carried. Until the last century, travelling was perilous for humans, and cargo by nature of the circumstances was limited. The traders and explorers, if they could carry anything, could only bring the commodities they valued most highly, the gifts of one culture that would ennoble another. Yet, of all the jewels and riches they might have taken, they chose to bring a plant — Aloe Vera. And this brings into focus our second important observation. They brought the plant itself, not merely the drug aloes extracted form it.

Considering the conditions under which these people were forced to travel, there must have been considerable importance placed on the harvesting and development of the Aloe Vera because the multiple benefits it would yield were well understood.

Candidly, any attempts to chart the history of Aloe Vera can prove both convoluted and frustrating. Authentications are difficult. Sources are often contradictory, and conjecture is frequently a matter of necessity. In later centuries especially, detractors have been as frequent and vocal as proponents. Still, it is in more recent history that scientific records are more visible, and opportunities for its re-examination and rebirth are given new hope.*

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* For the most thorough and extensive examination available on the history and global expansion of Aloe Vera, we highly recommend the book, *Aloe Vera*, by Carol Miller Kent.

4

The Challenge of Modern History

The bulk of modern history surrounding the Aloe Vera phenomenon can be charted in the last twenty years in the United States. During that three-decade span, *Aloe barbadensis* has enjoyed its most extensive revival with at least some established medical recognition. And it is primarily during this period that there has been any in-depth attempt to investigate its potentials in terms of the chemical principles that make it work. It is our efforts to solidify those findings and the dramatic results when those objectives were achieved that will comprise the remainder of this book. Still, what we hope will be the *Golden Age of Aloe Vera* did not come about without some foundation in this century and the last, and since examining the past is always a blueprint for knowing the future, there are some events that rate a glance.

The recorded progress of Aloe Vera in the last 200 years has been spotty and marked with controversy. From the last score of the seventeenth century until the early nineteenth century, there is little mention of it other than the ethical medical references to *Aloe Vulgaris, Elixir Garus,* and *Bitter Aloes*, and the persistent but erroneous reputation that it was good as a violent but effective cathartic "sure to bring on piles" but little else.

For its cathartic uses alone it was valued from the courts of France to the country villages of Scandia. It was turned into a principal industry in the British Crown Colony of Barbados where the processing of *Aloe barbadensis* for drug purposes was described in 1775 by historian Griffith Hughes:

> Every slave hath by him three or four portable tubs. The leaves being cut near the roots are thrown into these, with their broken ends downwards; and as the leaves are full of large longitudinal veins or vessels, they yield an easy passage to the juice . . . to drip it out. This being boiled for about five hours in a copper or kettle, the watery particles evaporate; and the remainder comes to a consistency and thickens as sugar doth when sufficiently boiled."[30]

Other industries for the processing of aloes into the black viscous cathartic also flourished in the African Cape, the Island of Aruba, and the Red Sea. Methods used to process it varied from the traditional Arab, goat-skin bag method, to more haphazard and impure treatments by the South Africans. Most were described as drastic, some even "barbarous." In all cases, the fresh gel was cut from the plant and either cooked, stewed, boiled, sun-dried, or all of the above. Still, miraculously some of the potency remained, a potency that finally came to be analyzed, crystallized, and defined in 1851 as the chemical compound *aloin*.[31]

Trade in the cathartic drug aloes continued to flourish as an industry until the late 1930s on the Island of Bonaire in the Netherlands Antilles, and in the late 1940's on the Island of Curacao. In most cases, the inexpensive, more benign pharmaceutical laxatives put the makers of *aloin* pretty much out of business by the 1950's. Still, when "drastic

purges" for drastic needs are required, the bitter, nasty *aloin* described in the *U.S. Pharmacopoeia* is occasionally put to service.

Despite the seemingly specified use of *aloin* in the eighteenth and nineteenth centuries, frequent references to its other healing powers still managed to persist. In England, it was recognized by one authority as being effective in healing bites of the harvest bug. In 1801, Quillame Olivier noted its uses in India to induce pregnancy and to regulate menstrual periods.[32] In various parts of northern Europe, it was tried as a tonic for consumption, another fatally chronic disease for which no conventional cure was known at the time.

By all records, one of the accepted means by which Aloe Vera survived was in a very coarsely processed form used for veterinary medicine both in poultices for hobbled horses and internally for livestock suffering from worms and other disorders. This coarse aloetic compound processed primarily in Jamaica became known as "horse aloes," a reputation that has survived until very recent times.

The fact that it is effective in veterinary medicine even today is indisputable. In many instances, the fresh gel is being used on the bones and joints of racehorses, polo ponies, and cattle. In Mexico it is applied in poultices (with the rind) to heal conditions in cattle ranging from snakebite to hornworm infections. We even have recorded testimonies to its ability to cure blood dyscrasia among livestock. In all instances, the recovery rate is quite remarkable.[33]

To be sure, even in the darker days of Aloe Vera, the pure folk use of the plant had its proponents. Still, it wasn't really until the early twentieth century that we begin to see a renewed ethical interest in the broad uses of the plant.

At the turn of the century, Sir George Watt serving with British troops in India recorded his findings of the uses of Aloe Vera by medical personnel stationed there. His work, entitled *A Dictionary of the Economic Products of India*, contained a significant section extolling the virtues of Aloe Vera. Mixed with a substance called *bartung* it was said to be effective in chronic discharges from the nose and ears. Dissolved in a spirit (alcohol), it was believed to cause hair to grow. Used in a paste, it was applied to swellings as an agent in absorption. Internally, it was used by medical practitioners of that region in melancholia, brain diseases, and gastric symptoms. It was given as a night pill in hemorrhoids, used with gum asafoetida as a warm plaster in cholic and the pneumonia of infants, and used by natives as a paste for pleurisy. Prepared with salt and ajowan in a sort of pickle, it was also found useful in dyspepsia. And (the fresh juice mixed with milk and water) was prescribed as a remedy for gonorrhea and methritis.[34]

In all, Sir George listed forty-three different medical uses for the plant and pastes extracted from it, some of them at the expense of his credibility. And though his work was generally well received, his findings were broadly viewed by contemporaries as phenomenon peculiar to the folklore of India.

In the United States, Aloe Vera had been growing as a plant for nearly four hundred years in both Florida and the Rio Grande Valley of Texas. It was grown and harvested for a time in Kentucky prior to World War I by Colonel H.W. Johnston, who set up the first cottage industry for its uses, recommending it to clients and patients to be taken internally for stomach ulcers, dermatological complications of any kind, and for an aperant (laxative).[35]

It is listed in the original *United States Pharmacopoeia* (1922) under the category *Aloes (Bitter Aloes)*, which is used primarily as a referential prefix for the chemical extract *aloin*. Yet it wasn't until 1934 that the plant itself was first raised to any level of possible medical credibility in this country. It came with the work of Dr. C.E. Collins, a Maryland physician, and his son, Creston Collins, who treated patients with severe cases of roentgen (radium) dermatitis. In the early thirties, x-ray technology was still

crude and more than occasionally injurious to patients. Ulcers and desquamation from x-ray treatments were painful and did not heal easily, if at all. Dr. Collins and his son found that by treating these ulcerated skin tissues with packs of fresh Aloe Vera leaves that were split and wrapped on the wounds, the rate of healing was marked. They also found that the applications could be repeated with impunity every two hours with no sign of ill-effects to the patients. Additionally, they formulated a compound from fresh Aloe Vera gel, which also netted effective results when applied. In 1935, Creston Collins reported the results of their findings in *The Radiological Review*:

> Since April, 1934, we have treated more than fifty cases of x-ray and radium burns with aloe vera leaf and an ointment known as "Alvagel" made from the leaf. While they have not been perfect cures, the results as a whole have been most gratifying.[36]

The work of C.E. and Creston Collins helped initiate an interest in the cutaneous applications of Aloe Vera among the community of dermatologists and triggered a series of reports on its potentials. In 1936, Dr. Carroll S. Wright reported the effects of fresh gel from the plant on sequelae and x-ray ulceration with the following evaluation: "From the cases reported, it would seem that x-ray ulceration even of several years duration will respond to the use of Aloe Vera."[37]

In 1937, and again in 1939, Dr. J.E. Crewe reported (in the *Minnesota Journal of Medicine*) a broader spectrum application of Aloe Vera in treating chronic ulcers, eczema, thermal burns, scalding, sunburn, pruritus vulvae, minor injuries, and certain allergies including poison ivy. As the Collinses before him, Crewe had also tried using both the fresh leaf gel and an ointment made from it. In almost all cases treated, Dr. Crewe was able to record healing that ranged from effective to remarkable. And in all the instances he mentioned, healing of patients was complete and tissue was regenerated without scarring. Crewe's work corroborated the findings of C.E. Collins, Creston Collins, and Carroll S. Wright.[38]

Additional reports were presented in the late thirties with similar results. Dr. Adolph B. Loveman recorded two cases that pointed to the effectiveness of "leaf of Aloe Vera in the treatment of Roentgen Ray Ulcers."[39] And in 1939, Dr. Frederick B. Mandeville wrote a discourse on Aloe Vera in the treatment of radiation ulcers of the mucous membranes. Although he did note treatment was necessary over a protracted period of time, in two of the five cases he listed, the patients survived the incidences of their disease and enjoyed "excellent results" from treatment with the fresh leaf gel.[40]

Unfortunately, as has often been the case in the pharmacological annals of the plant, the impressive record being compiled by Aloe Vera in the thirties met with something of a setback.

Intrigued by the clammor surrounding the use of Aloe Vera in treating radio-dermatitis, Professor Tom D. Rowe of the Medical College of Virginia initiated the first "extensive" research into this modality of treatment in 1940. Testing against what he perceived to be the criteria Crewe and the Collinses before him had used on patients, Rowe and colleagues set up a laboratory test-sample of twenty-five white rats. The rats were exposed to high levels of radiation, and then separated into different test groups each of which was treated either with the fresh gel from the plant, the partially decomposed gel along with bits of the rind, the extracts of the dried rind, or an ointment made from the dried Aloe Vera gel. From the outset, there was some question about the condition of the "fresh leaves" that had been shipped to the lab from Jamaica. Nevertheless, the test was allowed to continue since there was not believed to be any correlation between the freshness of the leaves and the efficacy of the treatment.

In two and one half weeks, the first experiment was terminated. Of the twenty-five rats tested, twelve had died. Twelve of the thirteen survivors had been among groups

treated with the fresh gel or the ground composition of gel and rind. The test was declared broadly inconclusive because, in the words of Professor Rowe, "1) Too few animals had received treatment; 2) the fourteen day period was too short a time on which to base final conclusions." These conclusions make one wonder why the experiment was conducted in the first place, although one self-evident observation survived from the test: "From the results obtained, fresh Aloe Vera gel shows some promise of being of value in the treatment of x-ray reactions.[41]

The experiment did not end Dr. Rowe's fascination with Aloe Vera, and subsequent experiments ensued. In 1941, he made the first major attempt to analyze the phytochemical composition of the leaf and was sufficiently impressed with the individual proteins and nutrients he found to pursue a second series of experiments, this time broadening the test-sample of white rats. Though the results proved disappointing, some additional conclusions were drawn, which we present here in inverse order. First, the "ointment" used was considered to be ineffective against the radiation burns. Second, both the gel and the rind contained the healing agents previously analyzed, though the rind appeared to contain the majority of the potency. Last, quite surprisingly, Dr. Rowe and associates concluded that, "contrary to previous views, our results indicate that the pulp does not have to be fresh in order to be effective as healing agent."[42]

Part of conclusion two and all of conclusion three missed the mark. And although Dr. Rowe's findings were terminated on a hopeful note, and though he did make significant contributions to the phytochemical analysis of the leaf-gel, his lack of conclusive evidence created a cloud of skepticism among the medical profession of that time. And his extrapolations concerning the use of fresh leaf gel in comparison to the dried or decomposed leaf gel would carry its own kind of hangover.

For about a decade after the Rowe findings, there was a lull in the professional attention Aloe Vera was to receive from the medical community. Seemingly convinced that the results doctors Crewe, Collins, Loveman, Rowe, and others had obtained were merely curiosities of folk medicine disproven in the cold, hard light of the laboratory, dermatologists and general practitioners returned to more conventional means of treating burns and other problem skin conditions.

Once again in the '50's, however, the ghost of the Silent Healer returned via other avenues of medical study. In 1949, four research scientists from the Michigan Department of Health instigated a study of the anti-bacterial substances in seed plants believed active against *Mycrobacterium Tuberculosis*. In their study, Gottshall, Lucas, Lickfeldt, and Roberts selected several species of aloe (true and false) in order to test their curative potentials in blood samples. And though their tests indicated a large majority of the aloes showed no anti-bacterial agents, two of them, *Aloe chinensis* and *Aloe succotrina* (mere regional names for Aloe Vera), showed capacities that were encouraging. Results of second tests conducted by the same group and applied against specific varieties of Aloe Vera were published in 1950 and were summarized with these findings:

> An anti-bacterial principal present in Aloe Vera which inhibits the growth of *tubercule bacilli* has been found to be the glycoside barbaloin.[43]

The evaluations were by and large positive and the overall projections for the use of Aloe Vera in combating *tubercule bacilli* were found to merit further exploration. Yet, to show the consistent lack of understanding about Aloe Vera, the initial test by Gottshall *et al.*, in which the True Aloe was lumped into the broad category of aloes and other seed plants and deemed relatively ineffective, was the one used to condemn its broad spectrum claims as insupportable.

The various findings in the early fifties spawned something of a boom in renewed chemical analysis of Aloe Vera in both leaf-gel and aloin forms. A small group of companies began packaging and marketing Aloe

Vera based products with lavish and unsupported claims of its wonders. In 1968, after various experiments with the plant, a group of Russians entered the market with a patented emulsion comprised of 78% Aloe Vera gel for use against skin irritations.[44]

Although little real impact was made by the Russian formulation, the proliferation of the Aloe Vera craze of the late 50's and the pocket market boom that resulted from it were enough to generate something of a backlash.The most vocal segment of this backlash came from the United States Army's Surgical Research Branch. Having taken offense at the many commercial Aloe Vera preparations bombarding military hospitals and other governmental installations at the time, Lieutenant Colonel Hammit became openly and candidly suspicious of them. To bear out his suspicions of what he beleived to be their limited curative value, he contracted the research services of Dr. Truman Blocker. Dr. Blocker secured several of the preparations availalble in the market at that time and subjected them to a series of tests. Notwithstanding the possibility of an exceptionally fresh batch of product, the outcome of Dr. Blocker's study was a foregone conclusion for a very good reason. At that time, there were no properly stabilized Aloe Vera products on the market. The preparations available for testing would have either been inert or contaminated. At best the test results would have proved either erratic or inconclusive; at worst, they would have proven negative.

The fact that the results were conclusively negative enabled Lt. Colonel Hammit to report his categorical evaluation that no conclusive proof had been presented (that) any of the products tested possessed any therapeutic value whatsoever and may even have been "harmful or deleterious" when put to use.[45]

As is frequently the case involving studies in aloes in general and Aloe Vera in particular, Lt. Col. Hammit's conclusions drawn from Dr. Blocker's tests would meet with contradictions – some from his own branch of the government, others within the same year of testing (1959).

An earlier test by Lushbaugh & Hale (in 1953) had actually been conducted under the auspices of the U.S. Atomic Energy Commission at the Radiation Burn Center, Los Alamos Proving grounds. In their experiments, Lushbaugh & Hale tested groups of ten rabbits, first exposing them to beta radiation, then treating them with fresh Aloe Vera gel, and a commercially prepared Aloe Vera "ointment." After several months of testing, they concluded the following:

> . . . The gross microscopic morphological changes in the skin resulting from the radiation alone were compared with those in the irradiated skin treated with Aloe. Treatment was found to hasten both the degenerative and reparative phases of the lesion so that complete healing of an ulcer caused by 28,000 rep of beta radiation was accomplished within two months of treatment, while the untreated ulcerations were still not completely healed more than four months after irradiation. It was concluded that A. vera contains substances that are stimulating both to the delayed development and delayed healing of ulcerative radiodermatitis and that because of the growing modern importance of this injury, further investigation should be pursued.[46]

Ultimately, the Lushbaugh & Hale testings were not deemed conclusive because (once again) too few animals were tested.

However, it was in Hammit and Blocker's era, that several positive findings did emerge. One, by Dr. E.P. Pendergrass found juice from the Aloe Vera leaf gave excellent results in the treatment of radiation reactions. Another test in various hospitals found Aloe ointment to be 50% better than three other remedies considered most advantageous for burn treatment.[47]

Results of many of these findings were submitted in 1959 to the FDA with the administration's response that ". . . upon review, the FDA admits that the (Aloe) ointment does actually regenerate skin tissue."[48]

If at this point, there seems to have been an inordinate amount of concentration on the use of Aloe Vera in x-ray and radiation burns, there were reasons for it. First, radia-

tion burns, particularly in their relation to nuclear fallout, became a matter of priority concern to interested government and medical bodies. Radiation burns have the most serious short and long-range implications the human skin can experience, the most significant being cancer. From the testing of Collins and Collins to the era of the late fifties, Aloe Vera was found by and large to be the most effective agent in healing such burns, and not only in healing, but also in actively contributing to the regeneration of tissue. Test animals and patients, for the most part, recovered without scarring. Imagine for a moment how many of the radiation victims of Hiroshima and Nagasaki might have been spared the surgical extremes and disfigurement they were forced to endure had they been treated with Aloe Vera gel and compounds from it. Burn treatments (along with the cathartic, *aloin*) were, of course, the most traditionally accepted uses of Aloe Vera. So, for reasons of feasibility if nothing else, it is not surprising that so much research attention was focused in that area. What other claims might have been made for the plant up to that point were scattered in the form of non-professional anecdotes, exploitive pharmaceutical axe-grindings, and the cautious accounts of a handful of physicians who had used it to treat arthritis, stomach ulcers, and various kinds of skin disfigurements — not exactly the stuff of which official acceptance is made. In retrospect, 1959 was something of a turning point for the medical acceptibility of Aloe Vera, and for broad, sweeping exploration into its other potentials.

In 1963, three doctors, Blitz, Smith, and Gerard, published reports on the treatment of twelve patients of varying ages, each with a peptic ulcer, each treated with Aloe Vera gel. In every case the ulcers healed with no sign of relapse. The test was gauged over a year to preclude the possibility of reversion. Blitz's conclusions were as follows:

> So favorable was the response that it created the clinical impression that this medication can certainly delay and perhaps prevent the development of a peptic ulcer.[49]

Another study in 1963 by a group of researchers showed that Aloe Vera did inhibit, *Staphylococcus aureus, Staphylococcus pyogenes, Corynebacterium xerosis, Shigella paradysenteriae, Salmonella typhosa,* and *Salmonella paratyphi.* In layman's terms, it was found effective against staph infections, pussing dry and itchy skin, certain strains of dysenteric parasites, and contagious and non-contagious typhoid.

In that same year, additional burn tests were made on rabbits treated with Aloe Vera gel, with the traditional positive results. Nevertheless, the tug-of-war, pro and con continued much to the confusion of the medical profession.

One perpetual area of uncertainty lay in attempts to make accurate chemical analyses of the healing properties in Aloe Vera. Even positive findings in the field by Tom D. Row and Lloyd M. Parks (1941) and by Gottshall and associates on *tubercule bacilli* (1950) were broadly misunderstood and often reviewed incorrectly by medical reporters. In the early sixties and throughout the remainder of the decade, several attempts at chemical analysis were made on both the Aloe Vera plant and the gel extracted from it. In the main, they used chemical rather than biological criteria to make their evaluations and fell short of valid conclusions. These attempts and the reasons for their failure will be given complete attention in our chapter on chemistry. We mention them here primarily to indicate the serious attention that was beginning to be focused on Aloe Vera and the continued inability of researchers to unlock its mysteries.

By the early 1960's the challenges that came to the proponents of Aloe Vera were not so much ones of acceptability as they were of consistency. Professional testimonies to its effectiveness, especially in dermatological uses, had increased to a proportion so significant that there was an understanding that the plant itself contained "some" important healing capabilities.

What nature could do, however, could not

be discovered through man's understanding of applied chemistry. Whatever medicinal properties rested in the plant could neither be deciphered nor borne out in the labs. And it is a common understanding that what cannot be vindicated in the labs can never hope to receive acceptance by any medical association or government regulatory body. To add to the welter of controversy, a number of cottage products and Aloe Vera related cosmetics, which proved to have limited value, no value, or even negative value to the user, had been marketed for years.

In a generally objective article written for *Economic Botany* in 1963, Julia F. Morton describes the prevailing market disposition at that time:

> Processors, usually inadequately financed but heavily armed with Biblical references (which are entirely inapplicable to the fresh leaf) and portfolios of testimonials . . . seek official recognition of the virtues of their respective products. Much of the documentary evidence is impressive, but the exploitation of aloe preparations has been accompanied too often by misinformation and exaggerated claims in advertising literature, and commercially inspired articles in the press and popular periodicals . . . Such tales only add to the "patent medicine racket" aura and repel many whom the exploiters desire to impress.[50]

At least part of what Dr. Morton was describing was the failure of the companies producing Aloe Vera products to back up their claims, a failure that occurred because no one had found a way to stabilize it properly. Professionals, who had worked with both the fresh gel and the products that claimed to contain the same levels of effectiveness as the fresh plant, understood the problem only to well. It had been one that had persisted since the experimentation of the Collinses and Rowe in the late '30's. It had haunted proponents through the Hammit/Blocker tests and the failed lab reports of the '50's; it would haunt them again.

The dilemma of the pro-Aloe-Vera practitioners was perhaps best articulated in a research report by James Flagg in 1960. After several successful applications on burn patients using the fresh Aloe Vera leaf gel, he made this timely observation:

> Results were remarkably successful, but hope for using the gel on a large scale was abandoned because the gel apparently defied stabilization. . . . Several pharmaceutical houses have made costly though futile attempts toward stabilizing the gel in an ointment or other medication.[51]

In the early '60's, I too had joined the growing faction of Aloe Vera proponents. Having studied the effects of the fresh leaf gel and having been exposed first hand to the broader spectrum possibilities in Mexico, I had recommended Aloe Vera in a number of instances and found its positive healing effects to be pronounced, its possibilities unlimited.

There was no doubting the degree of its perishability, however. Our own brief experience at that time had shown us that its full potency could be maintained only about forty-eight hours at room temperature, and slightly over three weeks under refrigeration. We also knew that if Aloe Vera was ever going to reach its full potential as a broad spectrum institutionally accepted medication, it would have to be properly stabilized, its chemical properties intact.

Armed with what we felt was a better understanding of the plant than those of the pharmaceutical companies who had preceded us and failed, we set out in 1964 to develop that stabilizing process. Our work in attempting to develop a stabilization process for Aloe Vera, our laboratory findings, the documentations of its discovery, and the dramatic growth of Aloe Vera as an industry and of Aloe Vera of America as a company are pieces that comprise the rest of the story. It is a story that covers over twenty years, one we hope will not pale in the telling.

But, before we can tell it, we need to do a little housecleaning, to clear up some misconceptions about Aloe Vera once and for all. In the next chapter, "Aloe Veracity," we will affirm what is true about Aloe Vera, expose what we have found to be false, and bring to the surface some little known facts.

We'll tell you why it doesn't always work, and how it almost always can; what it means "to stabilize" the product ineffectively, and what it means to stabilize it properly.

If the Silent Healer has displayed one quality over the ages, it has been its ability to stand the test of time, to endure; yet, if it is to endure the scrutiny of future generations, all the truths about it must be brought to light and properly understood.

"Truth," the proverb says, "is the daughter of time." After more than 6000 years in the shadows, we think it's time the young lady made her debut.

5

Aloe Veracity

Aloe Vera in freeze-dried non-stabilized powder form is not effective even at 100% concentration, against the four bacterial organisms tested.

— Ruth A. Sims, PhD.
Eugene R. Zimmermann, D.D.S., M.A.
Remarks and conclusions, Testing Non-Stabilized Aloe Vera Powder
Dallas-Microb Assay Service
June 29, 1971

"When we introduce Aloe Vera gel to tissue samples, the rate of regeneration increases two and frequently three times the normal healing rate...It seems to have a predilection for wounded tissue...Whatever the future holds for us, I think we're going to see an awful lot of big things come out of this little plant."

— Interview
Dr. Earl Moore D.D.S./Periodontist
Baylor Dental School
1975

If anything is evident to this point, it is that we have inherited a legacy of contradiction about Aloe Vera. It is especially true in modern times, and stems largely from two major sources. The first is a seeming failure of the plant to respond under exacting, rigid, and frequently unrealistic attempts at chemical analysis by chemists reluctant to acknowledge the biological subtleties of nature. The second is that, in its way, the plant has been victimized by its own mythology and the inability of professionals to separate fact from fiction. In the last generation the most serious threat to its existence has been its own popularity, or what can only be called "The Aloe Vera boom." Riding the crest of the health food craze and an increased emphasis on returning to "natural" cures, Aloe Vera has been subjected to additional levels of ignorance. Laymen, unfamiliar with the plant (and often using it for the first time), are frequently unable to identify it properly, and they misuse it because they only have word-of-mouth understanding of how it should be applied. Many pharmaceutical and cosmetic companies, who claim to have extensive knowledge of its properties, often exploit the trend by marketing so-called "stabilized" Aloe Vera based products — worthless goods that do irreparable damage to the cause.

To set the matter right, we must deal with each of these issues, clear up the misconceptions, and back up what we know to be the scientific truth about Aloe Vera. With all the data at our disposal, we begin with this chapter, which we have entitled "Aloe Veracity." *Veracity* is a synonym for truth. Still, a rose (or a lily) by any other name will smell as sweet.

Folklore Versus Fact

If we are ever going to put Aloe Vera into an objective, scientific context, we're going to have to rid ourselves of one of the most basic and perhaps most enjoyable facets of human nature — the inclination to gossip. Folklore, legend, and false assumptions about the plant, though they may have contributed to its allure, have done no small

damage to its credibility. At some point, we're either going to have to take a stand and substantiate the folklore, or else strike it from consideration and go on to the more important matter of proving what Aloe Vera can actually accomplish. We can begin to sort fact from fiction by examining each.

Folklore: We have been told that Egyptian queens Nefertiti and Cleopatra purportedly bathed in the juices from the Aloe Vera plant to help keep them young and beautiful. Since Cleopatra took the deadly asp to her breast at the ripe old age of twenty six, maintenance of youthful glow would hardly have been a concern of hers; Nefertiti, on the other hand, was considered a radiant beauty and lived to middle age. And we do know the Mayan maidens of Yucatan were reported to have washed in its juices which were believed to be the source of their blemish-free complexions. Additionally, Seminole Indian mythology points to the "Fountain of Youth" and the rejuvenating powers of the stream allegedly flowing from the center of a cluster of Aloe Vera plants. So potent were the waters from the spring, they could actually turn the aged young again; an outrageous cosmetic claim if there ever was one.[52]

Fact: It is true that Texas oil billionaire H.L. Hunt did bathe in Aloe Vera gel weekly, and at no small expense. Since the man did live into his nineties, Aloe Vera certainly did nothing to harm him.

It is also a fact that properly Stabilized* Aloe Vera in Aloe Vera of America's pure cosmetic compounds contains natural emulsifiers, emollients, and humectants that can actually help regenerate dead skin, tighten facial tissue, and rejuvenate the appearances of its users. Furthermore, these compounds help promote the elimination of such distasteful conditions as acne, blackheads, and chloasma (liver spots). We have the clinical and testimonial data to back it up, so the tap on the Fountain of Youth is not closed just yet.

Folklore: In the legends of the ancient worlds, we have been told that Aloe Vera has metaphysical powers. Not only did it accompany the pharoahs to the Land of the Dead, it was also used as an ambulet to forstall harm. In the ancient semitic societies of Mesopotamia, the plant was customarily hung over the doorway of a new home as a means of warding off evil spirits. It is still a folk tradition in Mexico to give the Aloe Vera plant as a gift of love to a newlywed couple. The belief is that for every month the plant lives in the sun without water, the pair will enjoy a year of happiness together. Since the plant can live indefinitely in Mexico, the guarantee of a blissful marriage is virtually underwritten.

Fact: As of this date, there are no metaphysical powers traceable in Aloe Vera. Then again, we have to ask the rhetorical question. Can the metaphysical ever be divorced from the physical?

Folklore: According to African lore, Aloe Vera, when hung suspended in a room, was deemed quite effective against mosquitoes. The same plant legend is reiterated in India. In the practical African analogs the nineteenth Century explorer naturalist Richard Burton, he too reported that when suspended over one's bed, the plant was most uncanny in its ability to fend off mosquitoes.[53] Columbian folk uses included hanging the live plants from shop ceilings to repel flies. We have already learned that in Columbia and other South American countries, mothers rub the Aloe Vera leaf gel on the legs of children to protect them from insect bites.[54]

Fact: From our own experiences in growing and harvesting Aloe Vera, we can attest to the fact that it proliferates virtually free of the pandemic insect infestation that plagues the other plants. And some individually tested uses show it to be a remarkably effective insect repellent (though this has yet to be substantiated clinically).

Folklore: In Pliny's *Natural History,* the archives of ancient China, and the medical annals of the modern Philippines are recorded blends of aloe pulp and wine (and/or vinegar) that promote the growth of the hair.

Fact: There is absolutely no laboratory proof that Aloe Vera in any form will replace hair loss. However, in Aloe Vera of America's own series of hair/skin analysis, Stabilized* Aloe Vera is one of the most effective treatments against eczema, seborrhea, and dandruff, some of the primary causes of hair problems that lead to balding.

In addition a Stabilized* Aloe Vera Shampoo not only provides natural saponifying agents to cleanse the hair thoroughly, it also helps clear all dead tissue from the scalp and provides almost all the essential amino acids necessary for new hair follicles.

Folklore: In the villages of the Sutos, it is said that when there is an epidemic of catarrh (common colds), the people are required to bathe publicly in a bath with infusions of Aloe.[55] In the seventeenth century extracts from the drug aloes when taken internally were found effective against consumption.

It is also a contention among some theorists that Aloe Vera was used by the ancient Egyptians in their embalming chambers, not so much for its renowned preservative abilities but for its protection from the respiratory perils endemic to that profession, the most noteworthy of which is consumption (or tuberculosis).

Fact: Modern research by Gottshall *et al.* in 1950 found Aloe Vera to be effective against certain strains of *tubercule bacilli.* Additionally, our own records both from physicians prescribing Aloe Vera regimens and from case histories show Stabilized* Aloe Vera gel to be markedly effective against many forms of respiratory disorders, including fluid in the lungs and chronic sinus infections.**

Folklore: According to his contemporaries, the Roman Emperor and sexual deviate Tiberius drank the juices from Aloe Vera as a potion to increase his sexual potency. Aphrodisiac qualities are also attributed to it in the Kama Sutra and the lore of the Navaho.

Fact: In modern science, no such claims for sexual potency are credited to Aloe Vera. However, since recent studies in sexuality point to a parallel between nutritional value and levels of virility, and since Aloe Vera gel contains some of the most revered nutrients known to fortify the human body, let's not close the door on that topic either.

Folklore: Throughout history, there are various hints at European remedies using Aloe Vera for treating gouty conditions, aches in the bones and joints, and spasms. Other reports from the East Indies and the Caribbean corroborate these accounts.

Fact: Our Stabilized Aloe Lotion and Aloe Heat Lotion for athletes (both by Aloe Vera of America, Incorporated) are now being recognized by trainers, team physicians, and coaches from some of the premier collegiate and professional athletic associations in America as specifically useful in treating torn and bruised muscles, strains and sprains to joints and ligaments, and acute athletic injuries. Its effectiveness both as a pain-reliever and in increasing the amplitude of recovery has been endorsed by such organizations as the University of Texas Athletic Department, The U.S. Olympic Committee, The Dallas Cowboys, the Minnesota Twins, and many others.***

In many of the instances we have just cited, the line dividing fact and folklore is a thin one. And if one tends to reinforce the other as it has so often before in history, then we are well advised to examine the facts more closely.

By definition, a fact is a truth known by actual experience or observation. It is incumbent upon us to validate those experiences and observations about Aloe Vera, and so we will. To be candid, what we have already proclaimed as fact is little more than a sample. There are many more reports that cannot be called legend. Our experiences

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* Stabilized* Aloe Gel is an exclusive patented formula developed by Aloe Vera of America, Incorporated.

** Some of the cases will be examined in Chapter 7," Dramatis Curae."

***Complete data on athletic applications will be provided in Chapter 8.

with Aloe Vera give us consistently positive feedback.

For example, it is a fact that in northern Mexico and the Rio Grande Valley of South Texas where *savila* (the local colloquialism for Aloe Vera) grows abundantly, there are more than a million people and not one registered dermatologist. Nor apparently is there a need for one since the populace is accustomed to using Aloe Vera and using it properly. As a result diseases of the skin, or at least complications arising from them, seem to be minimal.

It is also a fact that the unsightly and unpleasant skin disorder *psoriasis* persists without a known cure, but not without effective mode of treatment. Notwithstanding the still experimental packing treatments from the saline mud of the Dead Sea, about the only other effective program designed to treat psoriasis is a plan offered by Aloe Vera of America, Incorporated. The plan includes topical applications of Stabilized* Aloe Vera compounds, internal doses, and a rigid diet supplemented by a specific regimen of megavitamins. The program must be applied conscientiously, and when it is the results are uniformly satisfactory.

Topical success with Aloe Vera has become pretty much a commonplace affair. Doctors from Cairo to San Diego are now treating everything from decubitous ulcers to *alopecia* (baldness) and *acne vulgaris*. The results are consistently good providing there is an adherence to certain criteria of usage.

If once again Aloe Vera's effectiveness is emphasized in diseases of the skin, it is because this is its most visible and — perhaps because of that — its most accepted form of expression. Yet, if one were to enumerate the diseases this magic plant has been credited with healing, those of a systemic internal nature might well exceed those of dermatology and cosmetology.

In her studious and painstaking chronicle of Aloe Vera entitled appropriately enough, *Aloe Vera,* author Carol Miller Kent makes a random list of all the diseases that Aloe Vera has been credited with curing. We could do no better than include that list here:

> ...a whole spectrum of skin disorders including thermal, chemical, and friction burns, scald; sunburn; radium, x-ray and other radiation burns and ulcers; blisters; diaper and heat rashes, prickly heat, razor burn, windburn, turf burns and abrasions; wasp, bee and fly stings; mosquito and other insect bites; poison ivy and poison oak; allergic reactions; eruptions and rashes of childhood diseases; chafed, chapped or scaly skin, and chapped lips; dandruff; eczema, dermatitis, impetigo, seborrhea, psoriasis, and uriticaria; body and bed sores; body odor; skin cancer; herpes zoster (shingles); sore or cracked nipples in nursing mothers; ingrown toenails; pimples, acne, blemishes, brown or white "liver spots" (chloasma), sensitive moles, peduncular fibromas, and warts; cuts, contusions, lacerations, wet or dry lesions; chronic ulcers; boils and abscesses; canker sores, cold sores, fever blisters, herpes simplex (both oral and lip), minor sore throat, mouth irritations, denture sores, gingivitis, tonsilitis, mouth and gum diseases, staphyloccocal infections; conjunctivitis, styes, corneal ulcers, and cataracts; puncture wounds and infected pierced ears; athlete's foot, ringworm and other fungi, pruritus ani, vulvae, balnea, essential proritus, vaginal yeast infections; venereal sores, muscle cramps, strains, sprains, bruises, swelling, sorness, tendonitis, and bursitis; loss of hair (alopecia). Taken internally, Aloe Vera is said to alleviate headache, insomnia, bad breath; stomach disorders, indigestion, heartburn, hyper-acidity gastritis, peptic and duodenal ulcers; colitis, hemorrhoids, kidney and urinary tract infections; prostatitis, fistulas and inflamed cysts; diabetes; high blood pressure; rheumatism and arthritis. It is claimed to eliminate pinworms and other parasites, correct functional infertility caused by amenorrhea, and reverse any imbalance caused or amplified by excess acid or sugar ingestion.[57]

Even a cursory examination of the list enables us to expand it to include such afflictions as ventricular ulcers, diverticulitis, lung deposits, sinusitis, monilial infections, trichomonas, scleroderma, proteus infections, pyorrhea, eye sores, clouded cornea, and snakebite.****

****For further information, see chapter VII, "Dramatis Curae."

We might also add (as we will show when we examine its future potentials) that Aloe Vera makes an excellent deodorant, after-shave, defleaing agent for pets, metal polish an effective preservative agent for patent leather, and a pretty savory liqueur in the bargain.

At this point someone might observe sarcastically that we forgot to include leprosy, the bubonic plague, and the Great Flood of Genesis in our list of cures. In answer to that, we can only reply that it's been used to treat leprosy without much success. Hopefully it won't have to be tested against the bubonic plague, but it might just work. And as far as the Great Flood is concerned? Well, there are limits, although it might have helped to fortify the ark since it makes a superb wood preservative.

To be sure, some of the infirmities that are claimed to have been cured or at least helped by Aloe Vera cannot be substantiated in modern times. Its affect against new strains of systemic viruses, streptococcal infections, and carcinogens whose origins are not even known are yet to be determined. For that matter, they may not be determined for generations. Still, Aloe Vera's broad spectrum uses grow and so in direct proportions do our records of them — general medical records, laboratory findings, and Aloe Vera of America's own private test results.

Once again, we appear to push credibility by proclaiming the "cure-all" value of the healing plant. And if its detractors are justified in one regard, it is when they query: "If Aloe Vera is so exceptional, why does it have such a controversial track record? Why doesn't it always work? Why have there been so many accounts of its failure?" Good questions.

Why Aloe Vera Doesn't Always Work

The answer to this frequently asked question is a complex one and has perhaps as many facets as there are aspects to the plant itself. There are actually six answers: (1) **Use of the wrong species of aloe;** (2) **Use of an immature plant, or one with degenerated leaves;** (3) **Use of leaves from a plant that is decomposed, or gel that has already dried, oxidized, or been neutralized by overexposure:** (4) **The use of improperly stabilized Aloe Vera products;** (5) **The erratic or improper use of an Aloe Vera product; and** (6) **The subtleties of Aloe Vera itself, including the almost cryptic way it works.**

Each of these answers merits some individual study, and will perhaps bring us to a better understanding of what Aloe Vera *can* do, and how we can make it work for us. Some of the misuses will be examined as actual instances. Others are merely typical examples of the numerous misapplications that go on almost daily. All of them, we might mention, can be avoided if the individual will only seek the proper professional guidance prior to using the plant, the gel from the plant, or products derived from it. There should be at least one doctor of medicine, dentist, osteopath, homeopath, pharmacist, or botanist in your area who understands the plant/products and how to apply them in your particular case. If there isn't someone who does, by all means get in touch with us: Bill C. Coats, 12989 Jupiter Road, Dallas, Texas / Phone (214) 349-9805. We will either get you in touch with a consultant who can help, or else recommend a regimen ourselves. In lieu of those alternatives, however, you may make a thorough study of this book. You'll probably learn what you need to know here.

First, let's clear up the misuses of Aloe Vera and their possible repercussions.

(1) **Use of the Wrong Species of Aloe.** This invariably happens from time to time as it did in the case of Jane B. of Rochester, New York. She had suffered a rather severe sunburn while vacationing in Arizona — deep burns on her arms and legs with incipient blistering. Upon returning to New York, she remembered that a friend had told her that the juice from the Aloe Vera plant was a traditional means used by the Indians of that region for treating sunburn, oven-burns, and rashes of various kinds. She also recalled

that her next door neighbor in Rochester had an "aloe" growing in her hothouse. In considerable discomfort and dreading the reptilian appearance she could anticipate in a couple of days, Jane B. rushed to her neighbor and asked to strip a leaf or two from the aloe plant. Her neighbor, ignorant of the lore but willing to help, allowed her to do so. The aloe leaves Jane used were from a decorative *aloe milloti* and not particularly succulent in any case, but use of them she did. *Aloe milloti* is not a true aloe. The curative potential of the plant is of negligible value and nets negligible results. Jane B. blistered, peeled, and even got a bit of a rash. She blamed the "Aloe Vera" and denounced it openly as being worthless. The doctor who treated her confirmed her suspicions about this folk medicine with an, "I could have told you that." Of course, he had never worked with Aloe Vera, probably couldn't identify it, and now never would. Pound another nail in the coffin of aloe credibility.

In another experience, a Dallas Cowboy defensive star was successfully treated with Aloe Action Products (by Aloe Vera of America) for an injury to his hand. He was impressed by the marked improvement shown in this injury and even offered to give a testimony to the effectiveness of our products. His wife was equally impressed and expressed a desire to have an Aloe Vera plant for her own personal use. When I visited the athlete and his wife, I brought a young plant with me only to find out that she had bought one on her own, a small one that was sitting in her kitchen window. It was a lovely aloe, but was suffering from one slight flaw. It wasn't an Aloe Vera at all, but an *Aloe superfoliata*, and though it certainly would have some medicinal value, it would have been somewhat limited as to the extent of its potency.

Failure to differentiate a true aloe from a false aloe or those with limited curative potency is by no means the sole problem of the amateur. Once again we point to the Gottshall, Lucas, Lickfeldt findings of 1949 in which they tested a number of seed plants including twenty-eight species of "aloe" against *mycrobacterium tuberculosis*. That reportage of those findings by others were continually repeated, can best be demonstrated in an article by L.B. Fly and I. Kiem in 1963, in which they again refer to the Gottshall, Lucas, Lickfeldt *et al.* testings of 28 different species of Aloe against *Mycrobacterium tuberculosis, Staphylococcus areus,* and *Escerichia coli.* Again, they observed, "Aloe Vera, among other species of aloe, exhibited no activity.[58]

The Aloe Vera to which they referred was *Aloe barbadensis*. In fact, two other forms of Aloe Vera, *Aloe chinensis* and *Aloe succotrina,* did show effect and helped launch a second test by Gottshall and company in which *Aloe barbadensis* among others did show positive bactericidal effects against *tubercule bacilli*. The rest is history. Unfortunately, however, as recently as 1968 that history was still not reported objectively. The 1949 Gottshall test serves as a caution that the True Aloe can be viewed in too narrow a range of species as well as one that is too broad.

In all the instances we have mentioned, the failure to understand what Aloe Vera is stemmed from a failure in education. Needless to say, not everyone is expected to be a botanist; but if you're going to use the plant, a proper identification is essential, and there are some simple things to look for.

First, the rosette configuration is something that will be consistent with all True Aloes. Second, the leaves will be of a triangular, spear-like shape coming to a point. In the first two modes of identification, it's easy to be fooled by false aloes unless you remember too that the leaves of Aloe Vera will have thorny ridges only along the spines. Otherwise they will be smooth and meaty to the touch, an indication that they are pregnant with gel. Many false aloes will not have meaty leaves and will exhibit bumps or wart-like patterns all over the rind. Additionally, the coloring of false aloes tends to be darker green while the leaves of a mature Aloe Vera will be consistently pale green with yellow

flecks or smooth yellow-white highlights.

We stress the word "mature" in our use of Aloe Vera because it is with the mature plant that we are able to obtain maximum benefit from the intricate chemistry of the True Aloe Very often, even people knowledgeable about Aloe Vera fail to recognize the importance of maturity, which leads us to our second problem area.

(2) **The Use of an Immature Plant.** Perhaps the most perplexing misuse of Aloe Vera comes in its most benign expression — the use of an immature or protomorphic plant. The incidents of such use are beyond counting, generally non-traumatic, but nonetheless contribute to the undermining of the plant's reputation.

A classic example would be the case of the young man who severely scraped his knee in a canoeing accident. The injury caused by a brush against a large river rock left a sizable skin abrasion about two inches in diameter on his kneecap. In this case, the young man had previously used a friend's Aloe Vera plant to heal some blisters on his heel. The *Aloe barbadensis* had grown in his friend's garden, had been quite a large one (about 2 feet high with a dense proliferation of leaves), and his friend had helped show him how to apply the leaf-gel. The healing of the blisters had been nothing short of phenomenal, even the broken ones had repaired almost overnight. In a burst of enthusiasm and recalling his marked results with the Aloe Vera, the young man ran to his nearest greenhouse, purchased a rather young specimen of Aloe Vera, and had even exchanged tales with the salesman over its remarkable healing abilities.

Pleased at having his own first-aid plant in a five inch pot, he noticed that it was still young and subsequently something of an anemic looking specimen. Still, Aloe Vera was Aloe Vera, and he could look forward to some rapid healing without an unnecessary trip to the dermatologist. Right?

Wrong. His first trial came with his kneecap and the deeply cut strawberry that was gathering blowflies and draining. Following the procedure his friend had taught him, he first cleansed the wound. Then, he split some leaves from the young plant and applied them to his kneecap, rubbing the gel in and repeating the process later that night and in the morning. The results were limited. The knee was not healing; it eventually puffed up and began to stiffen.

Now convinced that Aloe Vera was only effective against superficial lesions, the man went to the doctor and received a prescription for a medication to alleviate the discomfort. As a result, the healing process was both awkward and seemingly interminable.

In his attempts to use the Aloe Vera, the young man had committed two fundamental errors. First, he had bought a plant that was only a few months old and had expected it to perform like a mature plant. The leaves were only a few inches high, and the chemical potency in them had not developed to the fullest. He had disregarded a cardinal rule: you can't rush Nature. Peaches when plucked too early taste woody and bitter. Bananas when eaten green can cause indigestion. You don't build houses with Christmas trees, and you can't expect a medicinal plant to possess its full potency before it has grown to maturity.

In the case of Aloe Vera, that maturity will come between three and five years of growth, at a height of one and a half to four feet, an individual leaf thickness of three inches or more at the base, and a weight from one to three pounds per leaf. You don't get that from something growing in a five inch pot, and you shouldn't expect to.

An even more diminutive species of Aloe Vera such as *Aloe chinensis* will grow over a foot in height and display a dense leaf configuration. Once again, when in doubt consult someone who knows, an authority who understands the species of Aloe Vera and how to use them.

In his attempts to use the Aloe Vera, the young man made a second mistake as well. He pulled the leaves for his applications from the inner part of the rosette, the youngest, smallest, and least potent area. In

so doing he not only robbed himself of possible curative help, he also endangered the future growth of the plant.

Aloe Vera should always be harvested from the outer leaves first, working inward. Not only do these possess leaf gel with the most medicinal potential, they are also the most nearly ripe and should be used before they become so. You can always detect a ripe leaf because it will become so plump with juice that it will begin to buckle. Prune it before it does and either use it or throw it away.

A degenerated Aloe Vera left can often net the user the same non-results as using leaves from too young a plant. The leaves sustain their potency for a finite period of time. Aloe Vera leaves *are* organic and therefore perishable. Don't expect them to last forever. The pulp inside a degenerated leaf loses its potency just like those of many other succulent plants. When it does, it can become bitter and rancid. The gel turns yellowish and mustard-like in color and (if taken internally) can cause some nausea. This dehydrated form is of course the beginning stage of the dried processing for drug aloes (aloin) and can net the same purgative results. You can eat just about any fruit or succulent that is too old and obtain some purgative results. A prune is merely an overripe plum and not a bad laxative at that.

Using degenerated Aloe Vera leaves is one of the most common errors made with the plant, one that leads us to misconception number three.

(3) **Use of Leaves from a plant that is decomposed, or a gel that has already oxidized, dried, or been neutralized by overexposure.** This is the category in which there are more "professional" violations of the integrity of Aloe Vera than any other. The error stems from a centuries old tradition of mistaking the effect of the "drug aloes" of ancient times as being from the fresh leaf-gel, and from a failure of practitioners to acknowledge that there is in fact a difference in leaf freshness.

The tradition of "refining" the Aloe Vera plants into the black viscous *aloin* or the dried, dessciated drug aloes dates back to the Sumerians and perhaps the Egyptians before them. Some of these must be recognized as primitive attempts to stabilized the properties of the plant, to make it more transportable in a world where refrigeration was virtually unheard of and where perishability was a constant challenge. The Arabs, as we have learned, were the first who made successful commercial practice of transforming/processing the drug aloes from the plant. But we must at least surmise that they also realized the limitations of their chemistry because on their trade routes to India and the East, and in their common every day uses, they turned to the fresh plant.

Unfortunately, the discretion of the ancients did not last into the Renaissance in Europe when drug aloes were used in broad spectrum. And even as recently as 1966, confusion over leaf condition was still evident in the medical profession, sufficiently so to necessitate this observation in the *Texas Dental Journal:*

> ...Aloe as recorded in the *United States Pharmacopoeia* as either crystalized aloin, or dried and powdered aloin. It is not to be confused with the clear viscous gel of the internal part of the leaf. It is the clear viscous juice which is now attracting attention to this "forgotten" plant. It is not known definitely regarding the remedies of the ancients whether or not they referred to aloin, or did they refer to the clear viscous juice of the inner portion of the leaf? It is only possible to conjecture that point, except that it is reasonable to assume that they used the juice of the inner portion of the leaf, because the aloin serves no useful purpose other than as a purgative.[59]

It is sad to note that this issue still needed clearing up as recently as a decade ago, at least partly because professional societies up through this century believed the extracts, pastes, and drug aloes dried from the fresh plant were as valuable or more valuable than the plant itself.

In 1693, Ligon described the necessary process of "preserving" the aloes: "These thick leaves we take, and cut them through,

and out of them issue the Aloes, which we set in the Sun, and that will rarifie it and make it fit to keep."[60] In 1849, another observer in the Netherlands Antilles described specimens of *Aloe barbadensis* brought to London by sailors "in a tarred cloth being closely tied around the truncated stem to prevent the escape of the juices from the plant."[61]

Still, other accounts prior to the twentieth century describe Aloe Vera as being dried in the sun, then cooked in a cauldron (a steeping process) during which time it would be combined with all sorts of foreign matter certain to contaminate it.

In each of these instances the plant would have been oxidized or neutralized by overheating. "Rarifying" it in the sun or overexposing it to the elements will guarantee its partial decomposition within hours and with it, most of its chemical potency. Wrapping the dismembered leaves and shipping them for a protracted period of time will also place limitations on their strength. Excessive water, too much harvest dew, and improper handling of the leaves (such as shipping them without proper ventilation or refrigeration) will almost insure their decaying. In particular, lack of ventilation while shipping will almost guarantee an accelerated decomposition. Cooking, boiling, baking, stewing, or excessive heating the gel of Aloe Vera without proper stabilization beforehand will bring about immediate neutralization and limit its potentials to a very narrow spectrum.

Dehydrating, drying, or dessicating the Aloe Vera to a resin-like consistency will only serve the cause of oxidation, once again depleting most of its properties. Oxidation, of course, means what it says — decomposition by combining an element with oxygen over a prolonged period of time. Iron rusts by oxidation. Organic matter rots by oxidation. It is only a matter of logic that oxidation destroys the goodness in most things, but logic is not always the path taken by the scientific mentality. And the incomplete findings of Rowe, often misinterpreted by others, prove that fact only too well:

> ...contrary to previous views, our results indicate that the pulp does not have to be fresh in order to be effective as a healing agent.[62]

Even the average layman knows that fresh fruits, fresh or blanched vegetables, and lightly braised meats are the forms in which foods present their maximum nutritional benefits. Overcooked vegetables, overdone meats, and stewed fruits leave most of their vitamins and minerals in the pot. The same principle applies to Aloe Vera. We have said it before, but in this case it bears repeating: *It is only when the gel is completely fresh or has been properly stabilized that it can expect to achieve its most effective level of potency.*

There is a paradox inherent in that statement, because if we have been presented with a dilemma concerning Aloe Vera over the centuries it has been the fact that even in cases where the Aloe Vera has been processed, decomposed, and violated *ad absurdum* it has still managed to display some convincing medicinal potential. Over the years aloins, drug aloes, and pastes have been credited for curing everything from respiratory ailments to deep wounds.

We must tread carefully here: we can't cry foul every time the precious healing plant is defiled by experimentation only to say, "I told you so," when it works despite the odds against it. Still, we are forced to be realistic. There does exist an *X-factor* innate to Aloe Vera, a catch 22 that befuddles even those of us who believe we understand its complex chemistry. It is a quality that confounds proponents and critics alike and perpetuates the myth of its unpredictability.

There can be no dismissing the existence of tests in which supposedly "fresh" Aloe Vera juice has fallen short of remarkable or even successful results in the labs. For instance, as recently as 1978 Aloe Vera of America sent a batch of Stabilized* Aloe Vera gel to the U.S. Army Research Institute at Walter Reed Hospital. The gel was tested in solutions of varying strength which were introduced to several forms of native

bacteria. In solutions tested at as little as 40% to 45% Stabilized Aloe Vera Gel, the Aloe Vera killed all organisms introduced to it.[63]

In a subsequent test, the Walter Reed U.S. Army Research Staff requested that we send them fresh whole leaves cut from a mature plant to introduce the fresh gel to the same series of organisms. In response, I personally saw to it that the leaves were wrapped and packaged as carefully as possible, and the leaves arrived at their destination within forty-eight hours. When tested, however, the gel from the plant failed to kill the same native bacteria killed earlier by the 40% solution.

There is, of course, the possibility that somewhere en route the leaves had been exposed to either extreme heat or extreme cold. Yet these results showed us several important things. First, in its native state there does exist an unpredictability factor about Aloe Vera. Call it an "instability factor." Second, the only way to remove that instability factor from the healing plant is to make sure that the gel, lotion, or other compound derived from it is properly stabilized.

It is in the attempts to stabilize Aloe Vera that the industry has undergone its most serious crisis in the eyes of the medical profession, the government, and the public at large. It is under their critical gaze that many companies have tried and failed to stabilize the plant's potency. Unfortunately, in the last two decades, those in the business of manufacturing and marketing allegedly "stabilized" Aloe Vera products have fallen under great criticism and have lost many a true believer.

Since we are here to set the matter right, let's examine the reasons scrupulously.

(4) **The Use of improperly stabilized Aloe Vera products, or non-stabilized Aloe Vera products.** The history of Aloe Vera is an ongoing record of attempts to stabilize the Silent Healer. Baking boiling, drying in goatskin bags, soaking, stewing, dessication, crystalization into aloin, and other alterations have been tried all in the name of rendering it pure for all to use. Many approaches to the problem have been medieval and smack of the mentality that cleansed the souls of heretics by burning them at the stake; in a way, some of that mentality is still with us.

I mentioned in the preface that even many proponents of Aloe Vera among the medical profession and research laboratories have traditionally expressed doubts about the ability of the gel to be stabilized.

We cited James Flagg's commentary in 1960 praising the obvious effectiveness of Aloe Vera but qualifying that praise with the observation that it "apparently defies stabilization." Such impressions are by no means isolated; many persist today and have been more than substantiated by the number of companies who have attempted to beguile the public with pharmaceutical and cosmetic lines of Aloe Vera based products. Purportedly "stabilized" and promising to contain a chemical potency that matches the fresh plant, these products have almost unilaterally failed to live up to their claims. They've left customers and patients unsatisfied, the medical profession and various regulatory bodies insensed, and the public at large wondering why these people are allowed to continue as they do.

Many companies do not continue. Since you cannot hope to build either a sound reputation or a solid profit structure with products that don't deliver what they promise, many manufacturers/processors have failed over the long haul and have gone out of business. By our estimates, over fifty companies have entered and dropped out of the "stabilized" Aloe Vera business in the last two decades alone. And not all of these were cottage or fly-by-night companies by any means. Some of the largest pharmaceutical companies in the nation have spent fortunes attempting to develop and market Aloe Vera based products, as have some major cosmetic manufacturers. Thus far, the overwhelming majority have met with failure and eventual abandonment.

Some of the richest men in the world in-

cluding billionaire H.L. Hunt (HLH Products) and multi-millionaire Troy Post (Quest Products) established companies attempting to stabilize and market Aloe Vera. And though their intentions were good and their methods of processing were conscientious, they failed to create a properly stabilized product and eventually dropped from the marketplace.

There can be no question that many of the manufacturers we have mentioned have diligently applied themselves, spent a great deal of money in research and development, and may have even believed for a time that they had arrived at a successful formula. In these cases, time and failures in patient-applications have borne witness to the shortfalls, and the companies have been forced by conditions to acknowledge the failure. Yet in entirely too many instances, manufacturers have been motivated not so much by lofty intentions as an eye for quick profits and an expedient desire to capitalize on a "hot market." Frequently they issue products that are clearly inferior, uniformly inert, and often contaminated. Physicians test them and find they offer few curative powers and occasionally cause allergic reactions. Individuals who have used the plant with varying degrees of success try the purportedly "stabilized" products and are generally disappointed by them.

Tests, such as the one by Hammit/Blocker in 1959, have been run with the bias that most manufacturers were propagating worthless products, a bias unfortunately borne out in many cases. Such tests have done little good for the cause, but at least there is some blessing in the scientific evidence of the failures of these products in that users may be alerted to their shortcomings.

In the cosmetic/skin care field, however, such awareness does not come to pass as quickly since the effects of the good and bad products may not be detected in months or even years of use. And it is in this area with its enormous profit potential that manufacturers of worthless products, limited in quality and limited in the quantity of Aloe Vera in them, continue to ply their trade. And it is here where the beauty and even skin-health of tens of thousands of users is at stake that these companies must be brought to the testing line and made to back up their claims. We have done so. And we will prove it.

In Chapter 9, "Aloe Vera in the Care and Feeding of the Skin," we intend to reinforce all our cosmetic information with objective laboratory test results. We will invite you to take a renewed look at the cosmetic/skin-care market, to consider a new approach to real skin care called prescriptive skin care, and we will present an in-depth study of what properly Stabilized* Aloe Vera can do for the human skin.

At this point, we must clarify the meaning of Stabilized* Aloe Vera from allegedly "stabilized" Aloe Vera. We are not using asterisks (*) and quotation marks merely to partition one from the other. The simple truth is that the differences between properly and improperly stabilized Aloe Vera are striking despite a common base in the plant itself.

First, we know the perishability of Aloe Vera when it is left too long exposed. Second, we know as well its X-factor and unpredictability when left unstabilized for prolonged periods of time. We must also come to understand that there is to our knowledge only one proven effective stabilization process for Aloe Vera. It has taken years of research to develop and is a very expensive, time-consuming process. It has required a multitude of tests in Aloe Vera of America's laboratories and those of independent research facilities; but the results we have obtained in the tests have been broadly successful, and are the only ones we know of that have been. Of the several other so-called "stabilized" methods, all are cheaper. None have passed the scrutiny of the medical professionals and athletic trainers. Only ours have achieved any consistent level of acceptance. And we might also mention the fact that it was Aloe Vera of America that coined the term "stabilized" to describe our unique process. Others have merely purloined the term. To their everlasting frustra-

tion, however, they cannot imitate the process, which leaves Aloe Vera of America literally and figuratively in a category by itself.

Since the number of improper Aloe Vera stabilizing processes comprise a larger group then the proper ones, and since the rhetoric of argumentation is customary to cover the wrong ways first as studies in contrast, we will try to deal with the improper methods as quickly and accurately as possible. Briefly, they are (a) *refrigeration,* (b) *boiling or excessive cooking,* (c) *pasteurization,* (d) *freeze-drying,* (e) *adding chemicals to the unstable gel,* (f) *sanitization.*

Refrigeration is not so much a means of attempting to stabilize the Aloe Vera leaf-gel as it is a means of forestalling spoilage. Once the fresh gel is removed from the leaves, it may be homogenized in a blender and refrigerated immediately. If done so with utmost care, the gel can remain at least partly effective for a minimum of two weeks and a maximum of perhaps four. This method is best for individual use. In mass quantities it would hardly be considered viable by virtue of simple logistics: turnover would have to be extremely rapid to prevent the selling of a spoiled or contaminated product. Long distance shipments would be out of the question due to problems of both time and temperature control; any industry or company basing its productivity on this technique would be limited in size and market range. What's more, unit costs would be prohibitive and levels of stable product would remain unpredictable. This method works only for labs or for learned individuals and physicians willing to expend the time and trouble to obtain a product which at best offers a limited duration of effectiveness.

Contrary to some traditionally held beliefs, Aloe Vera Gel does not keep indefinitely under refrigeration. And one manufacturer who claims a cold-pack process for "stabilizing" it simply does not have a handle on the real problem.

Heating or boiling Aloe Vera gel is a prevalent way of attempting stabilization, but this renders it practically inert. And this is where we arrive at something of a semantic roadblock, because inert products are (technically) stable ones. By definition, "stabilizing" something merely means to render its properties consistent. And boiled or cooked Aloe Vera gel will provide a product that is consistent—consistently non-nutritive, non-effective, and non-contributory to any real modality of healing. What's more, since the Aloe Vera gel is inert after this process, when it is combined with other solutions in compound it will have none of the heralded bactericidal properties of the original gel and could possibly become a spawning ground for fungi and bacteria.

On its own *pasteurization* as a "stabilization" process produces results that are little better since this is no more than a technique of prolonged cooking designed to kill bacteria while enabling the original material to maintain its nutritional integrity. Of course, nutritional integrity will vary greatly from substance to substance. And what may work well to pasteurize milk, beer, or other organic beverages might wreak havoc with the delicate balance of the Aloe Vera. The reason is that pasteurization in and of itself only addresses part of the problem. Since excessive prolonged heating tends to be detrimental to the survivability of Aloe Vera, the pasteurization process by itself will at best limit the enzymatic activity in the gel. At worst, it will destroy almost all its curative potential.

There are some proponents of *freeze-drying* as a means of "stabilization" for Aloe Vera. In their tests of the "Bacteriostatic Property of Aloe Vera" in 1963, Lorna Lorenzetti, Rupert Salisbury, and associates found that freeze-dried juice of Aloe Vera previously heated for fifteen nimutes at eighty degrees Centigrade did inhibit certain types of bacteria.[64] This finding along with others instigated a "cook it, freeze it," school of attempting "stabilization." And many companies took this method to the logical extremes, creating products that were rendered inert not in just one but in two different ways. What they had lost sight of was the fact that Lorenzetti *et al.* had tested their

products over a very short span of time.

It is only in extremely short spans of time that freeze-dried Aloe Vera has been found effective. In a test using leaves supplied by Aloe Vera of America, laboratory research technicians at Walter Reed research testing center extracted the fresh gel from the leaf and freeze-dried it. Immediately after the freeze-drying took place, the research group tested it against a wide range of bacteria and found it killed every one almost instantly. But when they allowed the same freeze-drying process to stand a mere twenty four hours and then reconstituted it, they found it killed no bacteria whatsoever. In other words, they found the freeze-dried Aloe Vera had lost all its bactericidal potency in just one day.[65]

Additionally, in a test sponsored by Aloe Vera of America, Incorporated, Doctors Eugene Zimmerman and Ruth Sims conducted similar experiments. The bactericidal effects of the Aloe Vera reconstituted immediately after freeze-drying were completely effective. Yet after just twenty four hours in the freeze-dried state, the bactericidal properties were retested and showed uterly no effectiveness against the bacteria to which it was introduced.[66]

Obviously if someone could effect a way to stabilize Aloe Vera in a freeze-dried form it would prove to be one of its most potent broad-spectrum presentations. To our knowledge, however, all such attempts have failed. And we observe with a sense of concern that there are companies that still sell "freeze-dried" Aloe Vera compounds to pharmacies and physicians for as much as $100 a pound. Frankly, we are of the opinion that these freeze-dried products are of negligible curative value, and the companies who sell them should be challenged to prove their efficacy.

Perhaps the most laughable, and yet to be respected form of attempting stabilization is *sanitizing*, a theory that some purists have tried using the most sanitary means possible of packaging the pure gel, devising processing lines in completely incubated environments and even packaging the fresh gel aseptically in glass containers. One competitor (now out of business) even went to such extremes as using *positive pressure rooms* to process the gel, along with surgical masks for employees, frocks, surgical coats and socks.** The gel still destabilized and became grossly contaminated in the containers; but at least the workers were clean.

The sanitary conditions under which Aloe Vera is handled are important to be sure; but again, it's only a part of the solution. By themselves without a sound means to stabilize the gel, they amount to a study in futility. Unless the Aloe Vera gel is stabilized in some manner, it will become grossly contaminated within a few days at room temperature.

One of our most quality-minded competitors refused to acknowledge this reality and marketed a "pure" Aloe Vera gel sold to health food stores in aseptically sealed bottles. Within a few days time the bottles, contaminated with gas-forming organisms, began exploding on the store shelves, not only spelling doom for the product but also adding little credibility to the generic reputation of Aloe Vera.

At this point, we might note that some of these attempts to stabilize Aloe Vera come close to the answer, or at least aspects of it. And if we seem to have first hand knowledge of it is probably because we tried most of them ourselves on our way to formulating the right method. For us, it was over four years of trial and error, several mishaps, and some near misses. We can only sympathize with those companies who are still legitimately trying to find another process and wish them God's speed. It was a lot of divine guidance that we were able to arrive at our formula.

For the time being at least (and to the extent of our knowledge), ours is the only one that works we well as, or better than, the fresh gel from the plant. Not only has this

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** *Positive pressure rooms*. Rooms in which the interior air pressure is greater than the exterior, a system which forces out the exterior air along with any possible accompanying contaminants.

been borne out by our research and the research of independent laboratories, it has also been more than confirmed in thousands of applied cases. Many of these were cases in which patients and doctors who had met with failure using the products of our competition turned to ours with positive results.

Our illustrative case would be that of an elderly women treated by Dr. Richard R. Russell of Mesquite, Texas. Living in a nursing home and on something of a restricted income, she was attended by Dr. Russell for arthritic knees, aching joints, and a general inability to walk without extreme pain. Dr. Russell had frequently prescribed Aloe 99 Creme by Aloe Vera of America for applications in cases such as this and did so once again. The woman complied with his instructions. The relief she felt was almost immediate, and the pain was allayed for as long as she used the Aloe 99 Creme. After a few weeks, however, Dr. Russell checked back with the woman and found that she had relapsed.

"That stuff doesn't work," she said, denouncing what experience had shown him to be a highly effective product. Dr. Russell was surprised by this and, pressing his inquiry, soon learned at last that the woman had run out of the Aloe 99 Creme and had substituted a cheaper product. Dr. Russell put her back on the Aloe 99 Creme, and once again she felt relief.[67]

At some point we realize that we're going to have to define what comprises Stabilized* Aloe Vera. We also realize that by exposing ourselves entirely we will be giving up a cherished formula, one that is patented and one that others would be too willing to imitate. So let's just say, we'll take you as far as we can and certainly farther than anyone has taken you before now. In so doing, we'll give you the most complete breakdown of the chemical composition of Aloe Vera ever presented. However, we must qualify our knowledge even now by confiding that not even we know everything it contains. Some secrets are meant to be kept by God and Nature; in a way we only act as the custodians. We admit this not out of chagrin, but more out of understanding that there are some secrets that need to be kept hidden. And since patents are only as valid as the companies who file them, it is our responsibility to temper what we know with a little common sense and a great deal of discretion.

Still, though our patented Stabilized* formula may be protected by patent against use by unethical individuals or companies, there is seldom any protection against its use from those who are unenlightened. And one way in which the purest Aloe Vera gel and the most potently Stabilized gel/lotion can fail, is to be used improperly by the uneducated and the ill-advised.

(5) **The Erratic or Improper Use of the Product.** Case 1. A young woman riding on the back of her boyfriend's motorbike receives an exhaust burn that is deep and painful. In seeking relief, she calls a girlfriend who tells her about how wonderfully Aloe 99 Lotion (a solution of 85% Stabilized* Aloe Vera) had worked to relieve her sunburn a couple of weeks earlier. Frantic and in pain, the girl borrows her friend's lotion and applies it directly to the uncleansed, debris-filled second degree burn. After a couple of days the infection worsens. Convinced the Aloe Vera lotion helped complicate rather than ameliorate her condition, she goes to a doctor who prescribes a standard burn medication. After a prolonged period the wound finally heals.

Case 2. A workman wrenches his back while unloading a shipment in his warehoue. He is barely able to move by evening and is in considerable agony. Since the man has an Aloe Vera plant in his yard and has heard that it is effective in relieving the pain of various kinds of nuscle strains he asks his wife to prepare a solution of fresh Aloe Vera gel and place it in his packs on his back. He feels almost immediate relief. The man is able to get a good night's sleep, and feels considerably improved the next day. But on the second day his back again becomes excruciatingly painful. He calls an orthopedic specialist, who after examining him, places

him in traction.

Case 3. An elderly woman is having digestive problems. She is led to understand that Aloe Vera is effective both as a calming agent for her upset stomach and a useful mild laxative. Using some leaves from a plant she had, she puts them in a blender pulverizing them into a puree — gel, rind and all. In a few hours the purgative takes effect, but it is painful and classically violent. The woman falls victim to griping pains and experiences side-effects for a couple of days.

Three typical cases. Three of the most common misuses of a perfectly sound product.

In Case 1, the young woman applying the Aloe 99 Lotion did so without first cleansing the wound thoroughly. Cleansing a wound is, of course, a cardinal rule of sound first-aid. But, the woman in her haste to obtain relief, failed to investigate the proper procedures for treatment. On its own the wound would have infected in time; but because Aloe Vera is penetrative to the extreme, it also causes soot, dirt, debris, and the bacteria that accompany them to pentrate with it, carrying them into the wound and causing them to exacerbate the infection. Subsequently, the negative effect on this young lady was not bad product, but improper hygiene.

In our instructions for applying Aloe Vera of America's products on any topical lesion, wound, or burn, we always stress that *the area must be properly cleansed beforehand to preclude the possibility of infection.*

Case 2 was simply a matter of erratic application; in this case, insufficient use of the fresh gel. In severe strains, burns, or internal problems, once is simply not enough. If you have a severe problem that Aloe Vera has helped ameliorate, use it with regularity as long as the problem persists and until the problem condition has dissipated entirely.

As you will soon see from independent laboratory reports, Aloe Vera in either the fresh gel form or in one of Aloe Vera of America's many Stabilized* Products exhibits *no measureable levels of toxicity.* In other words it displays no harmful side-effects to tissue and may therefore be used as often as is comfortable to do so. In some schools of professionals there is a belief that the more often you use Aloe Vera on the problem condition, the more quickly it will improve. Ours is one of those schools.

You will notice in our recommendations for the use of Aloe Vera we stress using the fresh gel or Stabilized* Gel. We never stress using the rind especially internally because it has been found that the rind by itself carries only limited medicinal value. And as you have seen in Case 3 it is really quite indigestible, and indigestible substances have a way of causing drastic purges.

To be sure, there are ways in which the rind is invaluable, and we will discuss those in our review of the proper ways to use Aloe Vera. But for the moment just remember not to chop it up in your salad, shove whole leaves in your blender, or use it in your next casserole. After all, the plant is not a baked potato.

Once again, we must emphasize that all of these mistakes in usage might have been eliminated had the people involved sought professional assistance in the prescribing or the application of the Aloe Vera. This guidance could have come from an M.D., a D.O., D.D.S., a registered pharmacist, botanist, or at least someone who understands how the products should be administered. But whatever the circumstances, treatment should come only after proper medical diagnosis has been given.

If you're going to insist on playing home physician and try to cure yourself, you should attempt it only with minor problems. In cases with more serious implications, you need to seek qualified help. Even in instances of home first aid uses you should consult someone else especially if you are unaccustomed to working with the plant or the products. Without some kind of feedback we often tend to forget the subtle qualities of Aloe Vera, and just how effective it truly is.

(6) **The subtleties of Aloe Vera and the cryptic way in which it works** are perennial chal-

lenges to the credibility of the plant. One of the most insidious reasons for the oft perceived weakness of Aloe Vera lies in the simple fact that it works its wonders perhaps a little too well.

Innumerable are the instances in which it has healed the individuals using it only to have its curative miracles overlooked. Especially in cases of minor ailments, and in more intense cases where adjuncts are used with Aloe Vera, it seems to be the Aloe Vera whose virtues pass unnoticed even by the patient it helps to cure.

One of the reasons this occurs so frequently is the lack of toxicity from the gel. There is no measurable toxicity; consequently, there are no side-effects, no withdrawal symptoms, no ticks, quirks, smarting, or blatant messages to the body that it is being healed. Perhaps, as was once suggested, it would be better to tincture the gel bright blue or give it a staining color so those being treated by it would have visible reminder that the product was working for them. Yet, to do so would belie it significance. It is, after all, known as the "Silent Healer" and the "Forgotten Plant" because it works in an extremely subtle, gentle way upon the system.

An illustration of that subtle quality is found in the case of Dr. Eugene Zimmermann's mother who had been suffering from severe rheumatoid arthritis in her knees and legs. Her son prescribed the Aloe 99 Creme to be applied topically, and within a couple of hours the woman was up and making her way around. When her son confronted her with her recovery, asking the academic question about whether or not the Aloe 99 Creme had helped, she responded absently at first. She stopped. She thought. And then, she said, "Son, my pain is gone."

How quickly we can forget.

How Aloe Vera Can (Almost) Always Work

We know now that the healing plant works best in two essential forms: as the pure fresh gel extracted from the leaf, and as a properly Stabilized* gel, lotion, or creme derivative from it.

If you grow your own Aloe Vera, it is best to give it partial sun at least two hours a day, porous or sandy soil, and good wind exposure. We emphasize good wind exposure because the wind actually acts as a conditioning agent to strengthen and keep the thick leaves of the succlent meaty and in shape. We also suggest thorough but infrequent watering. And as is the case with most plants, less watering is needed during the winter months. In fact, about the only ways the sturdy Aloe Vera can be ruined is by too frequent waterting or by frost. As a rule of thumb, be sparing with the water and generous with the wind.**

If you have a yard, it is best to grow Aloe Vera in a garden; if you don't have a yard, grow it in a large planter. We stress *large planter* because it is only in a container at least eighteen to twenty-four inches in diameter that the plant will be able to grow to its full maturity and its most complete form of expression. Some proponents of its home use suggest that it can be grown in a small pot and placed in the kitchen window. It can. However, unless you are going to use it only a few times a year, such a constricted environment will place limitations on both its effectiveness and its frequency of use.

One advantage of growing Aloe Vera is that given the proper climate, it is prolific. About twice a year, in spring and fall, it produces offspring (suckers) that can be transplanted and grown into healthy mature blooms, that is, provided you have room to cultivate this kind of crop.

Harvest the leaves from the outside in. The big bulky leaves on the perimeters of the plant are the most mature, and it is these leaves that will provide the most gel with the strongest potential. Filet the leaves very much in the way you would a fish. Using a very sharp knife, split the outside back of the leaf, scraping the juice and pulp into a sanitary container. You may separate the

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** About two inches of water per month should be sufficient to keep the plant healthy.

juice from the meat of the plant or mix the two in a blender. From that point, how you use the meat is up to you, but for best results use it as soon as possible. If you keep the gel for a time, be sure to refrigerate it. If you are going to take the gel internally, you may mix it in a solution with water, dice the meat in salads, squeeze it into chilled soups, or take it straight. However, don't ever expect to find Aloe Vera in one of James Beard's cookbooks under tasty delicacies. It's a little on the bitter side, but once again its marginal taste can be improved by blending it with herbs, honey, syrups, fruit or vegetable juices.

No matter what some home-use experts recommend, don't try to play chemist with it. Don't boil it, cook it in a casserole, or mix it with bizarre medicinal compounds that you let sit on your kitchen shelf. Don't try to cook it in a soup; or if you insist on doing so, cook it over a low heat and eat it quickly. In all the above cases, you're risking a considerable loss of nutritive potency and will net proportionate results. And as we have mentioned before, don't chop up, dice, or try to whip-blend the gel with the rind for internal consumption. At best, it will taste lousy; at worst, it may cause some digestive discomfort. By itself, the gel is a wonderful long-range laxative, probably the best of all.

In topical applications, perhaps the best of all uses of Aloe Vera is with a portion of the leaf split in half and administered with the gel directly contacting the wound. Although, chemically no one has yet been able to explain the reason, all natural poultices applied to wounds, burns, and strains of various kinds work more effectively if the gel is left in context with the matrix leaf. Once the leaf is split, the leaf, gel and all should be applied to the burn, wound, or bite, bound there with a wrap and left as long as possible; at least a couple of hours. This method unlocks an effective healing rate often twice that of even the pure gel itself or a wrap of gel-soaked bandage.

In Mexico, where common knowledge of using the pure plant is extensive, the effective use of the split leaf was demonstrated to me in many applications. One of the most dramatic involved an incident I witnessed personally. A rancher whose prize registered cow was bitten on the leg by a rattlesnake took me to the place where the incident occurred. The cow's leg had swelled to three times its normal size, and the poison was beginning to take effect. With calm deliberation, the rancher halved two oversized leaves from one of his Aloe Vera plants and tied them in a poultice around the foreleg of the cow. Within a short time, the animal was able to walk on the leg again. Inside of twenty-four hours, the swelling had gone down completely.

Theories abound about the healing interrelation of the gel with the rind. One of the most logical is that the rind remaining in context with the gel acts as a natural incubator for regeneration of tissue, thus minimizing exposure to air and the accompanying process of oxidation. Another is that the outer leaf passes phytochemical messages to the gel almost as a director for its potency. Both theories are viable, though neither have been proven and may never be. Some researchers (Rowe and others) found the chemical properties in the rind to be considerable. Still the mystery of the rind/gel relationship remains exactly that — a mystery.

One aspect that is a mystery no longer is that Aloe Vera as a fresh adjunct to healing is most effective in areas where the plant can be relatively free of climatic trauma such as dampness and freezing weather. On this continent, that limits its effective growing range to Southern parts of Texas, New Mexico, Arizona, and California, parts of the South including Southern Louisiana, Southern Mississippi, and most of Florida. It grows abundantly in Mexico and Central America, but would perish in nearly three-fourths of North America where you find over four-fifths of the population.

The significance of these statistics are simply that four people out of every five who would otherwise benefit from the use of

fresh Aloe Vera are unable to do so. Even in areas where fresh Aloe Vera is available to a limited degree, there are simply not that many people who possess the knowledge and expertise to use it efficaciously.

So in a way we are presented with a categorical dilemma. On one hand, we have in our midst perhaps the most natural, broad-spectrum, curative power in history, one that produces no trace of side-effects. On the other, we have only limited means to get it to the people who need it.

That situation points to an obvious alternative — the production of properly Stabilized* Aloe Vera products, that can match the broad healing capabilities of the fresh plant, that will hold their stability for a prolonged period of time, and that can be applied topically, taken internally, mixed in cosmetic compositions, and used in the varied ways credited to the original plant. The challenge to produce such products has spawned one of the most active pharmacological quests of the last two decades and has led to the development of at least one formula that will work, that of Aloe Vera of America, Incorporated.

To understand exactly how we arrived at this formula, you must first come to know the intricate composition of the Aloe Vera plant, its nutritive content, and its enzymatic activity. After that, you'll be given a detailed picture of how that intricate chemical composition can be captured, stabilized, and made to work. Up to now only a few people in the world have been privy to that information or have even had the ability to comprehend it. In the next chapter, you'll be presented with the opportunity to join that elite group. And though the contemplation of studying this material may sound a little dull to you, we think you'll ultimately find it one of the most exciting studies you will ever make. Like everything else in life that works according to divine plan, it's really a matter of chemistry.

6

A Matter of Chemistry

We begin this chapter with a prophecy of sorts: If we are to continue to thrive as a civilization, by the year 2000 we will have broken down, analyzed, and put to use literally thousands of new species of plants. We will know their chemical compositions to the last enzyme, and through that knowledge be able to put them to a multiplicity of uses from curing cancer to fueling our engines.

In a way we're fudging on our purported foresight since this series of developments has already begun to take place. For example, a crop that grows wild in the Andes called *tarwi* may soon be our most prolific source of protein. Chemical evaluations have already rated it higher in protein content than peanuts or soybeans and only slightly lower than beef and fish.[68]

A cactus-like desert shrub may prove to be a viable source of fuel. It's called *Euphorbia lathyris*, and grows abundantly in the Southwestern United States and Northern Mexico. Interest in its cultivation as a viable gasoline substitute is increasing among many researchers. Increased prices for world rubber have turned our attention once again to the heretofore pesty and allergenic *goldenrod* as not only a possible, but also a highly effective rubber substitute. Ironically, explorations into using a goldenrod for that purpose were proposed by Thomas Edison nearly sixty years ago, but at the time such a notion was dismissed as impractical. It is impractical no longer. Nor is it impractical that a tall cane-like herb called *kenaf* may be more efficient as a producer of paper pulp per acre than the same approximate acreage of trees. The Madagascar periwinkle, when broken down chemically, yields an alkaloid called *vincristine* which remarkably combats various forms of carcinogens and thus far has stunted the mortal effects of leukemia, especially among young children. There have also been discovered natural sugar substitutes in the form of tropical fruits that are high in protein, possess trace calories, and cause no tooth decay.[69]

These are just the beginning of many scientific "miracles" that await us, and yet, these discoveries were not begun and ended this year, or even last. Uncovering the chemical secrets of these plants has been the culmination of many years of research, and it will no doubt be many more before the discoveries are implimented to the level that they are needed.

In its way, the Aloe Vera saga is very much a precursor to these. A considerable amount of time and research has been spent in attempting to unlock its secrets, to analyze its complex and baffling chemical composition, and to isolate the effects of the various components. Up to now, most attempts, noble though they may have been, have failed. This is the story of an effort that succeeded.

United States Patent No. 3,892,853.
July / 1975

ABSTRACT

A process for stabilizing the clear gel of Aloe Vera leaves to provide a durable preparation preserving the therapeutic qualities of the fresh gel. The preparation has utility to relieve pain and promote healing of topical wounds and other lesions...[70]

Chemical History and General Findings

It is a matter of common understanding the chemical analysis of any complex plant is seldom achieved in one quick stroke. More often than not, it is revealed over an extended period, a few elements at a time and for good reason. Laboratory procedures undertaken to uncover chemical properties of plants are often designed inductively with a certain category grouping in mind at the outset. Often the criteria against which the categories are tested are limited in scope, and not surprisingly, the findings reached are often restricted in the depth achieved. Inadequate test structures are frequently the result, not so much out of limited vision as out of necessity. Puzzles are put together one piece at a time. Historically, the complex puzzle of Aloe Vera has followed that pattern — perhaps more than followed it, dictated it. For even among research groups who specialize in identifying phytochemical compositions, Aloe Vera is known as an extremely difficult plant to "fingerprint," and many of its mysteries still remain to be uncovered.

Rather than try to detail all the historical findings and the belief systems that dictated them, we will provide a brief chronological rundown of each element or group of elements as it was discovered. Later, we will attempt to separate the elements into categories. According to whether they are reducing sugar, enzyme, vitamin, mineral, anthraquinone, anti-oxidant, or free complex, we will further discuss their values and purported effects on the human system.

But the rub here is that so much of the chemical activity that takes place once an organic compound passes through the human system is extremely difficult to analyze. Its mysteries are as infinite as the mysteries of creation, and just as formidable.

Historically, at least, we know that the ancient Egyptians and especially the Arabs of the sixth century B.C., made extensive and varied chemical compounds from Aloe Vera and perfected their use. Those were referred to in the medical annals of Dioscordes, Pliny, and others as *drug aloes,* or *resin of aloes,* though they were not necessarily the same thing.[71] Medical and curative uses of drug aloes and Aloe Vera were described in various medical journals from the second century A.D. until the seventeenth century, though chemical analyses of organic matter were virtually unheard of until the nineteenth century. It was in the nineteenth century, in 1851, that the viscous, bitter black and brown substance extracted from Aloes was crystalized and identified, as aloin.[72]

Belaboring the aloin issue, here, would be redundant except to note that its first recorded accepted medical application was as a cathartic, and that its pharmacological use for that purpose was believed the primary importance of the Aloe plant. It was one that continued to be a major identifying function of Aloe Vera for almost a century while all its other healing properties were held suspect, and it continued to hold that role for one very clear reason. Aloin was the lone chemical property that had been broken down and identified. This was particularly true in the twentieth century when chemical analysis became not only important but imperative in forming the foundation for all identifiable drugs, especially those listed in the *United States Pharmacopoeia,* those recognized by the *American Medical Association,* and other medical standards. Medication that could be properly analyzed and identified could also be given respectability and acceptability. Medication which could not was banished to the quagmire of folk medicine. It made sense to protect the public and medical profession in this way, and it still does. Nevertheless, aloin was Aloe

Vera's only reference in accepted medical usage, and still is.

With the work of Collins and Crewe on radium burns in the late thirties, we recall the broad spectrum uses for the healing plant so prevalent among the ancients were given their first published professional support and their first forum for progress in this country. However, in spite of their advances into expanded dermatological/systemic uses of Aloe Vera, they could do little more than recommend "further investigation" into the reasons behind its healing activity.[73]

In the late thirties and early forties the mantle fell to two research groups. First, in 1938, Chopia and Gosh identified the main ingredients of Aloe as "*aloin, emodin, chrysophanic acid, resin, gum,* and *traces of volatile* and *non-volatile oil.*"[74] Yet it was in 1941 with the efforts of Professor Tom D. Rowe that Aloe Vera achieved its first detailed evaluation. Previously, it has been indicated that the incomplete Rowe findings on test animals in 1940 created problems for the acceptibility of Aloe Vera in later years; we do not wish to overemphasize that aspect. Rowe was a man dedicated to finding the truth about Aloe Vera, and it was Rowe who took first vital steps in the chemical analysis of the plant.

In *A Phytochemical Study of Aloe Vera Leaf,* Tom D. Rowe and Lloyd M. Parks made the most extensive chemical breakdown of Aloe Vera to that point in history and reported their findings to the *Journal of the American Pharmaceutical Association.*[75] And though Rowe's criteria for testing were somewhat misplaced, his contributions were nevertheless significant. Rowe believed the real curative properties of Aloe Vera would be found in the rind rather than the pulp of the leaf, though he and Parks made extensive breakdowns of both. In the rind they found the presence of the enzymes *oxidase* and *catalase*. They found the polysaccharide *pentosan,* a reducing sugar. They also found the presence of *sulfur* and *phenols* in trace quantities. Noting the bactericidal properties of both, this was to prove significant.[76]

We mention the chemical properties found in the rind for two reasons. Although we are the first to acknowledge the leaf-gel as the most important curative element of Aloe Vera, we must also recall the uncanny relationship between the rind and the gel as a direct applique in poultices and wraps for burns, wounds, and infectious bites. We have documented various instances in which the two applied in natural context with one another healed the problem area even more quickly than the leaf gel alone. And there can be little doubt that there is considerable chemical interaction between the gel and the rind.

In the rind, Rowe and Parks also found the presence of *carotene* in *beta-carotene,* a pro-vitamin of Vitamin A; but they found no vitamin A. This discovery will become significant when we review the vitamin content in our stabilized formula.[77]

Carotene was found in trace quantities in later tests on the pulp, but in Rowe's tests he found none. The leaf-gel did, however, show small quantities of *pentosan,* a starch-splitting enzyme. Additionally, their qualitative test of the leaf-gel revealed the presence of *oxidase* and *amylase* as hydrolyzing enzymes, though they noted the absence of proteins in aqueous alkaline extracts of the fresh rind. Since enzymes *are* proteins, their observations might seem curious to the modern researchers of the subject.

With the information Rowe and Parks did have at their disposal, however, they were also able to define *calcium oxalate* as a chemical property in the leaf gel. Calcium is an essential mineral in the formation of bone tissue in the human body; the *oxlate* property indicates possible additional uses as an alkaloid cleansing or purifying agent.[78]

To be sure, *aloin, barbaloin,* and its crystalline offspring *isobarbaloin* were found but only in the dried leaf, a reaffirmation of the fact that *aloin* forms most effectively out of the oxidation of the plant and is perhaps the only useful by-product of that process.

Despite some of the most extensive research into Aloe Vera up to that point in

history, the Rowe/Parks findings fell short of the mark. One of the reasons is self-evident — they were testing against the rind as the prime curative agent. Furthermore, they attempted to isolate and label the properties in their studies, rather than gauge their interrelatability. However, considering the fact that the test was conducted forty years ago with limited testing methods by today's standards, it was a pronounced step in the right direction.

Steps that followed the Rowe/Parks studies came in increments. In 1941, in a series of *in situ* studies, G.A. Bravo compared the action of anthraquinones in the human intestine relating to their action in Aloe Vera. The anthraquinones included barbaloin, isobarbaloin, and *anthranols*. Again in 1950, Bravo further reported the studies of Maria Luisa D'Amico reaffirming the antibiotic properties in the anthraquinones found in Aloe Vera (Linn.) and Chinese rhubarb.[79]

"Antibiotic" literally means "anti-life;" but antibodies themselves are (killing) agents that exist in the human system, a standing militia as it were to defend the body against foreign microorganisms. When the natural antibodies fail in their task or are overwhelmed, antibiotics are introduced to help carry on this fight. They are bactericidal to be sure although they have yet to be proved virucidal. Anthraquinones, still broadly viewed for their purgative powers, are considered high in antibiotic properties and are believed to work very much in the same way as antibiotics with an added advantage. As we will soon show in bacteriological reportings, Aloe Vera is virucidal against numerous viral strains, much of it possibly related to the anthraquinone activity.

Perhaps even more curiously, anthraquinones, like many man-made antibiotics, can be toxic on an individual basis. In the context of the Aloe Vera plant, as we will soon see, there is no toxicity known to be found.

The pursuit of anthraquinones as the "active ingredient" in Aloe Vera gained impetus in 1950 with the studies made by Gotshall, *et al.* From them, we learned that properties in Aloe Vera were effective against *tubercule bacilli.* And the active ingredient believed effective in this case was thought to be the glycoside barbaloin, an anthranol composition purported to attack the storing house for the tuberculosis bacteria.[80]

Although the anthraquinones were believed to be primary constituents in the laxative process, they continued to be found in aloes and were constantly being appraised for their other potentials. In 1968 leaves of *(Curacao)* aloe were broken down, analyzed and found to contain Aloe-emodin along with other anthraquinone (barbaloin) derivatives such as *anthracene* and *aloetic acid.* Described as "orange needles" when combined with acetic acid, the Aloe-emodin and glycoside barbaloin were labeled as violent cathartics; but some attitudes were changing and some viewpoints broadening. Anthraquinones were also being recognized for their use in veterinary medicine for the mitigation if not the curing of inflammations, peritonitis, and debility of young animals.[81] In other words, they were believed to possess anti-inflammatory, bactericidal, and tissue building properties in animals. Then logically, why not in man as well?

We are aware of the Lorenzetti group findings deeming freeze-dried Aloe Vera as bacteriostatic against such pernicious organisms as various staph infections, *Streptococcus pyogenes,* and typhus infections. Since Aloe Vera was known to contain many anthraquinones, several of them were tested individually for their effectiveness against the bacteria. And tested individually Aloe-emodin, emodin, and *chrysophanic acid* all failed to inhibit the same bacteria inhibited by the whole Aloe Vera gel.[82]

This study is significant not only because of the short lived bacterostatic effects displayed by the fresh (and freshly freeze-dried) leaf gel, but also because of the indicated failure of the glycosidal anthraquinones to match that same bacteria-killing ability when isolated. Isolation testing to determine chemical potency is certainly standard prac-

tice in laboratory research, but it can often be misleading. In this case, it helped mislead the research/medical profession into seeking the curative properties of Aloe Vera among other ingredients or groupings of ingredients when anthraquinones were certainly part of the answer. Part of an answer, however, is only a beginning. Finding the whole answer to the Aloe Vera "key ingredient" mystery was a long way from being completed.

In 1951 the search uncovered another grouping of elements believed to have curative powers when Ikawa and Niemann found that the mucilage of Aloe Vera consists essentially of the (muco) polysaccharides *glucose, mannose,* and (hexo) *uronic acid,* along with some traces of *rhamnose*.[83] These reducing sugars were believed to contain tissue building properties, especially mannose and glucose. The (hexo) uronic acid possesses antisceptic abilities akin to urea which acts as a bactericidal as well as a cleansing agent.

Belief in the mono and polysaccharides as the prime curative agents has carried into the seventies and into European and North African research. In a test in Cairo in 1973, Doctors El Zawahry, Hegazy and Helal found in three chronic cases of dermatitis, Aloe Vera was dramatically effective in healing leg ulcers. In all three cases studied, medications of various kinds had been tried for as long as fifteen years prior to using Aloe Vera leaf gel, and all had failed. The frequent application of Aloe Vera gel prompted dramatic improvement in from five to eleven weeks in each of the cases. Additionally, El Zawahry *et al.* found the fresh gel tested with pronounced effect against acne vulgaris, seborrhea, and alopecia (premature baldness).[84]

At the beginning of their work, the Egyptian doctors recognized that some of the attributed curative values were to be found in the *anthranols* (anthraquinone compounds) in the gel, but they delved further. Additionally, they deduced that the active healing principle existed in the *mucopolysaccharides*.[85] They were right, in part. They further credited the dramatic removal of dead tissue on the sores to the *enzymatic activity.* Again they were right, in part.[86]

The search for the "key ingredients" or "active ingredients" in Aloe Vera took many forms over the years and embraced many avenues of exploration. There was little doubt that the anthraquinone compounds had some bearing on the healing and pain-killing effectiveness of the fresh leaf gel. Some strong evidence of compounds in the B-vitamin complex had been found over various testings. And there was a significant growing level of support for the theory that the catalytic, tissue building abilities of the mono and polysaccharides served to make them the prime active ingredient in the leaf gel of the plant. From the Rowe/Parks studies in the early forties, we originally learned of some trace minerals in the gel, especially calcium.

Consumed with interest in the plant and its "cure-all" reputation, and aware that others were studying the carbohydrate content, Gunnar Gjerstad and G.D. Bouchey of the University of Texas conducted a series of chemical studies to determine the mineral constituents of Aloe Vera and their possible effectiveness as curative agents.

To this day, there is still no effective means to determine the specific benefits that trace minerals hold for the body other than to record the deficiencies that occur when they are missing, but this alone is enough to deem them essential to the human system. Gjerstad and Bouchey determined that the principal inorganic elements found in Aloe Vera juice were, *calcium, chlorine, sodium, potassium, and manganese*. The elements were determined by placing Aloe Vera gel in *in vitro* (in "glass" or test tube) environments and exposing them to gamma ray neutron bombardment. Then continuing the *in vitro* methods rather an *in vivo* (on living tissue), the individual minerals were again placed through neutron analysis to evaluate their possible curative potentials.[87]

Even though the two researchers found much higher presences of both potassium

and chlorine than they had anticipated, they also found that when tested individually the minerals showed limited or no curative potentials. Not surprisingly, they concluded in their summary "Based on the current knowledge of the disease-curing properties of inorganic ions, it is difficult to visualize any panacea-like qualities which could logically be ascribable to the mineral constituents in Aloe Vera juice."[88]

Other attempts to identify the important ingredients in Aloe Vera tended to be broader in viewpoint, including some findings by Gjerstad and Bouchey, themselves. In 1971, their studies of Amino Acids netted the conclusion that Aloe Vera juice contained the mucopolysaccharides *glucose* and *aldonentose,* along with 18 of the 22 amino acids found in the human body. They concluded further that one tablespoon dose of Aloe Vera gel would contain 75 milligrams of solid material in numerous chemical compositions of no more than 1 milligram each. In other words, there were estimated to be in excess of 75 different chemical ingredients comprising the gel. Few of ingredients were identified outside their occurrence in specified groupings.[89]

Whatever ingredients were being turned up by researchers, the gel from the Silent Healer was consistently exhibiting properties that were effective inhibitors of infection and promoters of healthy growth of tissue. In reporting their *in vivo* findings El Zawahry *et al.* were careful to point out that Aloe Vera gel promoted the accelerated regeneration of normal tissue, as opposed to the abnormal growth patterns in tissue found in carcinogenic activity.[90] Translation: Even though the healing rate in tissue treated with the Aloe Vera was remarkable, there was no correlation whatsoever with the tissue growth found in various types of cancer. The healing rate, though accelerated, was normal.

Not only was Aloe Vera found consistent in the regeneration of tissue, it was also frequently being reported as effective in virology reports. Particularly significant is the research performed by Dr. Ruth Sims and Dr. E.R. Zimmerman, in which they found Stabilized* Aloe Vera Gel preparations by Aloe Vera of America, Incorporated to be both virucidal and bactericidal against a wide range of strept, staph, and monilial infections.[91] Its use as a moniliacide was particularly significant since monilial infections can occur anywhere in the muccal cavities from the mouth to the vagina, and often occur as a reaction to other medications such as administration of various forms of antibiotics. Sims and Zimmerman also found Aloe Vera of America's preparation in 80% Aloe Vera compounds to be antipruritic as well as fungicidal. Fungicidal properties are just what the term implies — able to kill a broad range of fungus infections. The antipruritic agents address themselves to itching irritations of the skin such as common sunburn, skin allergies such as poison ivy, pruritus ani, pruritus vulvae, and related irritations. In all these applications, Sims and Zimmerman believed it was the *proteolytic enzymes* that carried the bulk of the curative power, especially in the elimination of dead or infected tissue.[92]

In recent years, the enzymatic activity has been credited with much of the penetrating power found in the Aloe Vera gel, as has lignin. And in the no man's land of yet-to-be-indentified constituents of the gel, some believe that a penetrating radical will be discovered that is closely akin to the DMSO, once believed to be useful in the relief of rheumatism and arthritis, but a radical without the excessive toxicity of DMSO.**

Frankly, the penetrating radical could be any one of three possible candidates. The first and most logical candidate would be *lignin.* First discovered in Aloe Vera gel by Chopia and Gosh in 1938, *lignin* is a wood-like pulp found in the gel of the Aloe Vera leaf which exhibits an uncanny ability to

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* Stabilized, is a term originated by Aloe Vera of America, Incorporated to define its unique formulation.

** DMSO. Dimethylsulfonic oxide. A wood pulp derivative once believed effective in arthritic, rheumatoid conditions. Because of its high toxicity, it now enjoys only limited acceptance.

penetrate the human skin. The second possibility would be an enzyme, more than likely an *amylase* derivative, since a closely related variation, *alpha amylase,* does in fact offer the penetrating/pain-killing abilities that are demonstrated in treating such conditions as arthritis, bursitis, and strains in the muscle tissue. The third candidate is *monosulfonic acid,* a strictly theoretical but nontheless a viable contender that is an anthracene derivative found in the anthraquinone family of Aloe Vera. Monosulfonic acid is a chemical chain relative of DMSO, but again without the toxicity.

There is a fourth consideration: and that is, all of the above. One thing we will soon discover about the labyrinth of Aloe Vera's chemical structure is that the elements work in beautifully mysterious combination.

As far as the proteolytic enzymatic activity is concerned, we can only offer an intelligent hypothesis regarding our amylase derivatives since neither enzymatic activity nor the innumerable amino acid combinations have ever been completely broken down. These are secrets which have yet to be unlocked, and may not be unlocked for generations to come. We will explain some of the reasons momentarily when we reveal the "active ingredient" we believe holds the secret to the true curative powers of Aloe Vera. Yet even if we rely on the Gjerstad-Bouchey estimes alone, the numbers of ingredients believed active in Aloe Vera are considerable. And we have not even mentioned the various vitamins and pro-vitamins found in the gel. Among others, these include *Vitamin B 1, Niacinamide, Vitamin B 2, Vitamin B 6, Vitamin C,* and *Choline.*

At this point we need to clarify once again that Aloe Vera is a leaf succulent, and like most organic matter leaf succulents especially are comprised primarily of water. However, in addition to the water which is the basis of all organic life, Aloe Vera has some ingredients that are found to be pretty impressive even when measured on their own. And we might do well to review them, here. In the list below, we include the ingredients others have recorded in their analysis plus those ingredients that Aloe Vera of America has uncovered in its research along with certain key vitamins, anti-oxidants, and mild acetic compounds we use in our basic Stabilized* formula. In this list, we will include a definition of what beneficial potentials the ingredient possesses on its own.

We will discuss the interaction of ingredients later. This formula constitutes what has become Aloe Vera of America's Stabilized* Aloe Vera Gel, most of whose ingredients are inherent in the plant. However, some have been added by us through our research to facilitate the activity of certain ingredients in the native gel. It's not that we think it's easy to improve on Nature, particularly the nature of a plant so magnificent as this. Yet improvement is what stabilization is all about: to render its curative properties even more consistent and to activate any dormant properties it might contain.

Elements in Stabilized Aloe Vera Gel

Lignin

Saponins

Anthraquinones

Aloin	Ester of
Barbaloin	Cinnamic Acid
(Glycoside Barbaloin)	Aloe Emodin
Isobarbaloin	Emodin
Anthranol	Chrysophanic Acid
Anthracene	Ethereal Oil
Aloetic Acid	Resistannol

Inorganic Ingredients/Minerals

Calcium	Manganese
Potassium	Magnesium
(Potassium Sorbate)	Zinc
Sodium	Copper
Chlorine	Chromium

Vitamins

Vitamin B1	Folic Acid
Vitamin B2	Vitamin C**

** Vitamin C, Ascorbic acid is added to existing Vitamin C content in the plant, in Aloe Vera of America's Stabilizing formula.

Niacinamide	Vitamin E**
Vitamin B6	Vitamin A
Choline	(beta-carotene)***

Mono and polysaccharides

Cellulose	aldonentose
Glucose	L-rhamnose
Mannose	

Enzymes (Including Proteolytic Enzymes)

Oxidase	Lipase
Amylase	aliinase
Catalase	

Amino Acids

Essential

Lysine	Leucine
Threonine	Isoleucine
Valine	Phenylalanine
Methionine	

Secondary

Histidine	Proline
Arginine	Glycerine
Hydroxiproline	Alanine
Asparitic acid	½cystine
Serine	Tyrosine
Glutamic acid	

In our list of ingredients, we are certain to have left something out simply because new components of Aloe Vera gel are being discovered constantly. We are constantly trying to improve our own products without impeding the delicate natural balance that comes from the plant. And we cannot stress too strongly that the true healing qualities to be found in Aloe Vera already exist there. By our unique stabilization process, we have only tried to work with the properties in it, to complement them, and to prolong their life. To attempt anything beyond that would be to tamper with a power and perfection beyond our own.

Before we unveil the "key active ingredient" of Aloe Vera, we will at least attempt to evaluate the other components individually; those, at any rate, which can be evaluated individually. Yet, even a glance at the individual ingredients of the gel will give you a pretty good indication of the remarkable potentials.

** Vitamin E is added in stabilization as a-tocopherol.
*** Vitamin A (beta-carotene) is activated in the Stabilization* process.

Lignin and Saponins

Lignin: A pulp-like substance existing in a formation with *cellulose* comprising the leaf-gel in Aloe Vera. Its presence connotes a strong ability to penetrate human skin. Any medicinal quantities it might contain are presently unknown.

Saponins: Discovered as a constituent comprising 2.91% of Aloe Vera leaf gel by Wasicky and Hoehne in 1951, the saponins are glycosides which provide not only a cleansing and antiseptic capability but are also superb saponifying agents for natural in sudsing in such cosmetics as shampoos.

The Anthraquinone Complex

Anthraquinones are understood traditionally as laxative agents though there are many schools of thought as to the relative hidden values they may contain. To a degree they are still mystery ingredients. Believed to be redoubtable pain-killers, we have also come to learn that D'Amico, Benigni, and others in the early '50's found them additionally to be valuable bactericidal agents in the tradition of antibiotics with many of the antibiotic properties, minus the toxicity and plus the virucidal capacities discovered first by Lorenzetti *et al.*, and confirmed later by Sims and Zimmerman.

We have already learned that many anthraquinones exhibit measurable levels of toxicity on their own. Yet within the sublime chemistry of the Aloe Vera plant, they are non-toxic. It is a phenomenon we feel we can explain, shortly.

Aloin/Barbaloin: "A resin-free, water soluble extract from Aloe. Lemon yellow to dark yellow. Tastes intensely bitter. Darkens in air and light. Cathartic action is milder than Aloe." The definition is from the U.S.P. and is, at this point, a cliché. What the definition does not include, however, is the number of

anthraquinones related to aloin in the anthraquinone complex. Barbaloin, *capaloin*, and *socaloin* are merely crystalline forms of Aloe Vera that have been regionalized according to the type of Aloe Vera from which they've been extracted.[93]

Isobarbaloin and barbaloin glycosides, however, add a new dimension to both the curative powers of Aloe Vera and its resin forms.

Barbaloin/Isobarbaloin: Aloe derivatives in crystalline presentations with added anthraquinone potency. Known cathartics with "griping effects" on the digestive system, they are also believed effective as analgesics, though findings and opinions differ. Isobarbaloin is an isomer of barbaloin and subsequently more concentrated.

Glycoside Barbaloin: A crystalline resin formed from Aloe Vera (barbaloin). Reduction products of this are the anthraquinone complexes, anthracene, anthranols, and aloetic acid.**** Especially effective as pain inhibitors, anthracene compounds in Aloes and Chinese rhubarb were also found by Bengini (in 1950) to contain pronounced antibiotic properties.[94]

Aloe-Emodin/emodin: Yellow crystalline form of Aloe Vera; its technical name is 3-hydroxymethylanthraquinone. Best known for its laxative effects, it also possesses certain infection-fighting qualities related to many anthraquinones. Tested individually (along with chrysophanic acid) for their abilities to inhibit *Staph aureus* microbes, aloe-emodin and emodin failed. Tested in context with the leaf-gel, they proved bacteriostatic against a broad range of bacteria.[95]

Aloetic acid: Its technical reference is 2-hydroxymethylanthraquinone, aloetinic acid, and aloe purple. Also an aloe-emodin derivative, its specific healing contributions are unknown other than its participation in the anthraquinone complex.

Ethereal Oil: Liquid extract related to *oil of ether,* it contains much of the anesthetic, analgesic properties found in ether, minus the specific toxicity.

Chrysophanic Acid (chrysarobin): A methylanthraquinone derivative of aloe-emodin, it is known for effective treatment of chronic diseases of the skin such as psoriasis and trichophytosis (a skin fungus).[96] On its own it exhibits certain high levels of toxicity. In the context of Aloe Vera gel, no such toxicity is measureable.

Cinnamic Acid: Related to the cinnamon compounds and high in carminative/digestive activity, these acids are believed helpful as germacides, fungicides, and detergents.

Ester of Cinnamic Acid: A hydrolyzing or proteolytic enzyme derivative produced by the action of cinnamic acid in the human system, this perpetuates the enzymatic breakdown of necrotic tissue and may act as a painkiller.

Resistannols: Alcohol derivative of the cinnamic acids that are interactive with them, resistannols are believed to have certain bactericidal capacities, although testing them in isolation does not show this.

Our brief studies of the anthraquinone complex and related ingredients indicate significantly that their only measureable activities are in consort each with the other; furthermore, this interactive relationship carries specifically into the other ingredients of Aloe Vera gel. Then again, that is precisely the problem. Few people understand the meaning. And nowhere is it perhaps more evident than in the evaluations of (trace) minerals.

Inorganic Ingredients/Minerals

These are often referred to (and not with total accuracy) as trace elements in the human system. It might be observed that they are called this not only because that is the degree to which they are present, but also because that is the degree to which they are understood. What is understood is that they can be harmful in too great a quantity and

**** Anthracene evaluations in combination with surface active agents were undertaken in 1956 by Nouri Y. Mary *et al.* Extraction of combined and free anthracene derivatives from Cape aloe were concluded to exhibit high levels of presence, though the specific agents responsible were never fully identified.

are certain to be harmful if missing from the human system entirely. They are also highly interactive with certain vitamins, coenzymes, and proteolytic enzymes and are greatly affected by the action of both.

Calcium: First discovered in Aloe Vera by Rowe and Parks in the form of calcium oxalate, calcium is recognized as essential to the human system. Second in importance perhaps only to iron, it is especially required for the growth of young bone tissue or the regeneration of damaged bone tissue. It is invariably interconnected with phosphorous, though little study has been made on the specific action of the latter.

Too much calcium in the system can create abnormal bone formation, deposits, and tissue hardening. Too little causes poor bone formation and stunted growth patterns, and would be comparable to setting the foundation of a building on papier mache. Its medical importance in the rebuilding of tissue is practically immeasureable. *Ascorbic acid* (Vitamin C) favors the utilization of calcium, as do the amino acids, *lysine* and *oxalic acid*, with which it works in frequent combination.

Sodium, potassium, and chlorine: These are the basic body salts and strongly interrelated. Sodium and potassium are particularly essential in the human system because they are integral to the regulation of human metabolism. Potassium salts are essential factors in the facilitation of muscle expansion and contraction, water retention, and the balancing of body chemistry. Sodium is imperative to normal water balance. It is especially important in regulating adult metabolism, and is needed for the stabilization of the adrenal hormones such as aldosterone. Chlorine is less significant on its own in that there is no established minimum; but it is important in the formation of both sodium and potassium chloride, and in other minerals in chloride/mineral combinations.

Deficiencies in these mineral elements can have pronounced, serious effects upon the body. Potassium shortages can cause muscle constrictions, vertigo, and even blacking-out. Sodium deficiencies can bring about an extreme loss of energy, nausea, and serious metabolic imbalances. Fortunately, both sodium and potassium are found abundantly in many foods. However, when the human system experiences serious injury, illness, or prolonged disease, the amounts need to be stepped up. All three elements are essential in regulating the flow of other ingredients in the body chemistry and facilitating the natural flow of the healing process. Too much chlorine in the system can cause a toxic backlash and produce infections of its own. An excess of sodium in the system can lead to atherosclerotic conditions, cardiovascular complications, and high blood-pressure.

Zinc: Perhaps the most widely utilized of the "trace" minerals. There is no established nutritional minimum for zinc in the human system, although there is an established level of importance. It is closely associated with proteins in foods, is prevalent in several natural grain sources and in fish. It is significant in fighting off beriberi. But, as in most trace minerals, it is measured not so much by what it can do, as by the dysfunctions that may occur when it is missing in the system. Lack in zinc brings about such afflictions as anemia and hypoglandism. Furthermore, recent findings indicate that zinc levels may be the mineral directly tied to sexual potency and genito-urinary complications. Oysters and eggs, two purportedly aphrodisiac foods, are extremely high in zinc content. And even more significantly, recent scientific findings indicate that large numbers of men experiencing prostatitis and acute prostatitis show a zinc deficiency.

Now that we have an indication of what too little zinc can do to the human system, we have to ask, "Can there be too much?" At present, there is no established toxicity for zinc. However, an excess is known to inhibit the effect of other minerals, especially the all-important mineral, iron. Zinc, however, does seem to be a catalyst for the body proteins and therefore provides a mystery value not measureable in the chemistry labs, at least not at this point.

Manganese: As a trace element manganese is considered essential in the human being. It is quite satisfactory when present in small amounts and is found primarily in the bones, liver, pituitary, pineal, and lactating mammary glands. It functions essentially in association with enzymes and amino acids *arginase, leucine*, and is especially tied to the protein, *transmagnin*.

Manganese is easily converted in the human system and is again measured through its deficiency syndrome. Lack of it causes retarded growth, nerve disorders, and infertility. It also acts directly with the vitamin, *Choline*, in fighting ataxia (defective muscular control), and is excreted in the bile in a *choline complex*.

Magnesium: Magnesium in property and chemical composition is related to manganese but carries differently weighted functions. It is found predominantly in the liver and striated muscle tissue of the body. In serum levels it is important in lactating mothers for the breast-feeding of babies.

Significant levels of magnesium deficiencies are serious, so the element in trace quantities is deemed essential to the human system. A lack of magnesium has been known to cause malabsorption syndromes, chronic alcoholism, hyperirritability, vasodilation, convulsions, and even death.

Magnesium is interrelated with calcium and potassium in the regulation of the human metabolism; and its importance in this area, though not totally measureable, cannot be underplayed.

Copper: As a metalic element copper is not easily consumed by the human system. Only about 30% of the copper taken in is actually absorbed; the rest is lost in waste. Still, copper is essential to the metabolic functions and works especially with the oxidative enzymes to boost protein efficiency and efficient production of proteolytic enzymes. In that context, it works to fight anemia and hypoprotein anemia. Lack of copper in animals causes such afflictions as anemia, degeneration of the nervous system, and cardiovascular lesions.

Chromium: Chromium is significant in the human system especially for its activation of enzymes through the synthesis of fatty acids and cholesterol. It is stored most prevalently in trace portions in the spleen, kidneys, testes, and to some degree in the heart, lungs, and brain. It is found in many enzymes and in the RNA molecules. Knowledge of its minimum and maximum requirements in the human body is (once again) limited, though measurements of its deficiency underline its importance. Systems lacking in chromium are especially susceptible to retarded glucose tolerance and are therefore quite susceptible to sugar related diseases such as diabetes.

There is no indication of either iron or sulfur minerals in Aloe Vera, although the mucopolysaccharide derivatives *methionine* and *cystine* are *amino acid sulfates.*** What it means for the moment is that there are possibly elements in the mucopolysaccharides of the leaf-gel that are able to trigger the mineral activity in the body. In this case, we have to remember to that the anthracene (anthraquinone) complex is known to exhibit monosulfonic acid; though this has never specifically been isolated in analysis.

The significance of minerals as healing agents in the human system is open to question. Yet there can be no question that when the body is damaged or diseased, or there is a damage or disease to tissue, the mineral elements are imperative as rebuilders and refortifiers of that tissue. They are often the elements most difficult to absorb and most easily released from the body. Given their participation in the healing process their replacement, therefore, is a matter of necessity.

Vitamins

Questions concerning the healing capabilities of vitamins tend to prompt a level of debate as broad in range as the category itself. Each vitamin has its proponents and

** Sulfates are salts or esters of sulfur.

detractors. Their minimum effective dosages have been fairly well established; maximum levels have not been. There are fairly well established beliefs that vitamins A and K in too high a level can create certain detrimental effects such as certain circulatory clogging and perhaps brain damage. It is also believed by some professional antagonists that excessive amounts of vitamins C, E, and the B-complex can cause the human body to build an immunity to those vitamins and subsequently reduce their effectiveness. And in recent months, Vitamin B 6 especially has become a center of a controversy as being debilitative to the human system if taken in too great a quantity. "The Great Vitamin Debate" could merit a point-counterpoint series of arguments that would make a book on its own. Some have been written on the subject, and still there is much to be written. But frankly, even in the temples of the learned, not enough it known about nutrition or the true role vitamins play in the systemic body.

Still there is no question from any sector that vitamins are essential to nutrition and vital to the survival of the body in question. The word, *vitamin,* literally means agent of life. Particularly when the human system becomes diseased or damaged (or falls out a healthy chemical balance), vitamins are quickly depleted from it and are among the first elements that need replacing if the body is to recover in a normal healthy fashion.

Although we're not saying Aloe Vera contains vitamins sufficient to replace all the nutrition lost during illness, we are saying they are present in the leaf-gel, and in Aloe Vera of America's Stabilization* formula. The extent to which they are naturally present has yet to be measured, but we must remember they are also catalyzing agents. They interact with other elements in the body, relate directly to the proteolytic enzymatic activity, and are often agent to it. A brief individual study of the essential vitamins present in Aloe Vera will help make the fact more evident.

Vitamin B 1: Also known as *thiamin* or *oryzamin*, B 1 acts as a co-enzyme in the metabolism. It is directly related to appetite, human tissue growth, digestion, nerve activity, and energy production. Absence of it causes blood edema and neuritis.

Niacinamide (Niacin): Niacinamide is niacin in its preferred form, an enzymatic combination of *nicotinic acid* and *tryptophan enzymes*. Its nutritive activity in the human system is highly essential. Not only does it provide a co-enzymatic agent effective against such diseases as dermatosis and blacktongue, it also provides hydrogen and choline agents in the metabolism, and is a basic energy source.

Vitamin B 2: Better known as *riboflavin*, it acts as a co-enzyme in respiratory enzyme systems. Vitamin B 2 is a prime constituent of flavor proteins, essential in the maintenance of healthy skin, oxidation reduction (redox) systems, and eye tissue. It is a principal agent in blood revitalization; and an absence of it can bring about anemia.

Vitamin B 6. Also known as *pyridoxine*, Vitamin B 6 is a co-enzyme in many phases of amino acid metabolism and is essential to the formation of growth. It is a required life-giving vitamin. And though its interactive properties in the regeneration of tissue are not measured, its importance to the amino acid structure of the body cannot be denied.

Vitamin C (Ascorbic Acid). Probably the best known vitamin in the world, it also possesses utility in the Aloe Vera complex that is not immediately evident. Vitamin C is most frequently proclaimed for its prophylactic uses as a disease preventative. Sizable doses of it are believed to help prevent everything from common colds to strept infections and it is possibly the most broadly acknowledged nutritional treatment for catarrh and colds in the world. Many scientific researchers have worked hard to refute that claim, and in fact, Vitamin C usually fails in isolated laboratory testing. What testing often fails to take into consideration is the apparent catalyzing effects it has in the human system. It works to increase tolerance to colds and it works in the metabolism of en-

zymes to promote the growth of tissue, healing of wounds, and in the synthesis of polysaccharides and the formation of colagen. It is an acknowledged infection fighter, and integral in the formation of bones and teeth.

Although there is some Vitamin C already native to the Aloe Vera gel, Aloe Vera of America adds additional natural Vitamin C in its stabilization formula for a couple of reasons. First, it acts as an effective antioxidant. Second, it acts as a triggering mechanism to activate other elements such as *calcium* and *folic acid* for a more effective utilization of their potentials. Its antioxidant abilities will be discussed in detail along with the other antioxidants, but the term is self-describing. As an antioxidant it works to prevent the decomposition of the Aloe Vera gel.

Vitamin E. Pharmacologically, it belongs in the family of *tocopherols*, usually synthesized as *a-tocopherol*. For a long time it was also known as *factor-x*, a term we have also used to describe many aspects of Aloe Vera.

The similarity in the functions attributed to both Vitamin E and Aloe Vera is uncanny, because if any element in Aloe Vera closely parallels the many facets and mysteries of the healing plant, it is this vitamin. It also compares to Aloe Vera in controversy over its purported accomplishments. It is directly related to skin health and the growth of healthy tissue, especially tissue which requires maximum effective use of the fatty acids; such organs as the liver, kidneys, intestines, and genitals. It also promotes the healthy production of bone marrow and healthy tissue. Lack of it in the system can cause all manner of problematic skin conditions, anemia, and bone deformities.

Applications in high doses are believed by its proponents to help overcome infections of all sorts. In recent years, it has been used both topically and internally to treat burn patients. There are some reports to indicate that it is highly effective against carcinogens (cancer-causing agents) in such forms as cigarette tars and gases, nitrites and other high toxics. It has been heralded as highly effective in the improvement of respiration, and has been tried experimentally to fight such breathing ailments as pneumonia and asthma.[97]

At present, there is no means of measuring its total effectiveness in the human body, but one of its most important contributions is as a catalyst in the body's enzymatic activity. It protects the fatty acids (*Vitamin K* and others), absorbs them, and helps make rapid conversion into proteins to help stave off and fight disease. It is used to rebuild injured or damaged muscle tissue and is essential to the muscular formation of young bodies.

With all these qualities, it would seem to be a natural adjunct to Aloe Vera; and it is. It is present in trace quantities in the Aloe Vera leaf gel in the form of *O-xylotocopherol*. Aloe Vera of America adds additional levels of natural Vitamin E because, like Vitamin C, Vitamin E is highly effective as an antioxidant. It helps keep the fresh gel from decomposing and losing its curative values, and its renowned enzymatic activity provides the ideal complement to that of Aloe Vera. Further, it helps to trigger the activity of the vitamin, choline, in the system, and it combines with such elements in the gel as carotene to form beta-carotene and activate the Vitamin A potentials in the Aloe Vera that otherwise remain dormant.

Studies in Vitamin E alone would fill a book. Candidly, a few lines here can't do its relationship to Stabilized* Aloe Vera the justice it deserves, but at Aloe Vera of America we do blend their properties to permit the highly evolved utilization of both. It is a natural union.

Choline: The vitamin, choline, is still something of an enigma in the human system. It is one of the B-complex grouping of vitamins, but is unable to act on its own. Choline works well with Vitamin E, as we mentioned, in the metabolism of fatty tissue and enzymatic activity. It also works to prevent liver and kidney disorders and is considered essential in the regeneration of tissue.

Folic Acid. Folic acid is another vitamin that appears to work best in consort with other vitamins, especially among the B groupings. It is triggered effectively, however, by ascorbic acid (Vitamin C) which seems to help facilitate its participation in the enzymatic activity. Folic acid has been found to be especially useful in the building of blood and in combating various types of anemia, including pernicious anemia.

In our discussion of the vitamin contents in Aloe Vera, we need to reiterate a couple of points. In the first place, not all the vitamins (and minerals) present are going to meet everyone's standards for minimum daily requirements. We have augmented some vitamin content in our stabilized formula — such as C and E — not only as antioxidants, but also because of their remarkable catalyzing effects on the other nutritive elements. Second, in many cases vitamin and mineral intake must be augmented, and we always recommend a vitamin/mineral regimen to accompany certain applications of our products.

Some vitamins and minerals are present in Aloe Vera only in trace quantities, but we have already received some indication of the importance of those trace quantities and the triggering effect many of them have on one another and on the enzymatic activity in the body. To be sure, according to current standards of scientific measurement, vitamins and minerals can take no specific credit for facilitating the healing process. Most have failed in isolation forms of testing, as have the anthraquinone compounds we have detailed previously. The curative properties of such elements as glycoside barbaloin and lucosides have been merely deduced or supposed to be the "active ingredient" in the healing of a particular affliction by the leaf-gel complex in the Aloe Vera.

The active ingredient is, of course, the key sought by scientific research and medical communities to unlock the mystery of Aloe Vera so that its credibility may be fixed and its respectability established permanently. We had promised earlier to disclose what we believe to be that ingredient. And before we discuss the effects of mono and polysaccharides, the proteolytic enzymes, and amino acids in Aloe Vera and their contributions to its curative powers, we feel obligated to reveal it.

The active ingredient is actually a *synergism*. And if you review only the elements we have covered to this point, you will have at least some understanding of its importance. *Synergism* literally means *"the joint action of two or more agents to create an effect on the whole that is greater than the sum of the parts."*

Taken alone, many of the elements we have already mentioned promise considerable curative potentials as well as being considered essential to the life processes of a healthy body. Yet isolated under test conditions, most of them fail to produce the desired results. On the other hand, we have been given a glimpse of the strong interrelationship between many of the anthraquinone compounds, the minerals, the vitamins, their triggering effects on one another, and their utilization in the regulation of body sugars, enzymatic activity, and amino acid complexes.

Even an abbreviated review brings us to some idea of the possible synergistic implications. For example, we have already learned that *calcium* is best utilized in consort with ascorbic acid and the essential amino acid, *lysine*. Ascorbic acid also works to facilitate the use of *choline* in the human system. A-tocopherol (the purest form of Vitamin E) works in combinations with carotene to form beta-carotene, the Vitamin A complex. We know now that polysaccharide derivative amino acids, *methionine* and *cystine* work in the formation of sulfur in the body. And we have yet to learn that *Vitamin E* in combination with the enzyme *amylase* and *carotene agents* works toward the formation of *alpha amylase*. *Alpha amylase* is a starch-splitting enzyme known for its use as an anti-inflammatory agent. Said to initiate by an "unknown mechanism" a response to tissue inflammation and edema

associated with contusions, sprains, ulcerations, and a wide scope of tissue trauma, *alpha amylase* is just one of the proteolytic enzymes in the enzyme complex. In fact nothing illustrates the significance of synergistic activity more accurately than the enzyme complex itself.

If we are to be able to study the remaining components of Aloe Vera and Aloe Vera of America's Stabilized* formula, we must understand the importance of that synergism. What we have studied up to now is, frankly, just a sample. In examining the *mono and polysaccharides, enzymes,* and *amino acids* found in Aloe Vera gel, we need first to understand which ones are present in the plant itself, and secondly how they work in the human body.

Mucopolysaccharides. Enzymes. Amino Acids.

The mucopolysaccharides identified in Aloe Vera to date are, *cellulose glucose, mannose, uronic acid, aldonentose*, and *L-rhamnose*.

The enzymes (including the vast proteolytic complexes) that are identified in Aloe Vera leaf gel are *oxidase, catalase, amylase, cellulase,* and *aliinase*.

The amino acids identified in Aloe Vera gel are, *lysine,* threonine,* valine,* methionine,* leucine,* isoleucine,* phenylalanine,* histidine, arginine, hydroxiproline, asparatic acid, serine, glutamic acid, proline, glycerine, alanine, ½ cystine, and tyrosine*.

With such an impressive list of elements found in Aloe Vera gel that so directly relate to those in the human body, the question must certainly be asked. Why not isolate each of these according to category and discuss the various enzymes, polysaccharides, and amino acids individually?

The answer is that no justice could be done by attempting such an undertaking. In the first place, the list is incomplete. In the case of the enzymes for example, we have been able to isolate and identify only five. From the evidence of the reducing sugars present and amino acids present, we can estimate the possible existence of at least another twenty or thirty. There are by latest estimates over 900 enzymes identified in the human system alone, and many more that cannot yet be given sufficient identification.

In the case of the amino acids the situation becomes even more complex. There are twenty-two amino acids that need to be present in the healthy human system. Eight of them are considered essential because the body cannot manufacture them on its own. Fourteen are considered non-essential because they can be built by the body from the eight essential amino acids. In Aloe Vera, eighteen of the twenty-two amino acids have been found, and seven of the eight essential amino acids. The eighth, *tryptophan,* though it has never been identified, is known to be a constituent in the niacinamide complex; it is logical to view its presence in Aloe Vera as strong probability. So the possibility certainly exists that the amino acid complex present in Aloe Vera is a complete one.

What's more, these amino acids can combine in a mathematically mind-boggling number of combinations. To get some idea of the lengths to which it could be taken, take the number eight (representing the eight essential amino acids) and multiply it to the twenty-second power — 8^{22}. That would give some indication of the potential combinations present in the amino acids alone. Still, we mustn't confuse you with numbers. All we are trying to do is give an example of the possible curing potentials existing in Aloe Vera.

Understanding Some Body English

To make some sense of the participation of these elements in the curing of body maladies, we need to understand a few basics about the body itself. First, the body is comprised of many chemicals. The chemicals found most important to life and health are called *proteins*. The protein molecule is

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* Essential amino acids

made up of twenty different components called *amino acids* which are strung together in a varied number of ways to promote health, to give the body energy to function normally, and to stave off disease.

Certain proteins act as catalysts. They have the ability to speed up necessary chemical processes in the body without themselves being altered. These proteins are called *enzymes*. All enzymes are proteins that work to regulate the delicate chemistry of the body. We say delicate, because these enzymes are easily destroyed; and when even a small number are neutralized, the result can be illness and even death.

The most significant enzymes are those which catalyze hydrolysis (or water absorptive) reactions in the system. They are called *hydrolyzing* or more specifically *proteolytic enzymes*. Each group has certain reduction tasks to take elements introduced into the body, break them down (or reduce them), enabling them to be rebuilt in the form of healthy *amino acid proteins*.

Each hydrolyzing enzyme belongs in its own grouping according to one of three functions. Those which break down carbohydrates (starches and sugars) are called, *amylases*. Those which reduce fats are called, *lipases*. Those which act as protein-splitting enzymes are called, *proteases*. The fact that two out of these three groupings are found in Aloe Vera gel explains why it has been found to be such an effective aid to digestion.

There are also enzyme groupings according to another level of functions. *Oxidizing enzymes* reduce base elements (water, hydrogen peroxide *et al.*), Hydrolyzing enzymes break down food stuffs. And *coenzymes* work as foundations for the rebuilding of the amino acid complexes.

Properly functioning enzymes can help the body reduce fat and starch into protein for strength and health, or split protein and fat for recombinations into starches for the utilization of energy.

When all the body functions are working in harmony and the enzymes and amino acids are performing their jobs in the splitting and rebuilding of proteins, the system stays healthy. Even in cases of slight trauma such as fatigue, minor illness, and minor injury, the proteolytic enzymatic process will be sufficient to fight off infectious bacteria and enable the body to heal itself. Often this is facilitated by additional nutritional intake of vitamins, minerals, and healthy foods.

When the trauma becomes too severe, when the bacteria from severe illness creates damage to tissue that overwhelms the abilities of the proteins to form antibodies and fight it off, the human system needs help from an outside source. Normal nutritional intake simply cannot be hydrolyzed quickly enough to meet the challenge. The body requires medication.

Often this medication comes in the form of drugs or antibiotics, many of which carry a toxicity of their own. And though they may provide the antibodies to fight the disease-causing bacteria, they often create undesireable side-effects, weaken the body in other areas so that it will become susceptible to other forms of illness, and can even create allergic reactions with serious implications. Frequently this game of chemical ping-pong nets neutral or negative curative results. The disease remains. And death or chronic illness results.

It is now that we must deal in hypotheticals, though we feel ours is a hypothesis worth considerable merit. It is based on the belief that the body contains within itself the power to heal if given the proper signals, the right phytochemical message to do so. And in the world of "what if," what if there were a botanical element to provide the perfect complement to the biological needs of the human system, a plant that approximated the elements that the body needs to stay healthy? What if it contained all the vitamins and minerals and natural healants, all the reducing sugars (mono and polysaccharides) and proteolytic enzymes needed to rush those healing messages into the trouble spots? Let us assume that these elements for healing and revitalization of tissue are not measureable in isolation, but are instead trig-

gered as needed and rushed to the diseased areas through the incredible penetrating powers of the lignin and the proteolytic enzymatic activity. The proteolytic enzymes work with the potentials in the anthraquinones and detergent agents to tear down the diseased tissue and bacteria. The amino acids in their infinite potential for combination and recombination work with the nutrients in the plant (vitamins and minerals catalyzed through hydrolysis) to build the protein system back up.

Think about the elements found in Aloe Vera. Think about the elemental needs of the human body. Add the x-factor of Aloe Vera's ability to penetrate through tissue. The presence of the lignin and proteolytic enzymes bring about penetrating abilities in the plant that cannot be denied any more than they can be explained away in lab tests, and perhaps we shouldn't try. What we should try to do is grasp the true meaning of synergism, for it is in that quality and not in studies of isolated ingredients that the secret of Aloe Vera lies.

In broader perspective, credit for the true healing abilities of the gel has been given on an individual basis to the mucopolysaccharides, the proteolytic enzymatic activity, and the amino acids. In a way that is true. But it is very much the same kind of obvious truth that exists in saying bricks and timber build a house. In narrow perspective, seekers trying to pinpoint that activity ask the question, "Which brick? What piece of wood builds the house?" The answer is, "they all do; but only when they fit together, in context."

Antioxidants and Stabilization

Unfortunately, the botanical nature of Aloe Vera which offers the sublime complement to the biological nature of the human body also shares much of its organic perishability. We know the enzymes in the human system are quite perishable; it takes very few foreign microorganisms to upset their delicate balance and kill them off. There can now be little doubt that the same enzymatic activity so strongly represented in the healing plant will also be the first quantity to break apart under stress. And the destructive stress is expressed in rapid oxidation.

It only stands to reason that to preserve the character of the native Aloe Vera gel and stabilize its healing properties, we must find a way to inhibit the oxidation and to prolong the plant's life, its properties intact. This would lead us logically to seek the use of antioxidants as a means to inhibit the process of natural deterioration, but logic is not always the answer.

To be sure, antioxidants should be used somewhere in the process. We have already discussed the use of ascorbic acid (Vitamin C) and a-tocopherol (Vitamin E) not only as nutritional triggers to other elements, but also as antioxidizing agents in the stabilization process. We also use others along with some buffering agents. For us to tell them all would be to give away a formula it has taken us years to master. And please don't concern yourself that we are giving away any trade secrets. Even though we are listed under U.S. Patent number 3,892,853, and even though our process is detailed, we are not about to lay it open here for public examination. Besides, our stabilization process is a complicated one; it cannot be duplicated even if the imitators were to be given all the pieces.

In formulating our stabilization process, we have not attempted to tamper with the powers of the plant but have acted instead to enhance and prolong them. We have succeeded in achieving a shelf-life of at least five years duration. In so doing, we have upheld the three most important aspects of the plant, those which set it apart from any other healer on the face of the earth: (1) Its almost mystical relationship in aiding the body through the healing processes, (2) its incredible penetrating power, (3) the fact that it exhibits virtually no known toxicity.

The last two aspects are readily provable. We cannot prove the first; perhaps no one will ever be able to entirely. Aloe Vera's incredible penetrating power is a matter of es-

tablished record in hundreds of physician-treated cases. As for its lack of toxicity, we are certain to be challenged to back it up. We have anticipated those challenges and will answer them now, with documentation.

Toxicology

We already know that certain anthraquinones present in Aloe Vera gel such as *emodin* and *chrysophanic acid* have measureable levels of toxicity when evaluated in an isolated context. We also have proof in several instances that measured in the context of Aloe Vera gel, or Aloe Vera of America's Stabilized* Gel, Lotion, and Creme, there is no measureable level of toxicity to be found anywhere.** This is more remarkable than it might seem at first glance since there are measureable toxic levels in just about everything taken into the animal system, provided the doses administered are high enough.

In toxicology experiments called LD-50's, animals — usually dogs, rabbits, rats, or monkeys — are exposed to what are commonly referred to as kill ratios. In other words, they are sacrificed to whatever level of exposure it takes to kill them. In cases of topical application they are exposed to acute dosage ratios in levels high enough to induce advanced levels of irritation and/or death resulting from irritation. The enumerations of Aloe Vera's non-toxicity are considerable.

We will deal in three studies to make our point. One was conducted by Lakeland Laboratories under the aegis of Aloe Vera of America, Incorporated. The other two were conducted by independent research groups and record no possibility of bias. All three cases produced corroborative results.

In the first example, a study was conducted in 1968 at Brooke General Hospital, for Sam Houston, Texas, and Baylor University College of Dentistry, in Dallas. In this study, Dr. E.R. Zimmerman, D.D.S. and chief pathologist at Baylor, Dr. James Brasher, and Dr. C.K. Collings studied the effects of Aloe Vera gel on tissue culture cells. In this case, the tissue cultures were extracted from rabbit kidney fibroblasts, and were subsequently quite sensitive to irritants. At this point, it is important to re-emphasize that rabbit tissue simulates human tissue in many respects with the added advantage that its reponses to toxicity are accelerated to a degree that is thirteen times that of human tissue.

In the Brasher/Zimmerman tests, *Aloe Vera* was tested against *indomethacin*, a non-steroid drug, and against *prednisolone*, a potent corticosteroid.

Indomethacin, like Aloe Vera, was purported to have strong analgesic and anti-pruritic activities. Prednisolone was an acknowledge anti-inflammatory, as were indomethacin and Aloe Vera, and it was against this anti-inflammatory criteria that all three were considered primary candidates. The tests were carried out on two levels. First, the three were tested on the tissue cultures *He La* cells for their ability to simulate cell division and promote healing. In a seventy-two hour period, Aloe Vera had far outstripped both the prednisolone and the indomethacin in this ability to accelerate the growth of new tissue. What's more, the Brasher/Zimmerman group placed the *He La* cells cultured with the Aloe Vera under an electronic microscope which enabled them to be magnified up to 500,000 times. At that magnification, they were able to observe no carcinomas (cancer-like cells); the tissue growth promoted by the Aloe Vera was completely normal.[98]

More important for our uses, the Aloe Vera gel exhibited negligible levels of toxicity on the sensitive tissue cells, while the prednisolone and indomethacin levels were quite high.[99] By the way, the Aloe Vera gel provided was the Stabilized* formula developed at Aloe Vera of America, Incorporated.

These tests helped confirm the conclusions reached by Lakeland Laboratories in 1966. In experiments conducted on a num-

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** In new, improved formulations, the Gel, Lotion, and Creme are now Aloe Activator, Aloe Lotion, and Aloe Vera Gelly, respectively.

ber of rabbits, Henry Cobble and Dr. Mervin Grossman, Path. M.D., found no attributable toxicity present in any of the vital organs, muscle tissue, or skin of the animals sacrificed. There was some weight loss in rabbits given internal doses, but this was deemed attributable to a lack of "normal" nutrients provided in the diet. And even in extremely high doses (in some cases as much as twenty grams per kilogram), the toxicity was negligible.[100]

In 1968, these experiments were repeated on a broader scale by Hazelton Laboratories of Falls Church, Virginia. Under the direction of William M. Busey M.D., Pathologist, LD_{50} experiments were conducted on over eighty test animals testing acute oral administrations on test rats, acute oral administrations on eight test dogs, and acute dermal administrations on a test group of white rabbits.

All test animals were exposed to extremely high dose levels over a fourteen day period of time. The results, once again, were remarkable. The evaluations in Dr. Busey's summary tend to speak for themselves:

> ". . . Rats were observed for mortality and toxic effects for a post-dose period of 14 days. The acute oral LD_{50} determined was more than 21.5 g/kg." (An extremely high dose).
>
> "Single oral doses of Stabilized Aloe Vera gel were administered by stomach tube to four groups of one male and one female mongrel each . . . No deaths were recorded during a 14-day period postdose; therefore, the maximum tolerated acute oral dose for mongrel dogs would be greater than 31.6 g/kg. of body weight . . .
>
> "Stabilized Aloe Vera gel was also evaluated for dermal irritation and toxicity by a 24-hour application to intact and abraded abdominal skin of albino rabbits . . . No deaths were noted in the animals exposed. The acute dermal LD_{50} is therefore assumed to be greater than 10.0 g/kg. of body eight. Dermal irritation was minimal . . ."[101]

Once again, the Stabilized* Aloe Vera gel used in the Hazelton experiments was provided by Aloe Vera of America, Inc. Additionally, the purity level of the gel was noted by Hazelton to be extremely high in quality and free from bacteria.***

We realize too that toxicology studies, important though they may be, do not establish the total credibility of Aloe Vera or Stabilized* Aloe Vera solely on their own merits. There must also be convincing research done on its curative abilities in the form of bacteriology reports and actual medical case histories. Those will be covered in the next chapter.

Summary

At this point, we at least have some understanding of the chemical composition of Aloe Vera, both in the fresh leaf-gel and our Stabilized* formula. We know it is comprised of several anthraquinone compounds whose mysteries indicate the presence of pain-killing abilities which possibly surpass the bactericidal potentials in antibiotics. Additionally, Aloe Vera is known to contain some analgesics, infection fighters, penetrants, vitamins, and minerals that function as both nutrients and triggering agents for other curative components, all acting synergistically to provide a natural botanical complement to the biological needs of the human body.

Furthermore, there is strong evidence to support the belief that those elements actually rush healing reinforcement to the specific area of the body in need, pain, or distress through strong *lignin penetration* and highly active *proteolytic enzymes*. Because of Aloe Vera's *mucopolysaccharides* and its *enzymatic activity*, we not only have remarkable penetrating power and degeneration of dead tissue, we also have a strong foundation upon which to rebuild healthy tissue through the *amino acid* complex. Aloe Vera gel supplies eighteen of the twenty-two acids, and seven of the eight essential amino

*** We will cover the purity factor of our Stabilized* Aloe Vera formula in Chapter 9, "Aloe Vera in the Care and Feeding of the Skin."

acids (with an indication that the eighth, tryptophan, may be present.)

From our toxicology reports, we have strong evidence to support the claim that Aloe Vera produces no side-effects on the human system. What's more, hundreds of physicians' reports in thousands of cases will again verify this utter lack of toxicity in *in situ* applications.

In the next chapter, "Dramatis Curae," we will review the complete findings of those physicians' reports as well as extensive bacteriological studies, and several dramatic case histories. In "Dramatis Curae," we will bear witness to some examples of innovation, professional insight, and personal courage that we feel can not only offer new hope to people everywhere, but also put to rest the case for the pharmaceutical efficacy of our product.

7

Dramatis Curae

The title of this chapter is in Latin. It means simply, "dramatic cures." The word *cure* is Latin in orgin, and actually means "*to care*," or "*caring*." So, in its way this meaning in English has a double meaning for us. Dramatic cures are the result of great care taken both in the professional treatment given and in the types of medication used.

In the cases we will cite here, the types of medication will all stem from one source — the self-evident source of the Aloe Vera plant and the gel it contains. Up to now, we have cited frequent historical references and modern records of the use of Aloe Vera (in the generic context). In other words, we have grouped all uses of Aloe Vera, whether our own compounds or the fresh leaf-gel from the plant, into one broad field of study. Now, we must particularize. From this point on, the vast majority of uses indicated and the instances of dramatic results will deal specifically with products made by Aloe Vera of America, Incorporated. Cutting across all fields of use — pharmaceutical, athletics, and skin care.

There is a good reason for this emphasis. We believe in our products. We know what they can do. And we also know that they adhere to strict quality control standards that reinforce rather than detract from the properties germain to the plant. Our Stabilized* formula extends the shelf-life for the curative and skin-health benefits of Aloe Vera for at least five years. But extended shelf-life is not at issue here nearly as much as the quality — the consistent curative results; results that match and often exceed those recorded in use of the fresh leaf gel.

Our products are not necessarily better than the fresh leaf gel of Aloe Vera but they are more stable. That is, after all, the reason we formulated them. No other company in the business of producing and marketing products made from Aloe Vera can present the documentation to show they are as stable and therefore as effective as those formulated by Aloe Vera of America, Incorporated. If they could, we'd probably give them a plug here. We feel that strongly about getting worthwhile Aloe Vera products before a public who needs them so desperately. For the time being, however, we must concentrate on the known quantities — our own. As the chapter heading indicates, we know that the curative results with these are dramatic.

We will begin with a brief discussion of Aloe Vera of America's major products and their applications. We will follow with some conclusive bacteriological evaluations from our own laboratories and from two independent labs. Next, we will examine the curative potentials by category citing some dramatic case instances, some broad and narrow spectrum reports by physicians, and letters of testimonial from both patients and professionals.** Finally, we will conclude

** Complete Physicians' Reports, Letters of Testimony, and a List of Aloe Vera of America's major products will be tabled and detailed in Appendixes A, B, and C respectively.

with a few case histories that belong in Ripley's *Believe It Or Not.*

We note about the latter section that if we have learned anything from the use of Aloe Vera and the thousands of applications in which it has been used, the curative miracles of these few cases are not so unbelievable as they might have first seemed. Aloe Vera really works dramatic cures.

A few of our case examinations will be accompanied by photographs taken at various intervals during the progressive stages of recovery. Most physicians' reports in this section will be reproduced from the originals and verified by signature. All information enclosed in this chapter can be verified by documentation and will be upon direct request by responsible persons to Aloe Vera of America, Incorporated.

Stabilized* Aloe Vera Gel and Related Products

In the next three chapters on medical reportings, athletic uses, and applications in the skin care/cosmetic field, we will review the individual products as they apply to the particular market. To be sure, some overlapping is unavoidable, but wherever possible we will catagorize products in the areas of their primary usage. Our format will be to discuss the particular products in advance along with the slight difference in formula that make them distinctive. We emphasize the word, "slight," because all the products have a common denominator — a principal ingredient of Stabilized* Aloe Vera. In the case of our basic medical products, the composition will range from no less than 85% in the case of our Aloe Vera Gelly to 100% in the case of our variations of Aloe Activator.

Although many Aloe Vera of America, Incorporated products exhibit a broad range of uses and may overlap in use, there are recommended applications for each product and specified areas in which each product is particularly suited. In the field of applied medicine, we find our basic line of products (each with its defined range of effectiveness.)

In brief, the principal products found under the Aloe Vera of America/ Forever Living Products umbrella are as follows: Aloe Activator, Aloe Vera Juice, Aloe Vera Gel (unflavored juice), Aloe Lotion, Aloe Heat Lotion, and Aloe Vera Gelly. There are, to be sure, several other products under the aegis of FLP and Aloe Vera of America (products such as Aloe Moisturizing Lotion, Aloe Cleansing Lotion, and others) but many of these are skin care/cosmetic products and will be given special attention in Chapter 9 — "Aloe Vera in the Care and Feeding of the Skin."

For the immediate present — in the next two chapters — we will concentrate primarily on Stabilized* Aloe Vera products with a strongly therapeutic base, and in that concentration find we need to clear up some possible elements of confusion regarding the names of the products to which we will be referring. In the next few chapters the majority of medical case histories, physicians' reports, and athletic trainers' reports quoted will refer to Aloe Vera of America products used from 1966 to 1981. Over the years, those products have undergone certain evolutions both in formulation and in name identification — in 1981, especially.

In 1981, Aloe Vera of America was bought by Forever Living Products, Incorporated, and its entire product line was reset with improved product formulations and accompanying name changes. These are the product lines that have evolved qualitatively and will — we feel — represent the Aloe Vera of America family of fine products for years to come.

Nevertheless, in order to relate accurately the remarkable successes our products have achieved in aiding dramatic cures in various fields of medicine prior to 1981, we must refer to the Aloe Vera of America products as they were known at the time the studies were undertaken. In other words, if it was the Stabilized* *Aloe Vera Gel* used for the base product of so many laboratory reports, we will maintain reference to the Gel and not to the *Aloe Activator* to which it has

recently evolved. We do that for the sake of historical accuracy and credibility of reportage, though the variations in the products are infinitesimally slight.

This does, however, leave us somewhat on the horns of a dilemma, since constant change of reference can be confusing to the reader. To eliminate that potential problem, we have added a complete product chart, cross-referencing the products by name and function. On the left, we have listed the products primarily referred to in this work. On the right, we have listed the new improved product that replaces each.

ALOE VERA OF AMERICA/FOREVER LIVING PRODUCTS
Product Chart

Aloe Vera of America Products prior to 1981	The New Improved Forever Living Products Line established in 1981
For Pharmaceutical Use	
Aloe 99 Gel	Aloe Activator
AVA Gel/Cello Gel	Aloe Vera Juice (flavored) Aloe Vera Gel (unflavored juice)
Alo 99 Lotion	Aloe Lotion
Aloe 99 Creme	Aloe Vera Gelly
Aloe 99 Oral Solution	Aloe Activator (4 oz.) in combination with (1 oz.) Grape Flavoring Agent.
AVA Jelly	Aloe Vera Gelly
Vagistat Vaginal Creme	Aloe Vera Gelly
Aloedyne Rectal Creme	
A-Balm Massage	Aloe Heat Lotion
For Athletic Use	
Aloe Action Gel	Aloe Activator
Aloe Action Lotion	Aloe Lotion
Aloe Action Liniment	Aloe Heat Lotion
Aloe Action Creme	Aloe Vera Gelly

What we have attempted to provide you with in this chart is a product cross-reference to which you may refer at any time during the course of this reading that you may have a question — either a question regarding a specific product or one concerning its correlation to products now being produced by Aloe Vera of America. If you would like an in-depth analysis of any we've mentioned, a complete list has been detailed in Appendix C of this book. The list — by product — includes a description, rationale, indications, contraindications, recommended dosage, and precautions, and should answer any queries you may have short of personal consultation with a qualified professional.

Bacteriology

Prior to 1969, the bacteriological studies in Aloe Vera were somewhat sporadic. Broadly speaking, Aloe Vera leaf gel was tested against predesignated infections such as radiodermatitis, stomatal ulcers, various forms of lesions, and dermatosis. Initially, it was researched primarily for its healing and tissue regenerative abilities with only an intimation of its specific bactericidal properties.

Actual tests conducted against specific microbial strains and foreign organisms were spotty and frequently contradictory. In 1945, V.P. Filatov reported that Aloe Vera gel was effective in "Tissue Therapy in Cutaneous Leishmaniasis." Leishmaniasis is brought on by a particularly pernicious strain of pathogen (disease producing agent); in this case a protozoan.[102]

We are well aware by now that in 1950 Gottshall, Jennings, *et al.* found Aloe Vera gel bactericidal against tubercule bacilli. They also found that it failed to kill *Staphylococcus aureus* (a common cause of hospital cross infections and skin infections), and the *E. coli* bacteria (the gram negative strains cause many side infections such as peritonitis).[103]

In contradiction to that study, Lorenzetti, Salisbury *et al.* found that Aloe Vera gel was in fact *bacteriostatic* against *Staphylococcus aureus 209, Staphylococcus pyogenes,* and in various forms of *Salmonella* and *Shigella* bacteria. In other words, though Aloe Vera did not kill these strains, it did inhibit their activity.[104]

In 1968, when I first arrived at my successful formula for stabilizing Aloe Vera, I had already built an effective inventory of case history successes in *in situ* or live patient applications. Still, I knew that in order for our newly formulated Stabilized* Aloe Vera Gel to achieve the credibility it needed so badly, I would have to submit it to a series of in-depth bacteriological examinations by a reputable group of research scientists who could arrive at findings independent of our own.

In the same year, Doctors Brasher, Zimmerman, and Collings had used our Stabilized* Gel to test against the corticosteriod, *prednisolone,* and the anit-inflammatory analgesic, *indomethacin,* for their respective anti-inflammatory ratings, as well as their relative levels of non-toxicity. As we have learned from our studies in toxicology, the Aloe Vera Gel was both better as an anti-inflammatory, and far less toxic than either the prednisolone or the indomethacin.[105]

Impressed, not merely because the studies found us in a favorable light but also because of the thoroughness with which they were carried out, we commissioned Dr. E.R. Zimmerman and a new associate, Dr. Ruth Sims of Dallas Microb-Assay to test our Stabilized* Aloe Vera Gel for its germicidal properties against a number of organisms. The organisms to be tested included one fungal and two viral agents. They were tested in culture mediums ranging from a solution containing 25% Stabilized* Aloe Vera Gel to solutions containing 90% Stabilized Aloe Vera Gel.

We had several reasons for testing Aloe Vera in various percentages of solution. By all means the 100% Stabilized Aloe Vera Gel is the desired form when potency is the sole criterion. However, we felt it was not always necessary to achieve that level of specific intensity. From the early test causes of Collins and Collins, and Crewe (in Minnesota), those forerunners were achieving what they felt to be notable results with an oil base ointment in some instances consisting of no more than 40% Aloe Vera gel. Later Collins and son upped their basic acceptable level of Aloe Vera to 70%, again with marked success.[106] In 1958 two Russians patented their emulsion comprised of 78% Aloe Vera Gel base. Some of our own findings had indicated that fresh Aloe Vera leaf gel worked effectively in patient applications as low as 25%, though this level was certainly not consistent in the results achieved. Neither had ours nor any of the tests preceding been made in direct culture medium studies, *in vitro* (in test tubes), and against specific bac-

teria.

At our behest, Eugene Zimmerman, D.D.S., Chairman for the Department of Oral Pathology for Baylor Dental School, and Ruth Sims a Ph.D. in virology, undertook such an experiment. In it, they tested the various percentages of Aloe Vera in culture media consisting of the following types of microorganisms:

Staphylococcus aureus - The most virulent of the staph strain of bacteria, growing most characteristically in yellow colonies such as those found in boils and carbuncles.

Streptococcus viridans - a curved genus of bacteria, in this case producing a particularly pathogenic strain, injurious to the human system in varying forms of infections.

Candida albicans - A particularly prevalent monilial fungus that can be found in the mouth, throat, and various vaginal infections such as yeast infections, vaginitis, and as a side-infection from antibiotics.

Corynebacterium xerosis - A parasitic bacteria that produces excessively dry skin, and itchy flaking such as seborrhea.

The table (on the next page) will show you the specific testing that took place, the various percentages of Stabilized* Aloe Vera Gel used in the culture media, and the specific results obtained in each category:

In brief summary, we quote Dr. Zimmerman's notes directly:

EFFECT OF ALOE VERA ON THE GROWTH OF CERTAIN MICROORGANISMS

Summary Notes:

1) Media containing 25% Aloe Vera inhibits less than 20% of the populations of organisms. This is not a significant reduction.

2)At 50% Aloe Vera, populations of organisms are reduced ranging from 60% to 84% depending on the organism. In this regard, it is of interest to note that Candida albicans, causal agent in moniliasis, is inhibited greater than 80% of its population.

3)At 70% Aloe Vera, less than 10% survivors remain in all strains tested. Concentrations of Aloe Vera above this level (70%) have little or no more significant effect.

4)It may be concluded, therefore, that incorporation of Aloe Vera at a concentration of 70% would appear highly efficient at reducing skin contaminants of *S. aureus, S. viridans, and C. xerosis.* An even lower concentration (50%) of Aloe Vera is sufficient to greatly diminish a population of yeast cells *(C. albicans).*[107]

In the initial Sims/Zimmerman findings, it is important to note that the lapsed killing time for the bacteria was a mere twenty four hours. It is also equally important to note that the conclusions left us with what we had to conclude was a minimum base of 70% Stabilized* for all applicable uses.

The 70% minimum is the base from which we formulate all Aloe Vera of America products for pharmaceutical and athletic use. Some products as we have already indicated, contain 85%, 90%, and 100% concentrations of Stabilized* Aloe Vera Gel. At least one of our competitors insists that a solution of at least 90% is required for measurable effectiveness. Since conscience forces us to be candid, most of the competition could frankly produce products consisting of 100% gel. It wouldn't make any difference, because, from all we have been able to ascertain, their products are not properly stabilized in the first place.

In the case of Aloe Vera of America, we now have at least one professionally recorded indication that solutions containing less than 70% Stabilized* Aloe Vera Gel may be effective. In 1978, Dr. Jean Setterstrom, a Ph.D. in bacteriology and in charge of the dental experiments at Walter Reed Army Research Institute, used our Stabilized* Aloe Vera Gel in varying percentages of solutions. Testing them against several strains of bacteria including those tested by Sims/Zimmerman, Dr. Setterstrom found that the Stabilized* Aloe Vera Gel in 40% to 45% solutions killed all bacteria within a sixteen-hour period of time, a lapsed killing period eight hours shorter than that of the Sims/Zimmerman findings.[108]

In the Setterstrom tests, the differences in potency of the Stabilized* Gel might have stemmed from two possible sources. One

EFFECT OF ALOE VERA ON THE GROWTH OF CERTAIN MICROORGANISMS *

Organism	% Aloe Vera in Culture Medium	% Survival of Organisms	% Reduction of Organisms
Staphylococcus Aureus	None	100.0	0
	25	92.6	7.4
	50	40.0	60.0
	60	23.0	77.0
	70	2.3	97.7
	80	0.24	99.76
	90	0.22	99.78
Streptococcus Viridans	None	100.0	0
	25	90.0	10.0
	50	38.0	62.0
	60	21.0	79.0
	70	7.7	92.3
	80	3.5	96.5
	90	1.6	98.4
Candida Albicans	None	100.0	0
	25	84.0	16.0
	50	15.7	84.3
	60	8.4	91.6
	70	5.1	94.9
	80	3.05	96.95
	90	2.9	97.1
Corynebacterium xerosis	None	100.0	0
	25	88.0	12.0
	50	26.3	73.7
	60	15.4	84.6
	70	8.8	91.2
	80	1.4	98.6
	90	0.077	99.93

*Standard counts of colony-forming units per ml., based on average of 3 plates/dilution.

could have been the variance in the times at which the gel was introduced to the bacteria. A second might have been the relative strength of the Stabilized* Gel used. From what Dr. Setterstrom recounted to us, the relative strengths of the solutions were the same at each interval of testing. And the Stabilized* Gel furnished her by Aloe Vera of America was the same formula in 1978 at the time of the Sims/Zimmerman findings (in 1968). What had changed, however, was the source — the plants themselves.

In 1968, Aloe Vera of America, Incorporated was still importing its mature Aloe Vera leaves from Mexico. By 1978, we had cultivated our own plantations in the fertile soil of the Rio Grande Valley of Texas and had begun to give special attention to the growth and nutrition provided to the crops. Historically there are numerous reports of variances in the nutritive content and healing powers of the Aloe Vera samples used by physicians and laboratory scientists in their testings over the years. Much of this is due to the circumstances under which the leaves are shipped, to be sure. Yet there can be a

little question that the native environment and cultivation of the plants themselves contribute a great deal to the quality and potency of the product. Just as certain rich soils (like that of the Tundra) produce immensely rich nutritious crops, the same certainly can be said of Aloe Vera. And since the effectiveness of the Stabilized* Aloe Vera stems from the plant itself, there are still many secrets to be unlocked even at the source.

One of the most persistent mysteries lies in the seeming unpredictability of the fresh gel and fresh leaves. Even in our own experience, this has proved to be the case. In a subsequent test at Walter Reed, Dr. Setterstrom tested the bactericidal effects of the unstabilized gel squeezed from fresh leaves. Again conducting *in vitro* studies against the same microorganisms killed earlier by the 40% Stabilized* Gel, Dr. Setterstrom found the 100% gel fresh from the plant killed none of the bacteria to which it was exposed.[109] To be sure, there is no way to assure the climatic conditions the leaves travelled under. But it certainly brings to focus a couple of points we continually like to make. First, the Aloe Vera gel works most consistently when applied on or in the human/animal system. Second, it is but another indication of the importance of obtaining a truly stabilized product, for it is only with a Stabilized* Aloe Vera Gel that we are able to get consistently positive results every time.

Another of the positive results achieved from a bacterological standpoint, again have to do with an accounting related to us by Dr. Setterstrom testing our Stabilized* Aloe 99 Gel in a 40% solution against *Streptococcus mutans*. *S. mutans* are a notable form of strept strain in that they adhere to hard surfaces such as enamel, and are the main source of plaque formation on teeth. In a test tube experiment, Dr. Setterstrom allowed the *Strept mutans* to form a culture and then introduced the Aloe Vera solution at a level of 40%. After just a few hours, all the plaque formed by the *S. mutans* had fallen to the bottom of the tubes. At the beginning of her experiments Dr. Setterstrom informed us that she would present all her findings in a published form. We look forward to their publication.[110]

If we are to understand them correctly the Setterstrom experiments using the 40% solution of Aloe Vera gel were impressive. Until the written report is issued, however, they are not conclusive. We realize the importance of that, just as we realize that 40% Aloe Vera solutions are a bare minimum. Minimum daily requirements are okay for vitamins; not for Aloe Vera. And since we're not in the business of cutting corners, we will use the highest concentration with broad spectrum application and consistent total bactericidal capabilities.

If the bactericidal potentials for Stabilized* Aloe Vera Gel may not yet be considered total, they can certainly be considered broad-spectrum. In 1970, Sims and Zimmerman had widened the perspective even further by testing the effect of Aloe Vera Gel on *Mycotic organisms* (fungi). In this case, the organisms tested were 1) *Trichophyton mentagrophytes* (common name, *Tinea pedia),* the prime causal agents in athlete's foot; 2) *Trichophyton rubrum (Tinea ungium),* the primary causal agent of ringworm of the nails.

The two fungus organisms were tested in both corn meal agar and Sabouraud's agar (an agar modified to contain glucose and neopeptone as growth acceleration agents). Agars are gelatinous substances with organic bases used to solidify bacterial cultures providing them a medium for growth. In the case of the corn meal and Sabouraud's agars, the growth of *T. mentagrophytes* and *T. rubrum* took from twenty two to thirty days to mature. After an observation period of six weeks, Aloe Vera of America's Stabilized* Aloe Vera Gel was introduced in percentages of solution ranging from 25% to 100%.

The results were gauged on the table (reproduced on the next page).

After just five hours, Sims and Zimmerman found that our Stabilized* Aloe Vera Gel in high percentages killed both the *T.*

BAYLOR UNIVERSITY COLLEGE OF DENTISTRY
800 Hall Street. Dallas. Texas 75226

RESULTS

A. T. mentagrophytes observation period: 6 weeks

% Aloe Vera	Sabouraud's agar — Growth of Organism (exposure to A.V.) 1 hr	3 hrs	5 hrs	Corn meal agar — Growth of Organism (exposure to A.V.) 1 hr	3 hrs	5 hrs
25	+	+	+	+	+	+
35	+	+	+	+	+	+
45	+	+	+	+	+	+
55	+	+	+	+	+	+
65	+	+	+	+	+	±
70	+	+	±	+	+	-
75	+	+	±	+	+	-
80	+	±	-	+	±	-
85	+	±	-	+	-	-
90	+	±	-	+	-	-
95	+	-	-	±	-	-
100	+	-	-	±	-	-

B. T. rubrum observation period: 6 weeks

% Aloe Vera	Sabouraud's agar — Growth of Organism (exposure to A.V.) 1 hr	3 hrs	5 hrs	Corn meal agar — Growth of Organism (exposure to A.V.) 1 hr	3 hrs	5 hrs
25	+	+	+	+	+	+
35	+	+	+	+	+	+
45	+	+	+	+	+	+
55	+	+	+	+	+	+
65	+	+	+	+	+	+
70	+	+	+	+	+	+
75	+	+	±	+	+	±
80	+	+	±	+	±	-
85	+	+	±	+	±	-
90	+	±	-	+	±	-
95	+	±	-	+	-	-
100	+	-	-	+	-	-

Symbols: +..... normal growth of organism

±..... growth inhibited for 4-6 days longer than controls

-..... no growth

mentagrophytes (the athlete's foot fungus), and the *T. ruburm* (the ringworm fungus). The *T. mentagrophytes* were more easily killed in that less percentages of the gel were required (70% to 80%). The *T. rubrum* required 80% to 90% solutions. Furthermore, the Aloe Vera gel was more effective as the time lapsed.[111]

Later in the same year (1970), Sims and Zimmermann tested the cytopathology of Aloe Vera of America's cultures of the now infamous *Herpes simplex* virus. As we all know only too well, Herpes simplex attacks millions in the form of fever blisters formed most prevalently in the mouth and other moist areas.

The test was conducted *in vitro* on primary hamster kidney cultures prepared in Falcon plastic petri dishes to simulate as closely as possible the *in vitro* (test tube) and *in vivo* (living tissue) effects of Stabilized* Aloe Vera Gel. The effects that were achieved were conclusive. In all 100 tissue culture samples of Herpes simplex virus, the Stabilized* Aloe Vera Gel was 100% virucidal within a time span of 72 hours.[112]

In a test conducted later that year against a close relative of Herpes simplex, Herpes zoster, the results were equally remarkable. Herpes zoster, though not considered as virulent as the herpes simplex strain, is still the cause of misery to millions of people who suffer chronic stress maladies such as "shingles."

Using the same types and numbers of hamster kidney monolayer cultures, Sims and Zimmerman found the Stabilized* Aloe Vera Gel 100% effective against the zoster strain of herpes virus:

> These results indicate that Aloe Vera is virucidal against 100 TC (tissue culture) doses of Herpes virus, strain zoster, to a slightly greater extent than against Herpes virus, strain simplex (a study completed at an earlier date).[113]

As a footnote, we might add that Stabilized* Aloe Vera Gel was 100% effective against both strains of herpes, but was effective in an even shorter period of time against the weaker zoster strain.

Additionally in 1971, Dallas Microb—Assay Service under the supervision of Dr. Sims performed another bacteriological study, this time testing our 100% Stabilized* Aloe Vera Gel against *Trichomonas vaginalis*. More commonly known as trichomonas, this is one of the most prevalent forms of female vaginal infections known today, a condition that affects hundreds of thousands of women annually.

In the tests conducted for a duration of 72 hours, Dallas Microb—Assay found that in the Aloe Vera of America's Stabilized* Aloe Vera Gel was 100% effective in killing the trichomonas parasite.[114]

In her evaluations of the effectiveness of Aloe 99 Gel, Dr. Sims made a concise and accurate summary of the findings:

> Aloe Vera is bactericidal to at least (6) species of bacteria, especially to the more common strept and staph infections . . . It is timely in its use on burn patients . . . In an 80% concentration, it is broadly virucidal . . . It is virucidal to four members of the Herpes virus strain including Herpes simplex and Herpes zoster. In an 80% concentration, it is fungicidal against yeast infections, trichomonas, and as a moniliacide.[115]

Reportings such as those by Sims and Zimmerman are impressive and gratifying but are by no means the whole picture. Frankly, we have not yet completed the mural and may not in our lifetime. What we do have, however, is a beginning. We already have bacteriological evidence enclosed here to illustrate the dramatic germacidal, fungicidal, and virucidal properties of Aloe Vera. We also have some failures (such as the Sims/Zimmerman and Water Reed findings on freeze-dried Aloe Vera), and some unsolved mysteries such as the frequent failure of the fresh gel when tested *in vitro* as opposed to its broadly successful tests on living tissue.

Aloe Vera of America, Incorporated continues to undertake bacteriological studies on Stabilized* Aloe Vera Gel. Currently, we are underwriting a series of *double-blind stu-*

dies to gain even more conclusive evidence in support of the healing plant.** They come at no small expense. And yet we know there are no other alternatives if Stabilized* Aloe Vera is to achieve the universal professional acceptance it so richly deserves.

The most important aspect of bacteriology comes in its translation. For each strain of virus, fungus, or monilia, there exists an even broader range of afflictions to which it is party, in illness, allergy, and disease to the larger organism. It is the cure of the larger organism, the human organism, where we must place our final emphasis. And it is also here, in the human body where we have the most impressive records of results - physicians' reports, patient testimonies, and some dramatic cases.

In Vivo

We know by now that the term, *in vivo*, is Latin in derivation and means literally, "in life," or in this case in living subjects. All the cases we will now study will be on real people — patients — or reports by doctors who have treated virtually thousands of patients with Aloe Vera of America's Stabilized* Aloe Vera Gel, Aloe 99 Lotion, Aloe 99 Creme, and related products.

Where they apply, we will study cases of dermatological applications; oral and periodontal applications; orthopedic applications; internal applications, pediatrics, obstetric and gynecological applications; and others. Wherever possible, the Physicians' reports and letters of endorsement will be reproduced and listed alphabetically in Appendix A. Letters of Testimony from the general public will be listed in Appendix B .

In citing the various applications and professional reports on our Stabilized* Aloe Vera, we need to point out that in many instances the uses will overlap. Many reports on topical applications will be made by general practitioners who will also report their other broad spectrum indications as well. Many dentists and oral surgeons will indicate topical uses, and so on. All we can do is provide a broad picture and bring the overlaps to your attention as they occur.

In all the physicians reports on Stabilized* Aloe Vera products reproduced here, the doctors were asked to catagorize first the ailments treated and second to rate the results achieved with the Stabilized* Aloe Vera products as being (G) good, (E) equal to any other available product, or (S) superior to any other available product; or if the results were non-specific or inferior, to note those in the remarks. In their ratings, the physicians reporting were asked to evaluate the Stabilized* Aloe Vera against the following criteria:

1. Penetration
2. Reduction of swelling
3. Relief of pain
4. Anti-inflammatory
5. Healing acceleration
6. Antiseptic
7. Other criteria according to the specific modalites of treatment, such as anti-pruritic, fungicidal, etc.

Additionally, they were asked to observe any level of toxicity they might find present in the form of side effects or contraindications.

The reports we include here and in the Appendixes will, by and large, be summary reports dealing with at least ten cases, and in some instances, thousands of cases. We think you will find them amazingly consistent and, we hope, conclusive.

Dermatology

December 1, 1966

To whom it may concern:

My personal experience with the use of Aloe Vera was in 1944. I had received a radiation burn to my fingers from a field unit x-ray machine while serving in the Army. Aloe Vera leaves were sent by air, and the

** *Double blind studies*. Studies in which an attending physician is given two products to apply to a test group of patients. One of the products contains the active ingredient to be tested. The other contains a placebo. The products are coded so that only the study co-ordinator knows their identity.

crude jelly was used on the fingers. The burned areas healed after about three weeks leaving some scars but to this date there has been no ulceration or cancer to develop.

Recently, I have used the stabilized form of Aloe Vera put out by Lakeland Laboratories,*** on Herpes simplex and some burns, I have found it to be most helpful in relieving pain, preventing infection and promoting healing.[116]

Richard B. Hartin, M.D.

Perhaps nothing is more convincing than the testimony of a doctor who has not only experienced success using a product on his patients, but has also used it with gratifying results on himself. We use this letter from Dr. Richard Hartin for a couple of reasons. First, because he was one of the few physicians predisposed toward acceptance of the product from the outset. Second, because he was one of our first reporting physicians. By the time he had reported his findings to us, he had already been working with pure Aloe Vera gel for five years. Even though his case evaluations were only ones of recent vintage (provided at our request), he reported good results in treating over a hundred cases of Herpes simplex.**** In those instances, as in many that follow we let the reproduced reports speak for themselves.

Dr. Hartin's reportings, though they are less dramatic than some you will see, are important to observe because they also establish a few patterns. One is the consistency in which Stabilized* Aloe Vera Gel is rated in all applications of usage — there is not a point in which Dr. Hartin found it lacking. Another, is the utter lack of toxicity observed and yet another is the lack of side remarks or variances reported in cases treated. The Aloe Vera gel was effective in all instances of treatment, not just a simple majority.

If Dr. Hartin's reports do not offer impressive enough numbers of cases treated, one does not have to look far to find numbers matched by equal consistency, and practicing physicians who are true believers.

One of the most extensive lists of findings came from Dr. Richard R. Russell of the Mesquite Medical Center. Dr. Russell, an M.D. and general practitioner, had been using Aloe 99 Gel and other Stabilized* Aloe Vera products for over ten years when he filed his physician's reports. By that time, he had successfully treated hundreds of cases using various Aloe 99 compounds in what would have to be as broad a spectrum of dermatological as you could imagine.

Even in his first two years of exposure to the healing plant and our Stabilized* Gel derived from it, Dr. Russell was willing to give lengthy testimony to their efficacy. In one letter dated July 1968, he wrote the following:

> . . . I have used this on a number of burns both major and minor and have found it to be very useful in the treatment of *all types of burns*. It seems to relieve the pain within a very short while and has a very good effect in healing . . . The speed of recovery of burned areas appears to be increased over that treated with other preparations.
>
> I have also used Aloe Vera preparations on a variety of other conditions and found it to be very useful in treatment of fever blisters . . .
>
> One of the most useful applications of Aloe Vera that I have found, is in the treatment of open surgical wounds, especially in the resection of part of the nail and nailbed of the toes for ingrown toenails. I have done this on approximately eight occasions and pave packed the toe with a sponge containing Aloe Vera resulting in minimal pain through the next twenty-four hours. Generally, patients with this type surgery have excruciating pain during this time . . . .
>
> I have never found any patients who showed any form of toxicity to the Aloe Vera.[117]

Many doctors have been supportive of Aloe Vera of America's Stabilized* products, but until his untimely passing in 1980 no one was more conscientious in reporting written results outside the physicians' re-

*** Lakeland Laboratories, is a pharmaceutical company I founded in 1964. As a research facility it performed the first clinical studies on Stabilized* Aloe Vera Gel.

**** Dr. Hartin also found Aloe Vera gel effective in treating 100 cases of strains and sprains with no toxic side effects.

ports than Dr. Russell. In 1969 in one of a series of letters, Dr. Russell related the following:

> One of the major uses of Aloe Vera has been its application in surgery in which the wound is left open or partially open. Excellent relief of pain and absence of swelling was noted when the wound was packed with gauze saturated with Aloe Vera in such conditions as removal of part of the toenail and nail bed for chronic ingrown toenail, hemorrhoidectomy, and pilonidal cystectomy (removal of cysts) . . . .
>
> I have lately begun to try the unflavored Aloe Vera gel in cases of vaginitis in which there is severe pain and rawness . . . There are many other applications of Aloe Vera that have been tried or considered. It seems to be of value in most conditions in which there is pain either in or under the skin . . .[118]

Its effects on the skin would be noted in considerable depth in the physicians' reports Dr. Russell was to compile between 1969 and early 1980. Their findings and the broad range of dermatological applications are included in his physician's reports (in Appendix A).

One would be impressed even from a cursory glance at Dr. Russell's successes Aloe Vera has also enjoyed with infections and conditions from decubitous ulcers to impetigo to dermatitis, insect bites and stings, psoriasis, and eczema — not to mention burn treatments including over 200 treated cases of thermal burns. Since Dr. Russell was a general practitioner, his indications will encompass a broad spectrum of applications including internal, oral, and gynecological uses. Because these areas are overlapping, some of Dr. Russell's indications will be repeated in those respective sections.

Once again, the pattern of working with Stabilized* Aloe Vera continues. In all applicable instances, the ratings given Aloe Vera of America's products were either equal to or superior to anything available at the time of treatment. When you consider the numerous modalities presented to doctors almost weekly for use on patients, these professional evaluations are the highest form of compliment. At least a part of this had to do with the bottom line of each report — Dr. Russell never observed any toxicity on any of his patients.

One of the earliest proponents of Stabilized* Aloe Vera, the man who first encouraged Dr. Russell's involvement with its potentials, was Dr. Roland L. White. A specialist in internal medicine, Dr. White has treated patients with Aloe Vera for various afflictions since the early 1960s. In one of the many cases he cited to us, he detailed the treatment of a woman for the difficult to remedy a condition of psoriasis. This is what he reported:

> Mrs. R.M. (age 45) Psoriasis with secondary chemical irritation of psoriatic lesions and secondary infection, right foot and left shin. Rapid clearing, loss of burning and itching and redness within two weeks of twice-daily applications of Aloe Vera Cream compared with two months of previous treatments with little or no progress with topical cortisone cream, tar preparations, ultra-violet light and antibiotic ointments under the direction of a dermatologist and an internist in another state (Arizona) . . .
>
> In summary, gentlemen, it would appear that Aloe Vera juice of Aloe Vera Special Formula Cream** may have great potential value or at least certainly deserves much further clinical evaluation in the following possible indications:
>
> 1. X-ray burns
> 2. Sunburn
> 3. Chemical burns
> 4. First degree burns
> 5. Traumatized tissue (after normal and regular cleansing)
> 6. Decubitous ulcers
> 7. Primary candidal dermatitis
> 8. Stomatal ulcers
> 9. Herpes simplex
> 10. Periodontal surgery
> 11. Insect bites and stings
> 12. Irritating plant stings
> 13. Other minor dermatological manifestations.[119]

The letter was submitted in 1966. By 1978, Dr. White had treated hundreds of cases in topical use with Aloe Vera of America's Stabilized* Aloe Vera products: Aloe 99 Gel,

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** Aloe Vera Special Formula Cream has subsequently been supplanted in function and formulation by Aloe Vera Gelly.

Aloe 99 Lotion, Aloe 99 Creme, and others — his findings are detailed according to condition treated, and we refer you to them for your examination.

As in so many other physicians' reports, Dr. White reported ratings superior to or equal to any other treatment for the infections against which they were used. The superior grading included its bactericidal, fungicidal, anti-pruritic, and enzymatic debridement effects, along with its well known predilection for relief of pain, anti-inflammatory, healing acceleration and other. As in the reports of doctors Russell and Hartin, Dr. White noted no incidences of measurable toxicity or contraindications during a ten-year span of time using Aloe Vera of America's Stabilized* Aloe Vera products.

You might also observe Dr. White's reports noted marked indications of successful use in orthopedic, oral, and gynecological uses. In other categories, these reports will be evaluated along with the appropriate applications to which they apply.

For the die-hard skeptics who require thousands of cases as proof of the veracity of our claims, we direct them to the reportings of Dr. Robert E. Speegle, a physician in general family practice and head of his own clinic in Garland, Texas. During the more than twelve years Dr. Speegle has treated patients with Stabilized* Aloe Vera products, he has noted and reported thousands of cases of satisfactory treatment.

In 1972 he reported various modalites of administration of Stabilized* Aloe Vera Gel and their span of results. In 1977, at our request, he sent his findings to us in a broad range of general, orthopedic, and dermatological uses. His summary findings are included in his physician's reports in Appendix A.

By necessity, the reproduction of Dr. Speegle's documents have been reduced by 25% so they can be contained on these pages. The approximate number of cases listed in such indications as impetigo, fever blisters, Candida albicans, and others number not in the hundreds as might appear at first glance — they number in the thousands. Additionally, there is a thorough reporting of experiences in treating orthopedic cases which will be shown specifically in that section.

Consistent with the pattern of all his case records, Dr. Speegle reports results that are in most instances superior to any other form of treatment available. The pattern is seemingly invariable. The dramatic results are accentuated by the written report furnished in 1972 in which he expresses unqualified enthusiasm for the rapid rate of healing in numerous applications of Stabilized* Aloe Vera. By 1977 the records matching this endorsement were enumerated into the thousands. To date it is an unparalleled record of consistent usage and success over a ten year period of time.

Interestingly enough, Dr. Speegle did report the only case of contrandication or toxic side effect ever recorded for Aloe 99 Gel, or any product formulated by Aloe Vera of America. This involved a case of contact dermatitis in which a man displayed a "stinging sensation" caused by the Gel and the minute traces of alcohol that go into its stabilization. Even due to the bizarre and untoward effects of this allergy, the odds of possible contraindications for using Stabilized* Aloe Vera Gel would be one in about 500,000 — .000002% possibility of toxicity. Try those odds with any other medication known to treat the human animal, including tap water.

Other physicians in their reportings of treatments for dermatological conditions have found good or superior results by using Aloe Vera of America's products. We cite three physicians' reports for your reference because all are dermatologists with voluminous case records dealing with their treatments of diseases of the skin.

One among this group, Dr. David R. Weakley of Dallas, noted particular success in treating thermal burns, and over 300 cases of fever blisters (Herpes simplex).

A second, Dr. Ed Crowe Miller, a Derma-

tologist in Dallas, Texas, cited superior results in treating hundreds of cases of eczema, twenty-five cases of psoriasis, and dozens of cases of dermatitis. The modality primarily used to treat the infections was Aloe 99 Creme.

A third, Lawrence Meyerson, M.D., a dermatologist in Irving, Texas treated one hundred cases of acne with Aloe 99 Gel citing superlative results in all cases. His report echoes the findings of Dr. Robert Speegle when he summarized his results in 1972: "I say unequivocally that these are the best results I have ever found in acne vulgaris. Relief of pain and itching, subsiding of infection, far less scar tissue formation." [120]

In reports from all three doctors we have just mentioned — Weakley, Miller, and Meyerson — no toxicity was noted. Their reports have been reproduced for your reference in Appendix A.

One of the most vocal and perennial supporters of Aloe Vera and Aloe Vera of America's products was Leopold Gilbert, M.D., an Austrian by birth and an allergist by specialization. Dr. Gilbert had treated hundreds of patients with Aloe 99 Gel, Lotion, and Creme over a ten year period of time. Though he passed away in 1977 before he was able to complete his reports to us, one of his letters lists his observations and cites his confidence.

> I was left with cosmetic samples for trial and test for allergy. These samples, I was informed, contained extracts of Liliaceae or Aloe Vera (50% to 70%).
>
> I handed the samples to patients who praised the product as a cosmetic but also have pointed out to me its remarkable therapeutic properties. The findings were as follows:
>
> *Hand and body cream:* 100% effective in tinea pedis (athlete's foot), tinea corporis, tinea barbae and tinea of the hands (intertriginous eczema) due to dermatophytes. Itching subsides with the first application. Eczema subsides rapidly.
>
> *Hair lotion:* 90% effective in dandruff due to fungi. Itching ceases at first application. The scalp clears of scales permanently when applied twice daily within four days.
>
> Hand cream and body lotion provides immediate disappearance of pain on contact, on first and second degree burns and blisters dry up in 24 hours or earlier.
>
> Body lotion prevents sunburn, but no suntanning. Body lotion applied to sunburn procures instantaneous relief.
>
> Hand cream applied to insect bites suppresses itching and swelling.
>
> Both cream and body lotions have definite anti-edematous and anti-inflammatory properties.
>
> Pain of sores inside the mouths of children subsided, completely and permanently, on one contact of rubbed-in cream. Pain and blisters due to shingles disappears rapidly.
>
> I have encountered no allergies from the use of those products.[121]

Dr. Gilbert was a good friend of mine, and I mourn his passing, though I know no one would have more readily applauded the undertaking of this book. Yet in a way this writing is a tribute to Leopold Gilbert and the men like him, professionals who dare to try the new, who have one ultimate criterion in selecting a treatment for their patients — does it work?

That question was once put to us by one of the foremost names in the dermatological field, though not in the context of skepticism. Arthur Shock, Dermatologist, Ph.D in Chemistry and renowned authority in diseases of the skin was perhaps best known during his lifetime for having published the bible of dermatology — *The Shock Letter.* So scrupulous were Dr. Shock's evaluations, so unimpeachable were his findings that the newsletter's paid ciruclation was worldwide and all inclusive of members of the medical profession.

On a goodwill mission to Dr. Shock, I endeavored to convince him of the benefits of Aloe Vera and Aloe Vera of America's Stabilized* Aloe Vera products. Dr. Shock's reaction was pre-emptive. A vibrant man, though in his later years, he regarded me for a moment and replied, "Young man, I was using Aloe Vera on skin conditions before you were born. I've always been convinced of its effectiveness, but I've yet to be convinced of its ability to be stabilized."

I assured Dr. Shock that it could be stabilized,that we had the data to prove it including bacteriology reports. If he could see them and could be convinced, Dr. Shock assured me that he would publish them in *The Shock Letter.*

I presented our materials and clinical data to Dr. Shock. He was sufficiently impressed to want to publish his findings on Stabilized* Aloe Vera Gel but insisted we wait until Aloe Vera of America could reap the benefits of *The Shock Letter* on a worldwide basis. Unfortunately, before this could come to pass, Dr. Shock passed away. I lost a newfound friend. And the Silent Healer lost what might have been its most eloquent spokesman.

Other physicians reports including cuts, lesions, and abrasions are detailed in their entirety in Physicians' Reports (Appendix A), along with additional professional letters of endorsement and case histories.

Perhaps the best illustration of the true dermatological effectiveness of Aloe Vera would be a simple one found in everyday use — for sunburn. It involves an instance in the family of Dr. Jim Jackson of Dallas. It was a hot summer day in 1973, and Dr. Jackson's two daughters had gone to the lake with three girlfriends. They spent the entire day in the sun, and all five girls returned with severe sunburns and in need of relief. Dr. Jackson had enjoyed considerable success with patient applications using Aloe 99 products and promptly applied Aloe 99 Lotion to the burned areas on the girls, or else had them apply the Lotion on their own. While applying the lotion to her shoulder, one of Dr. Jackson's daughters unwittingly missed an area about four inches square. The girls all enjoyed instant relief and no blistering or peeling for the days that followed. The singular exception was the four-inch spot his daughter had missed. It blistered and peeled.

Dentistry and Periodontics

In some areas we will inescapably have to deal in overlaps of usage. To be sure, some will be occasioned in orthopedic treatments and treatments of related skin conditions; we have noted those and will itemize them next. Probably some of the most frequent instances of overlap in usage, however, will come with oral treatments and treatments of a dermatological nature. Invariably, the general practitioner and internist will treat instances of trenchmouth, aphthous ulcers, and gingivitis. And conversely, the oral surgeon or periodontist often treats fever blisters, herpes simplex, and tonsillitis.

The most ready example of this overlapping treatment would be in the physician's reports of the prolific Dr. Robert E. Speegle, where he records having treated literally thousands of cases of trenchmouth, gingivitis, aphthous ulcers, and tonsilitis. That report will be reiterated in this section with specific indications of the oral applications and treatment.

Another instance of treatment of oral complications by physicians in general practice comes from the collective reports of Robert W. Allen, M.D., of Garland. Issued in 1974, Dr. Allen's reports include treatment of at least one case of trenchmouth and over one hundred cases of gingivitis, all with results equal to or superior to anything Dr. Allen had ever tried before.

For further examination, we refer you to Dr. Speegle's reports (including various oral applications) as well as Dr. Allen's report. Both are included in Appendix A.

If you consulted Dr. Allen's report you probably noted the cases of closely related types of fever blisters and other dermatological conditions, all with either excellent or superior results. Other indications of oral uses by physicians in internal or general practice will be pointed out as they occur in the main context of use. These cross-references may not always be easy to follow, but they are essential if we are ever to get the full scope of potentials for Stabilized* Aloe Vera products. Of course, for in depth studies in each category we must return to the realm of the specialists in their respec-

tive fields of medicine. In that instance we need to look no farther than the findings of Dr. J. Thomas Bell of Dallas. Having practiced general dentistry for 25 years, Dr. Bell was first introduced to our Stabilized* Gel in 1969. During the nine years that elapsed between his first introduction to the products and his report to us in 1977, Dr. Bell found Stabilized* Aloe Vera effective in treating hundreds of cases of trenchmouth, gingivitis, aphthous ulcers, fever blisters, and Herpes simplex.

The ratings Dr. Bell gave the Aloe 99 products were either equal to, or in most cases superior to any other modality available at the time of treatment. As is characteristic of Aloe Vera applications, there were no contraindications documented.

Another record of successful usage which closely matches that of Dr. Bell, can be found in the reports and correspondence provided us by Stuart Wallace, D.D.S., of Dallas. Dr. Wallace, a practitioner in general dentistry, first became intrigued by our Stabilized* Aloe Vera Gel in 1967. By the following year, he had become sufficiently convinced of its efficacy to recommend it along with our other products to his associates. In a letter to Dr. Richard Dinham of Honolulu, Dr. Wallace made the following endorsement:

> You indicated interest using the drug under immediate dentures. This is an area where we get some of the most dramatic results, mainly no pain. The cream is applied to the denture, liberally in the surgery area, and inserted immediately. We remove the denture in 24 hours and then instruct the patient to use the cream 4 to 6 times daily. Our experience has been from very little pain to none. Incidentally, these patients are on no pain medication. Sound amazing!? It is! Hope you have the same results . . .[122]

We find it interesting, but by no means unique, that Dr. Wallace refers to the Aloe 99 Creme as a "drug." He is technically correct since the term, "drug," means anything used for the treatment of pain or illness. However, in common understanding, it has come to apply to something strong, probably toxic, and requiring limited use. This certainly does not apply to Aloe Vera.

Once more, Dr. Wallace refers to the drug, though he gives it his heartiest recommendation:

> I have used this drug on various herpetic and traumatic lesions of the oral cavity. Briefly my results have been more than excellent. The basic result being reduction of pain, secondary result being the reduction of swelling.[123]

Dr Wallace wrote that general letter of endorsement in 1970, and by 1975, he was able to make a complete report. (Both have been included in Appendix A).

As noted in Dr. Wallace's report, he treated more than one hundred cases of trenchmouth and gingivitis, twenty-three cases of stomatitis, fifty cases of aphthous ulcers and periodontitis, and over two hundred cases of fever blisters (herpes simplex). In all cases the evaluations were good and excellent results with a level of toxicity that was consistently below feasible measureability. This report was the result of eight years of using Aloe Vera of America's Stabilized* Aloe Vera products.

Dramatic results in treating over one hundred cases of aphthous ulcers and at least seventy-five cases of herpes simplex were also reported by William Litle, D.D.S., an oral surgeon who had been treating cases with our specially formulated Aloe Vera products since 1968, all with good results and with no toxic side-effects or contraindications.

Even as early as 1968, Dr. Litle had been working with the fresh gel of the Aloe Vera plant and with our original Aloe 99 Gel formula and reported good results in treating facial edema, immediate denture problems (relieving pain and accelerating healing.) Dr. Litle also found them effective as external and intra-oral applications to relieve the pain and infection of trismus, and as a mouth rinse for herpes (simplex).

Perhaps a summary of Dr. Litle's successes in treating herpes simplex could be said to have come in a most convincing let-

ter written to him by a patient, who had been treated with Aloe 99 Stabilized* Gel in an oral solution:

> I wish to take this opportunity to express my grateful thanks to you and to Mr. Bill Coats . . . for the blessings of complete relief from my most recent attack of herpes simplex. The lesions which formed late Thursday night, January 18, and which became quite painful on Friday, January 19, are completely gone. I have suffered no side effects from the use of stabilized Aloe Vera which Mr. Coats so generously gave me for the lesions.[124]

At the beginning of treatment this patient's lesions were advanced and quite painful, and though his endorsement is enthusiastic and the rate of healing remarkable, it is by no means exceptional. Rather, it is part of the consistent statistical pattern sent to us in Dr. Litle's reports in 1977 (Appendix A).

For sheer depth and scope of cases treated in oral surgical and periodontal applications, no one has reported more cases than Paul Carrington, D.D.S., B.S.D. Dr. Carrington, a periodontist for over 23 years, has his own practice in Dallas, Texas.

Over a twelve year period of time Dr. Carrington has reported treating over eighty cases of trenchmouth, and over 2600 cases of gingivitis, periodontitis, stomatis, aphthous ulcers, and one hundred cases of Herpes simplex, all with results that were equal to or superior to any other modality used to treat those problem conditions.

Further, Dr. Carrington makes special mention of the fact that he and his associates "see over 200 periodontitis patients yearly and use is [Stabilized* Aloe Vera] routinely on every patient." The results are consistent, according to Dr. Carrington's evaluations, and consistently gratifying.

On a second report, he also notes having applied Aloe 99 Gel and Aloe 99 Oral Solution in postoperative treatment of over 2000 gingivectomies and open surgical wounds (see Appendix A).

Additionally, Dr. Carrington also recorded having treated eighteen cases of thermal burns to small areas of the body (mouth), ten with Aloe 99 Oral Solution; and eight with Aloe 99 Gel. In all cases, Dr. Carrington specified the burns as having taken approximately one week to heal completely. In all eighteen cases the rate of healing, relief of pain, penetration, and anti-inflammatory activity were superior to any modalities previously tried. The anti-pruritic action and moisturizing capability were equal to any treatment available.[125] He noted no toxicity. In fact, no toxicity has ever been noted in any of the cases Dr. Carrington and his associates have treated with Stabilized* Aloe Vera products by Aloe Vera of America.

As has often been the case in the use of Stabilized* Aloe Vera, some of its strongest support comes from professionals who have yet to turn in their summary findings. Nevertheless, they have used our products for years, have endorsed their effectiveness, and have cited dramatic case examples to give credence to their support.

In the field of dentistry and periodontics, no one has been more supportive of the use of Stabilized* Aloe Vera than Earl Moore, D.D.S., B.S.D. Dr. Moore, a practicing periodontist for nearly twenty years and a past president of the Dallas County Dental Society, is also a consultant and lecturer on periodontics. His expertise in the use of Aloe Vera spans a seven year period during which he has found it useful in post surgical oral applications, periodontal problems, and any problems to do with the skin. In a taped endorsement made for Aloe Vera of America he expressed his belief in its bactericidal, fungicidal, and virucidal capabilities.

> "To me the most remarkable thing it does is in regard to healing. I have used it in all kinds of situations that are bactericidal type things, or where there is a virus like herpes, cold sores, little sores on the tongue. I find this Aloe Vera mouthwash [Aloe 99 Oral Solution] and Aloe Vera Gel are just fantastic for these particular kinds of afflictions. Within just a matter of hours, these conditions are on the way to getting well, where they have been driving people nuts for days and even weeks."[126]

Dr. Moore goes on to cite an extreme case involving a young man twenty-three years of

age who had been out of work for weeks with fever and ulcers all over the lips and tonge. His lips were swollen to three times their normal size. The young man couldn't eat and became increasingly weaker. Because of an already pronounced nutritional loss, the administration of penicillin or antibiotics at this point would have only worsened the situation. The only medication that seemed viable at this critical stage was Aloe Vera. In Dr. Moore's words, the results were dramatic:

> "We gave him the Aloe Vera wash (now this was the pure Stabilized* Aloe Vera Gel), told him to rinse with it several times a day, put him on some strong vitamins, and told him to eat whether he liked it or not. . . . Within 24 hours this young man was much better. Within 48 hours, he asked us if he could go back to work."[127]

Dr. Earl Moore's experience spans literally hundreds of cases similar in varying degrees to the one we just mentioned. In all of them, he has told us, the Stabilized* Aloe Vera has worked its wonders with dramatic curative results.

Pediatrics

One field of medicine in which Aloe Vera has proved particularly beneficial has been in the specialized practice of pediatrics. We already have several historical and folkloric indications that the healing plant was especially used by parents in the tropics and Java and other islands of the East Indies for bites, cuts, and dermatological infections on children. In Columbia Aloe Vera was used as a rub on children to repel insects, and it is broadly used throughout all regions of Mexico especially on the myriad problem conditions that occur in and on the growing child. It might be said with some accuracy that if Aloe Vera has a predilection for wounded tissue in healing numerous conditions in the adult, it is perhaps even more consistent in repair of injuries and ailments in growing children. This may take place because they are in a state of constant growth and development. Their glands and tissue formation are by the very stage in their lives more active, and the Aloe Vera seems to complement the kinds of changes that take place in the young human body.

Although many of the physicians' reports we have already covered deal with cases treating children, they are not particularized except for individual patients' reports. Itemizing those, of course, would fill dozens of pages. For the sake of brevity we won't reproduce them, here. What we would like to do, however, is include the summary findings of a group of specialists in pediatrics and adolescent medicine, Dr. H. Norman Chandler and Associates.

In twenty-six years of practice and eight years of using Stabilized* Aloe Vera Products by Aloe Vera of America Dr. Chandler has treated thousands of juvenile cases involving abrasions, contusions, sprains and strains, tinea, seborrhea, impetigo, herpes, various kinds of burns including chemical burns, and all manner of secondary infections. In all cases Dr. Chandler has been able to report that the results (using Aloe 99 Creme and Aloe 99 Lotion) have been superior to any other known treatment. They have been superior in all criteria of rating: penetration, relief of pain, reduction of swelling, anti-inflammatory action, moisturizing, antiseptic capabilities, and antipruritic qualities.

If you will consult Dr. Chandler's reports (in Appendix A) you will note, in spite of recording remarkable curative results, that he recorded no toxicity and found no contraindications. This is particularly noteworthy, in treating children and adolescents whose chemical balances are both delicate and volatile. The slightest medicinal shocks to their growing bodies can often produce serious complications. However, because of its lack of toxicity, Stabilized* Aloe Vera can be used with impunity and without the fear of a child unwittingly taking the medication and becoming ill.

In one instance, a doctor in Phoenix to whom I had sent some samples of our product called me, gravely concerned because

his five-year-old daughter had accidentally drunk eight ounces of our Stabilized* Aloe 99 (Cello) Gel. When he asked me what the implications might be, I could assure him that there was no known toxicity, that we had conducted several toxicology evaluations and could report no LD_{50} on the product she drank. That's the beauty of using Aloe Vera with children — it's nontoxic.

Orthopedics

In this section, we include cuts, abrasions, contusions, and lacerations along with sprains, strains, muscle spasms, bursitis, arthritis, and rheumatoid conditions. We do so because they are included on the same reportage sheets. In the case of athletic injuries, traumas to the skin are often contingent to skeletal and musculature problems.

Perhaps not surprisingly, the most extensive reports on orthopedic applications come to us not from physicians but from athletic trainers across the country. Two of the most notable are Frank Medina, longtime head trainer for the University of Texas, and Larry Gardner, former trainer for the Dallas Cowboys and Miami Dolphins. Their exposure to the variety of Aloe Vera for athletic/orthopedic uses covers a broad range applications. However, due to the uniqueness of the category, we will give them special attention in our next chapter, "Aloe Vera in the World of Athletics," along with product examinations and observations from other trainers and some of the athletes themselves. For now, we will concentrate the reports by physicians and some pertinent cases from their patient records.

One of the most consistent users of Aloe Vera of America's Stabilized* Aloe Vera products has been Dr. Kendall H. Moore of Dallas. We have already quoted Dr. Moore's findings in dermatological applications and now direct you to his report for its indications in gynecological applications. He has also covered a number of cases involving orthopedic uses (including abrasions) for sprains, tendonitis, bursitis, and muscle spasms over a five-year period. In all cases treated — when rated for penetration, reduction of swelling, relief of pain, improved mobility, healing acceleration, and anti-inflammatory activity — Aloe Vera of America's products proved equal to or superior to anything available at the time. These results included over three hundred cases.

Once again, no toxicity or contraindications were noted in using either the Aloe 99 Gel, Aloe 99 Lotion, Aloe 99 Creme, or A-Balm Massage. Although to the layman it might seem as if toxicity would not generally be a problem, here, we have to remember in the realm of muscle spasms, arthritis, bursitis, and other chronic conditions, we face a prolific use of muscle relaxants, cortisone, corticosteroids, and related steriod products that not only have far reaching toxic implications, but also (in the case of steroids) can, over prolonged usage, prove addictive to the individuals treated. In other words, many instances in which steroids are applied to wounded tissue or administered orally for relief of pain and inflammation can engender withdrawal symptoms if taken over a protracted period of time. The withdrawal occurs not only in the areas treated but also on the entire skin area and possibly the rest of the human system. In such instances the implications can be far reaching and pervasive.

The repercussions that have been discovered in relation to this steroid withdrawal syndrome are proving to be the tip of an iceberg, but the situation can be remedied. One way to help eliminate these potential addictions to steroids has been found to be using them in conjunction with Aloe Vera at a ratio of about 25% steroid to 75% Stabilized* Aloe Vera. This enables the condition to normalize and releases the human system from the tendency toward such systemic dependencies.

It has also been found in most cases that Aloe Vera works well in place of steroids without systemic trauma or even the danger of it. Despite the outstanding penetrating power of our Stabilized* Aloe Vera, the healing process proceeds at an accelerated rate that prompts no apparent dependencies.

To date, Aloe Vera has never been reported to cause skin addiction. I venture to say it never will.

Further reports of the effectiveness of Aloe Vera on abrasions, sprains, and arthritis were sent to Aloe Vera of America in 1978 by Dr. Roland White. As we have learned from our section on dermatology, Dr. White is the longest standing user of Stabilized* Aloe Vera by Aloe Vera of America, Incorporated. Dr. White used our Aloe 99 Gel, Aloe 99 Lotion, and Aloe 99 Creme in treating 150 cases of abrasions, ninety cases of bursitis, and over three hundred cases of arthritis.

In almost all categories — penetration, reduction of swelling, relief of pain, anti-inflammatory action, improved mobility, and healing acceleration — Dr. White rated our Stabilized* Aloe Vera Gel, Lotion, and Creme equal to or superior to any modality available.

Against those same criteria, Dr. Robert E. Speegle rated Stabilized* Aloe Vera superior in hundreds of cases each of abrasions, contusions, lacerations, sprains, strains, hemorrhages (in the form of hematoma), tendonitis, bursitis, arthritis, muscle spasms, myositis (prolonged muscle inflammations), and secondary infections. Occasionally, where the criteria were not deemed applicable, it was noted.*** The only instances in which the Aloe Vera was not clearly superior to any other form of medication involved the treatment of twenty or so cases of muscle spasms, where it rated as effective as but not superior to any other method used. Dr. Speegle's reports give a clear indication of his success in orthopedic applications.

Similar successes in a limited number of cases were reported by L.A. Kregel, M.D., a general surgeon, in ten cases each of lacerations and contusions, twenty cases of hematoma, twelve cases of tendonitis, twenty cases of bursitis, forty cases of myositis, and fifty cases of surgical procedures.

*** *NA* refers to not applicable.

Although Dr. Kregel had been working with Aloe Vera in various applications for a five-year period, his report covers only an eighteen-month period prior to 1977. Yet, as in the reports of Dr. Speegle and Dr. White, Dr. Kregel also notes a zero level of measurable toxicity in the cases treated. His specific remarks point up the excellence of Stabilized* Aloe Vera Gel in the relief of pain in muscles and joints and for "reducing bleeding in lacerations and minor surgery." (Reports from all three doctors are included in Appendix A).

Dramatic instances involving the orthopedic uses of Aloe Vera are numerous. For obvious reasons, some of the most dramatic cases will be covered in our chapter on athletics. Yet, we cannot overlook one or two instances in which simple everyday applications provide some of the most dramatic results. One involves a case in which Dr. William J. Langley treated a patient for a painful sprain in his left ankle. No previous treatment had been administered for the ankle sprain at the time he applied the Stabilized* Aloe Vera Gel, so there could be no confusion as to the success of the modality used. In his report, Dr. Langley noted marked improvement including "all pain gone within 10 minutes, marked relief within 5 minutes. No tenderness, swelling, or pain the following day." The duration of the condition after treatment was recorded as 30 minutes. The patient, incidentally, was Dr. Langley himself. It was not his first instance of using Aloe Vera of America's products, nor would it be his last.[128]

In the physician-heal-thyself department, no case could be more graphic or amusing to recall than the case of T. Wiley Hodges, M.D. Dr. Hodges was a celebrated orthopedic surgeon in the North Texas area. Notwithstanding his professional expertise he had himself undergone a prolonged complication with a severely bruised hand that simply would not heal. Despite the fact that he had tried every known modality from enzymes to steroids, from hydrotherapy and hot soaks to liniments, nothing had worked. For

nearly six weeks his hand was stiff. Mobility and accompanying dexterity were poor. Not only was he in considerable pain, but his inability to use his right hand was also preventing him from performing surgeries.

At that time I had just perfected a formula for Aloe 99 Creme and was working to develop other new products. Dr. Hodges also officed in the same building where my pharmacy was located. Although he was a good friend of mine he often good naturedly made light of my efforts, calling my special Aloe 99 Creme and related compounds, "voodoo juice," among other less flattering nicknames. At this point, however, he was willing to try anything.

Skeptical, but desperately in need of relief, Dr. Hodges vowed that if it worked for him he would "use it for all my patients." By the next morning, his condition had improved sufficiently to enable him to return to surgery. Afterward, he passed by my pharmacy and stuck his head in the door.

"That voodoo juice really works," he said, "and I will start using it on my patients." Until the day he died, he was good to his word.

Gynecological Applications
General anal/genital****

In the Sims/Zimmerman bacteriological examinations of the effects of Aloe Vera on various strains of microorganisms, the Stabilized* Aloe Vera Gel was found almost totally effective against *Candida albicans* in a percentage solution as low as 50%.[129] *Candida albicans* is one of the most prevalent strains found in such conditions as yeast infections, vaginitis, and is related to a broad range of monilial (candidal) infections in the oral and genital cavities. One of the uses for which Stabilized* Aloe Vera is being found most effective is as a moniliacide and an anti-pruritic agent relative not only to surface dermatological uses but also in applications for pruritus ani, pruritus vulvae, and related conditions.

It is for these specialized areas of the body that Aloe Vera of America, Incorporated has compiled one of its most impressive curative track records both in areas of laboratory testing and in actual patient applications. And though the data — in terms of quantities of reportage — has not been as extensive as one might find with our reported successes in dermatology, for example, the "dramatic cures" have nevertheless been qualitatively impressive.

Originally, we formulated special products for these specialized areas of the body — products such as AVA Jelly and Aloedyne Rectal Creme (for hemorrhoids and pruritus ani) as well as Vagistat Creme and Vatistat Douche (for treatment of various types of vaginal infections such as trichomonas and yeast infections). And though our new improved Forever Living Products line has enabled us to amalgamate our product uses, it is still those original products against which the tests were made and to whose remarkable results we attribute much of our success in pioneering these fields for Stabilized* Aloe Vera.

Although this is one of the most recent fields of usage for Stabilized* Aloe Vera (ten years of formulated use as opposed to sixteen years for the Gel), the acceptance is continuing to broaden as the dramatic results reported by physicians continue to mount both in numbers and degrees of successes.

The most notable measure of success for Vagistat Vaginal Creme# came in the form of clinical studies performed on twenty-five female patients by Dr. Langley. The study was conducted at the request of Aloe Vera of America and submitted to the Texas Food and Drug Administration. The female patients were of various age groups. The now

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**** Though the bulk of this section will be devoted to gynecological applications for such conditions as trichomonas, cervicitis, and various monilial infections, we will also cover such conditions as pruritus vulvae, pruritus ani, hemorrhoids and related conditions in the anal genital area.

Now Aloe Vera Gelly.

familiar parameters observed were: (1) anti-inflammatory effect, (2) anti-pruritic effect, (3) trichomonacidal effect, (4) fungicidal effect, (5) soothing and healing capacities, (6) enzymatic activity, and (7) the restoration of healthy epithelia cells. The epithelia are the moist surface cells which line the cavities and mucous membranes of the body. Because they are moist, they are especially susceptible to fungi and monilial infections. Consequently, it is their restoration that is extremely important as a gauge for the effectiveness of any modality used.

In testing the established criteria over a protracted period of time, Dr. Langley came to the following conclusions:

> The killing power toward organisms encountered was as great if not more so than the other products previously used. It did not seem to matter if the condition was bacterial, fungal, or trichomonal in origin. The patients were asked to return to the office for a recheck in 14 to 30 days intervals. The results were excellent in 14 days, therefore creating a problem getting the women back in at the end of 30 days to see if the condition recurred. This was very encouraging due to the fact that if a woman does not return, she is likely not having problems.
>
> The major plus I could give Vagistat Creme is the rapid onset of anti-pruritic effect and the anti-inflammatory relief. These two conditions were relieved with no apparent side-effects. The only side effect I observed was that in two cases the women complained of burning on application of the creme. In these two particular cases, however, I believe any substance would have given the same reaction due to the extreme inflammation existing.
>
> The drug seemed to aid the restoration of healthy epithelial cells. This was observed between the first visit and the end of 14 days.
>
> The greatest plus factor with Vagistat Vaginal Creme is receiving all the aforementioned results with no apparent side effects or contraindications such as antibiotics and steroids cause.
>
> I recommend the use of Vagistat Creme for the above indications.[130]

This study was submitted by Dr. Langley in 1975. At the time the letter was written, he had been working with Stabilized* Aloe Vera for four years. He still uses it in patient applications in his general practice today.

Dr. Kendall Moore has also found Vagistat Creme and Vagistat Douche to be extremely effective in treating cases of vaginal infections and certain pruritic conditions. In a pair of reports submitted to Aloe Vera of America in 1977, he records having treated one hundred cases each of vaginitis and trichomonas vaginalis, and over eighty cases of cervicitis. All ratings against anti-inflammatory action, penetration, enzymatic activity, and trichomonacidal fungicidal and anti-pruritic properties were superior to anything else Dr. Moore had tried to that point. Additionally, in an accompanying report, Dr. Moore found superior results using Aloe 99 Gel and Aloe 99 Lotion in fifty cases each of pruritus ani and pruritus vulvae.

In all his conclusions reported to the Texas F.D.A., Dr. Langley pointed especially to the lack of toxicity or contraindications for Aloe Vera. In Dr. Moore's reports we also note he observed no toxicity. Considering the high potential levels of side effects attributable to some of the competition (such as broad spectrum antibiotics, steroids, and fungicidal sprays), this kind of positive toxicology is most important to physicians.

Again, in the mega-case history portfolio of Dr. Robert Speegle, he reports thousands of cases of candida albicans, vaginitis, and trichomona vaginalis which have been treated successfully with Vagistat Vaginal Creme and Vagistat Douche as well as hundreds of cases of cervicitis. No toxicity has ever been recorded. Ratings against virucidal, trichomonacidal, fungicidal (moniliacidal), and swelling reduction capabilities were all superior to any other modalities existing. For measurement against such abilities as relief of pain, anti-inflammatory activity, healing acceleration, and enzymatic debridement Stabilized* Aloe Vera rated superior to any other existing modalities. Where data was available to evaluate relief of pain, anti-inflammatory activity, healing acceleration, and enzymatic debridement, Stabilized*

Aloe Vera was given a superior rating in those applications as well.

Additionally, Dr. Speegle found the Stabilized* Aloe Vera Gel, Lotion, and Aloedyne Rectal Cream superior in treating thousands of cases of pruritus vulvae, puritus ani, and hundreds of cases of hemorrhoids.

Another physician in general practice, T.T. Teel, M.D., of Dallas, used Vagistat Creme in treating eleven separate cases involving women with complaints involving related vaginal complications ranging from vulval vaginitis to trichomonas to vaginal warts. In the eleven cases (treated from May 3 to June 8, 1972) eight women treated enjoyed marked improvement and three women showed moderate improvement. In his summary, Dr. Teel rated Vagistat Cream effective in all areas for which it made claims — antipruritic, fungicidal, trichomonacidal, and bactericidal activity; high in enzymatic activity, anti-inflammatory activity, and in the restoration of healthy epithelial cells.[131]

In his work with Vagistat Creme and Vagistat Douche, Roland White, M.D., of Dallas has also had positive results in treating hundreds of cases of Candida albicans, vaginitis, cervicitis, trichomonas vaginalis, and related infections. His findings in treating pruritus ani, pruritus vulvae, and seven cases of hemorrhoids also provided results that were superior to any other modality in use.

Dr. White's reports summarizing his treatment for vaginal conditions along with pruritis ani and hemorrhoids are included in Appendix A.

Dr. White's reportings on the dermatological uses, orthopedic summaries, and the genital applications are a matter of record. What cannot possibly be captured in this impassive medium is the extent to which Dr. White has devoted his time and effort in the clinical evaluation and support of Stabilized* Aloe Vera. Not only has he provided us with a wealth of striking case histories (some of which have been cited in this chapter), he has also given us added insights into the bacteriology and healing aspects as they applied to his experiences. In an open letter published on our behalf, Dr. White indicated the following:

> It should be noted here that laboratory demonstrations at Lakeland Laboratories and elsewhere . . . have repeatedly shown no growth of bacteria in agar plates which have been impregnated with Aloe Vera juice, even after streaking with gram positive and gram negative bacteria as well as Monilia albicans organisms. . . .
>
> It should be understood, of course, that the above phenomena have been observed in clinical testing with rabbits and mice and a few interested people thus far, and that thus far there has not come to my attention one single case of local irritation or allergy from this product, and this, of course, is well nigh incredible.[132]

At this point we realize it is not incredibility but credibility that we seek to establish. Yet, we realize too that even in our well substantiated attempts to do so, there are some pieces that need to be filled-in.

Especially in the case of gynecological/genital applications there are no specific reports of treatments for venereal conditions, though those conditions have apparently been treated with Aloe Vera in every society in recorded time. There must be some cause to believe that many of the instances of herpes simplex treated will also include some cases of Herpes II (genital herpes) ameliorated by the use of Aloe Vera. Unfortunately, we have compiled no isolated records from the vast numbers of general cases treated.

We must also confront the reality that many of our case reports especially involving Vagistat Creme and Vagistat Douche do not record the full potential impact the products might have in the realm of feminine hygiene both for prophylactic use in preventive hygienic applications and for common use in minor non-physician treated irritations.

Part of the beauty of using Vagistat and all Stabilized* Aloe Vera products is the lack of measureable toxicity. For that reason alone they can be used with impunity in daily or weekly applications without fear of side ef-

fects.

There are few in this or any field of medicine that can make that kind of claim.

Internal Indications

In the physicians' reports we have produced thus far, the most extensive indications of internal use apply to arthritic, bursitic, and rheumatoid conditions. In these cases, attending physicians frequently prescribe Aloe 99 Cello Gel to be taken internally as a systemic adjunct to the topical applications of Aloe 99 Gel, Lotion, or Creme. Whether it is the topical application that is the primary agent or the internal dosage that is most effective has not yet been entirely established. What we do know is that the combination works beautifully, especially in prolonged arthritic and rheumatoid-arthritic conditions.

Frankly, these indications for internal use only scratch the surface of the systemic potentials contained in Stabilized* Aloe Vera, and unfortunately, we do not yet have summary clinical data to match the volume of reports in other fields of applied medicine. One reason for this is an understandable caution on the part of physicians who require vast clinical data in support of the efficacy of Aloe Vera in these kinds of uses. This information is not presently available. Even though some research is being conducted at this moment on the internal uses of Stabilized* Aloe Vera, it will be some time before the results of that testing are completed.

In the meantime, we do have the reinforcement of our toxicology data, some previous successful experimentation in "systemic" uses, and some highly dramatic case histories (instances in which Aloe 99 Cello Gel was administered as a *last resort*). In addition, we can provide at least one clinical report, supplemental professional case examples, and several testimonies to its effect in systemic use for such conditions as colitis, peptic ulcers, muscle cramps, hay fever, allergies, colds and related allergic afflictions.

Stomach Ulcers and Ulcerative Colitis. In our introduction, we gave the case of Ruth K. as an example of the use of Stabilized* Aloe Vera in the treatment of ulcerative colitis. It was a dramatic case, to be sure, but by no means an exceptional one. Innumerable cases of ulcer therapy have proved successful with the consistent use of Aloe Vera gel/emulsion when it is taken internally in regular daily doses. At least one clinical report verifies its effective use in treating twelve cases of peptic ulcers.

In their studies of "Aloe Vera Gel In Peptic Ulcer Therapy," three osteopaths from Dania, Florida — Dr. Julian Blitz, Dr. James W. Smith, and Dr. Jack R. Gerard — used an emulsified (with heavy liquid petrolatum) Aloe Vera gel in 2 to 2½ fluid dram doses on twelve ulcer patients:

> To ascertain whether or not Aloe Vera gel can be helpful clinically in the management of peptic ulcers, we used its emulsion in a group of patients with peptic ulcers. We used it essentially as the sole medication, except for the occasional administration of Pro-Bantines in instances in which overwhelming distress indicated the need for the immediate restraint of hydrochloric acid secretion. Twelve patients diagnosed as having peptic ulcer, and having unmistakable roentgenographic evidence of duodenal cap lesions, were treated with Aloe Vera gel emulsions. Preliminary findings were most encouraging. All those patients had recovered completely by the end of 1961, so that at this writing at least 1 year has lapsed since the last treatment, and in some instances a much longer interval has lapsed. Usually, such unmistakable lesions are accompanied by exacerbations of distress once and more often twice a year under any form of medical treatment, but no such episodes were experienced in this series of cases . . . This also was confirmed by roentgenographic examination, which gave evidence of complete healing.[133]

The preliminary report was issued early in 1963, and from that time to the present, no ulcerative recurrences took place in any of the patients treated. One patient, an eighty-one-year-old woman died in the course of the examination of causes which were not ulcer-related.

Not all intestinal and stomach ulcer conditions treated by Aloe Vera that have been reported to us have been supported by accompanying clinical data. Although we realize that a bombardment of written testimonials from "satisfied customers" would smack of the medicine wagon hack, surely we have given enough professional data by now to have a stable enough platform to be able to present a few of the reactions of non-professionals. At this point, a few direct testimonies seem in order, since it is with the public at large that the greatest potential for benefit ultimately lies.

Relative to colitis and stomach ulcers, one case with dramatic results was reported to us by Mrs. E.K. of Nappanee, Indiana. The letter reads as follows:

> My husband and I are so pleased to know what this Aloe 99 Cello Gel can really do for a person when he's at his most ill health. As of this time he is feeling considerably better, but if he forgets to take his Aloe 99 Gel for a while, he gets real upset. . . His stomach is seldom upset, and I don't recall exactly but I'm sure he hasn't vomited since he's been on this Aloe 99 Cello Gel . . . Just as marvelous — we haven't taken any of our three children to the doctor this winter. They have had many colds, sore throats, runny noses, tonsillitis, and ear infections, and the Aloe Vera has cleared them up.[134]

As is so often the case with the use of Aloe Vera, laymen and practicing professionals alike are inclined to become pragmatic when using it. In this family's experience, they began taking the Aloe 99 Cello Gel systemically for the father's ulcers and ended using it for the entire family as a treatment for colds, sore throats, respiratory infections, and ear infections.

Not surprisingly, I have been taking Aloe Vera/Aloe 99 Cello Gel — four ounces internally every day for the last eight years — and have not had one instance of a cold, influenza, or systemic viral infection in all that time.

We already have accountings in history where entire villages were accustomed to bathing in Aloe Vera juice to prevent the onslaught of catarrh (colds). We could do no worse than follow the dictates of centuries of historical precedent.

Respiratory infections. Often where historical precedent dictates, logic must prevail. In several cases of respiratory complications and their solutions, we have both facts and testimonies. Its bactericidal effect on tubercule bacilli in the Gottshall studies is an established fact, as is its effetiveness in a couple of instances we will relate to you.

In the first case, we quote a letter from a Mr. P.C.E., of Dallas:

> I found myself having a bad spell with my lungs filling with fluid, followed by the flu and a month of total exhaustion with no energy. I heard several friends talking who had taken the gel and had not had any colds or flu for months. So, I decided, it couldn't hurt to try. . . .
>
> The first few months, I took several ounces a day during the times I began to feel bad. As of this day, I have *gone over a year without a cold, nor have my lungs filled*. I think it's fantastic . . . especially when I have not quit smoking. I now take regular tbsp. daily, but still double-up when I feel tired. May not cure everything, but it certainly has improved my health and energy.[135]

One might note that the gentleman's testimony indicates, his introduction to our Stabilized* Aloe Vera juice was through friends who had tried it and proclaimed its virtues. This is often the case. Though we would prefer to have our products prescribed or at least approved by a physician, it doesn't always happen that way. More often than not, word of mouth becomes an effective means of conveying what we have to say as do the tireless efforts of our distributors.

In the case of ear infections, there are some professional indications to support the earlier letter of testimony of the family from Nappanee, Indiana. In a recent case, Dr. Robert Speegle reported using a mixture of 95% Aloe 99 Gel in a solution with 5% propylene glycol for a woman's ear infection. He prescribed a dosage to be used four times daily, and reported remarkable healing results for the woman.[136]

Even though the uses of the Silent Healer tend to become a chain in a series of interlocking chains, its applications in the digestive system alone mark some of its most striking examples of correlation. An example would be a letter of endorsement from Mrs. H.S. of Pea Ridge, Arkansas:

> I have long suffered from stomach ulcers. One half of my stomach was removed. Still, the ulcer recurred. I could not eat. The doctor could not operate again. Dismissed as inoperable, I started taking Aloe Vera Gel [Aloe 99 Cello Gel, by Aloe Vera of America, Incorporated]. After 3½ months of taking the gel internally, X-rays on October 30, 1972, by the same doctor proved the *ulcer was completely healed* and no sign of others. I gained 10 pounds in the following six weeks.[137]

Perhaps out of a need to be demonstrative, we too often concentrate on the remarkable and ignore the average daily applications in which Aloe Vera excells so well. Still, we cannot ignore the fact that ulcers — whether they are peptic, duodenal, or anal — are serious affairs. More often than not they stem from a combination of stress and improper attention to diet. And also more often than not their occurrences might well be prevented by a daily regimen of Aloe Vera or Aloe Vera Juice. In our experiences in working with Stabilized* Aloe Vera Gel, we find that it exhibits a calming, relaxing effect on the GI tract, and is said to reduce the flow of excessive hydrochloric acid (a primary cause of ulcerative conditions).

It is also a fact that Aloe Vera Gel is perhaps the finest long range natural laxative available today. Despite the "violent purge" horror stories we constantly hear about aloin, the pure Stabilized* Gel is quite a different matter. It is natural, takes place over a normal span of time (twelve to eighteen hours), and is gentle enough even for children to use. Pediatricians like Dr. Norman Chandler have been able to recommend it for children with digestive problems. Even in instances of pronounced constipation, it is able to work its wonders.

One case in 1974 was retold to us by the mother of a child in East Canton, Ohio. She wrote the following:

> At 3½ years of age my son had a great difficulty moving his bowels. . . . I tried everything that I knew to potty train him, but nothing worked. He had no problem with his urine but he would never move his bowels on the potty. Every 3 days he would mess his pants but only with great difficulty. . . . I was about ready to give up. Then I found out about the patented full strength 'Aloe Vera' products. I started him on the Aloe 99 Cello Gel, and from that time on he started going all by himself. I gave him a teaspoon at night and also rubbed the Aloe 99 Creme on his bottom which relaxed his muscles so he was able to go without hurting. I'm still giving him his Aloe 99 Cello Gel every day and I will keep on doing so, as I believe in it. It really works miracles.[138]

Certainly we want everyone to think of Aloe Vera as a routine medication. One of its strongest characteristics is its ability to help normalize the human system in whatever ways it is called upon to do so.

Traditionally, the Silent Healer has always been a gentle one as well. No medication can claim a greater distinction than that.

Gouty Conditions and Muscle Cramps. General Promotion of Body Health. Once again the interrelatability of Aloe Vera comes into play, as do several nutritional aspects. In the case of conditions such as muscle cramps, the muscular network is in need of nutritional help specifically in the form of potassium and niacin. Frequently, however, the condition is a bit more complex and requires additional help. In the case of gout or gouty conditions, there is an excessively high level of uric acid which needs to be balanced, and balanced as naturally as possible.

In both instances a sensible diet regimen and supplement of vitamins and minerals is recommended. Yet, as we will see on some occasions, these problems often advance to such a state that diet and nutritional aids are simply not enough. Something additional must be added.

No doubt, Stabilized* Aloe Vera lotions, cremes, and gels need to be applied on a

topical basis, and serve the problem well. However, even these highly penetrative topical applications only serve as palliatives. The true problem exists in the system and can best be helped by internal doses — in this case, doses of Aloe Vera Gel and Aloe Vera Juice (formerly Cello Gel). Aloe Vera Gel and Aloe Vera Juice, as we have indicated are slightly less refined, and may contain lemon flavoring to make the Aloe Vera more palatable for internal use.

In the physicians' reports of Speegle and Russell, and the trainers' reports of Gardner and Medina, muscle spasms have been categorized as to the muscles involved, and the treatments have been rated against established criteria. The gouty conditions due to their unique manifestations are often diagnosed and treated as rheumatoid or arthritic problems. As a result, they have often not been isolated for individual study. To be sure, gout presents its own set of challenges, primarily systemic ones. Additionally, many of the symptoms of gout are the same as those of leg cramps and arthritic knees and ankles, and only detailed laboratory examinations will enable physicians to discern the difference.

Whatever the condition, however, there are solid indications that they can be treated with Stabilized* Aloe Vera taken internally and applied topically. In many past cases the Aloe 99 Gel and Aloe 99 Creme used in tandem were immediately effective even for those sufferers who turn to them as a last resort:

> I have arthritis badly in my hands. Any grip, as with pliers, hammer, etc., caused immediate swelling and much pain. Some nights I seldom slept; some due to bad leg cramps that never eased. I used the Aloe (99) Creme on hands first; it helped ease the pain. . . . Against my better judgment, I let my daughter talk me into the Gel, 1 tbsp. four times daily and promised to use it for one month. In five days, the pain was lessened, swelling was gone in two weeks. Within a month, it seemingly had gone away. After taking it almost a year, I decided, "I didn't have arthritis or leg cramps any more and that stuff cost too much anyway." . . . So, I quit taking it. Within a week, the leg cramps started and then my hands. I immediately went back on the gel.[139]
>
> J.C.P.
> Kingsland, Texas

The potential for systemic healing with Aloe Vera is as infinite as the combination of potential nutrients it contains. And one particular use of the Aloe Vera Gel lies in its potential for increasing individual energy levels. Especially in cases of the elderly or those who have been ill, the Silent Healer displays a special ability to restore them to renewed vigorous activity. We say this in full realization that the true percentage of nutritive content for the healing plant has never been broken down for exact measurement. But then, how does one put a yardstick to a synergism?

Perhaps the best measurement we can give it comes in reports like the one we received from a family in Millersburg, Ohio:

> We'll have to tell what the "patented Stabilized Aloe Vera" has done for us so far. . . . Dad says his head is more open than it has been in over 40 years. Mother was a little slower in responding but she has done things this summer that she hasn't done in years, like walking out to the mail box and back (about a half mile). She has kept the strawberry patch clean, etc. My husband used to get headaches about every time he went away but he hasn't had any for a long time.[140]

Naturally, a skeptic would dismiss this kind of testimonial as rank emotionalism or a matter of coincidence at best. But somewhere along the line we have to take what seems to be emotional testimony, compare it to the clinical data and physicians' reports at our disposal, and finally recognize the truth. There is simply too much evidence to be ignored any longer. At some point, even the skeptics must accept the probability for effective treatments from head to toe of Aloe Vera's broad range of medication.

From Head to Toe. Some related conditions, not yet covered. For those of you who might have been wondering about Aloe Vera's ability to treat irritations around the eyes, we will note some instances in this section. We

will also make mention of some cases/ testimonials involving ringworm, warts and moles, plantar warts, and ingrown toenails. Most, but not all, will be accompanied by physicians' data or individual patient reports by physicians.

Some of this may seem redundant to the layman, and for that we apologize. However, if the layman might forgive sins of omission, physicians cannot. In this chapter at least, it is the physicians who must come to understand the full scope of potentials carried in Stabilized* Aloe Vera.

Leopold Gilbert, M.D., was one physician who broadly understood the potentials of Aloe Vera of America's products and put them to the multifarious uses for which they were intended. One of his letters to us in 1972 perhaps best encapsulates the broad strokes which can be taken by a pragmatic, imaginative physician (See Appendix A).

In his letter, Dr. Gilbert mentioned our Aloe 99 Hair Lotion as a "100% permanent cure of dandruff due to tricophyton rubrum within 7 days." In dealing with cases such as dandruff, acne vulgaris, and other skin irritations, we will give them more detailed attention in our special chapter on, "The Care and Feeding of the Human Skin."

We already have clinical and physician reports of incidences of the bactericidal effects of Aloe Vera on staph infections. One of the most sensitive areas attacked by a staph bacteria is around the eye. Although we make no claims regarding its efficacy for use in ocular solutions or in treating infections in the aqueous portions of the eye, it has been found most effective for irritations on the lids and around the cutaneous portions of the sockets. In one case treated by a physician, a lady in Dallas wrote us about a condition that had persisted for months until she was treated with Aloe 99 Gel:

> My eye specialist had prescribed a medication and told me it would clear shortly, but my eye infection was something I just could not get rid of. The infection had moved to the other eye, was red, swollen, painful. We saturated cotton balls with the Gel, held it in place with gauze on the eyes and literally soaked it for long lengths of time. After two applications, the pain was lessened and encouraged me. In that short length of time, pain, itching, swelling were eliminated.[141]

There are other letters of testimony involving treatments around the eye area for deep lines, bags under the eyes, dark circles, and similar cosmetic challenges, but we will reserve those for our special cosmetic section.

Warts and moles might also be considered more of a "cosmetic" challenge, as might such conditions as keratosis and chloasma (liver spots); however, we think it only proper to note that treatment of viral warts is recorded with superior results in several cases by Dr. Speegle. Additionally, there are several testimonies to the efficacy of Aloe 99 Lotion and Aloe 99 Creme in the treatment of warts. One of the most typical reads as follows:

> Once a month trips to a doctor for seven months failed to keep new warts continually forming on hands and legs. Six weeks of constant Aloe 99 Creme on the area removed them and best . . . no new ones have formed.[142]

In many cases of foot problems — such as plantar warts, corns, callouses, and ingrown toenails, the conditions often require surgical removal and healing is slow. And it is in post surgical applications where Stabilized* Aloe Vera products are particularly effective both in treating the wounded area and accelerating healing.

A typical case of plantar warts treated by M.A. Pierson, M.D., of Dallas. Dr. Pierson applied Aloe 99 Creme to the man's left foot and was able to report that the man could walk within one day of the applications.[143] Usually, such levels of healing require a week to ten days to achieve that level.

In cases of corns and callouses on toes and feet, surgery can often be avoided since the mere application of Aloe Vera in Stabilized* form will meet the need.

One letter from Grabill, Indiana, provides us with a dramatic indication of that kind of effectiveness:

> I had corns on my toes and callouses on my feet for years. I've tried nearly all kinds of corn and callous removers and had given up. Then I found out about your Aloe Vera Products and started putting the Aloe 99 Creme on corns and callouses night and morning and also took the Aloe 99 Cello Gel three times a day. To my surprise, after about four to six weeks no more corns or callouses plus I feel so much better . . . [144]

Perhaps the most commonplace yet challenging afflictions that beset the foot area come in the form of ingrown toenails. Ingrown toenails can be treacherous, painful, and the cause of many complications including immobility, secondary infections, cross infections, and even amputation in extreme cases.

Often these infections are caused by fungi and bacteria that attack the feet and the nails of the feet. As we have seen from various bacteriological and physicians' reports, Stabilized* Aloe Vera Products by Aloe Vera of America are pronouncedly fungicidal. One letter we received reaffirmed those findings in actual applications:

> Badly inflamed foot would not heal. Nails would not grow even enough to protect my toes. Daily soakings in your [Aloe 99] Gel for thirty minutes stopped the pain and itching. I have continued to use it, and after one year, the fungus is totally gone. I have new toenails and no foot problems of any kind.[145]

In numerous instances, physicians have reported the same positive results in treating ingrown toenails. Dr. Robert Speegle has indicated its usage for ingrown toenails prior to surgery. In cases where infection is pronounced, he uses the Aloe 99 Gel in a gauze wrap, keeps the wrap soaked (with periodic changes); and in seventy-two hours the patient is ready for surgery. Post surgically, he uses Stabilized* Aloe Vera to help promote healing, rebuild tissue, and alleviate pain.[146]

Especially in post-surgical instances involving toes, feet and legs, getting the patient back on his feet is of paramount importance. As we will soon show in our chapter, "Aloe Vera in the World of Athletics," helping to get people back on their feet is something at which the Silent Healer excells.

Dr. Richard Russell reminded me of a case involving the post surgical use of Aloe 99 Gel. He had performed surgery on an ingrown (big) toenail of a drug detail man which necessitated his scraping one-third the way into the toe. After the surgery, he packed the toe in a wrap soaked with Aloe 99 Gel. As a result of the pack, within one day the man was experiencing minimum pain and only required aspirin as a minor palliative.[147]

In cases such as the ones we have just mentioned, Aloe Vera has proved especially potent not only in attaching primary infections but also serves as a block against secondary infections. If you will observe several of the physicans' reports included, you will notice a large number of them set up categories dealing with secondary infections, and almost without exception they rated Stabilized* Aloe Vera superior to any modality available for those infections.

Veterinary Uses

Its efficacy for animal use should be self-evident. In simple point of fact, the original clinical credibility of the Silent Healer rested largely with its dramatic results in use on laboratory test animals, not only in the toxicology studies but also on animals and animal tissue cultures for various bacteriological examinations.

We have made note of historical and folkloric references which rate Aloe Vera quite high when it comes to treating animals. The seventeenth century reference to the "horse aloes," the relative success of Aloe Vera in that century's veterinary applications, and the cottage industry that sprang from it is but one of the many indications we have in support of its veterinary potentials.

Other veterinary references come in modern times and in no small number. We include some here for a couple of very good reasons. First, and perhaps most important, because they help to answer the chal-

lenge that treatment with Aloe Vera is primarily "mental," a psychosomatic cure for psychosomatic problems. "The mind merely decides it wants to make the body well. The body has no choice," is the disclaimer we often hear the purists make about the healing plant. We answer that by making the simple observation that animals cannot make mental or moral choices between different kinds of medical treatment. Whatever cures they undergo for their very real afflictions cannot come from the powers of their minds because, by any standards of measurement we are able to make, their levels of intelligence cannot perceive or deal with the organism/trauma that has beset them. Whatever treatment they receive will succeed by virtue of that treatment and not because it is a placebo disguised as a drug.

The second reason is a broadly applicable rule of thumb: whatever works on humans works for animals, and conversely. In the animals' similar needs for treatment, Aloe Vera is also bactericidal, virucidal, and fungicidal, anti-inflammatory, nutritive, skin softening, deeply penetrative, and excellent for the refurbishing of wounded tissue both in its enzymatic activity and through the amino acid complex.

In a report in 1975, Dr. Robert Northway of Van Nuys, California used Aloe 99 products to treat 42 dogs, 28 cats, and 4 horses for such conditions as ringworm, otitis, atopy, and miscellaneous fungus. In 72 of the 76 cases treated, he found Aloe Vera of America's Stabilized* Aloe Vera as good as or superior to any modality available (see Appendix A).

Additionally, it is an excellent treatment modality for bones and joints, and tendonitis (a common problem for race horses).

One instance recited to us by Mr. and Mrs. R.M. of Dallas, Texas, involved their horse whom they treated for a swollen knee. The knee had been swollen for several days and had been treated by conventional methods to no avail. Hearing about similar successes with horses with Stabilized* Aloe Vera Gel, they applied it in a soak, and found that 50% of the swelling had reduced in two hours time. In four hours, 95% of the swelling had gone down, and at this point the horse was walking on the leg.[148]

There is predictably no measurable toxicity in treating animals with Stabilized* Aloe Vera. Its broad range of potentials enables both the veterinarian and the layman alike to treat all kinds of animals from house pets to livestock. We include a couple of striking examples. The first is a letter from M.M. of Kingsland, Texas:

> My poodle dog is allergic to some grasses, which causes whelps on his stomach. This makes him scratch constantly, which prevents hair from growing. Rubbing [Aloe 99' Gel on him gave almost INSTANT RELIEF from itching. Then I rubbed Aloe 99 Creme into the skin. *In four days, whelps were gone.* In a week, skin was clear. In three weeks, hair was grown back. I keep using it on many other things now, too.[149]

What may be good for your dog or cat is also quite efficacious for the creatures in the barnyard. In 1975 one gentleman farmer wrote us the following dramatic accounting:

> Last winter we had a cow with a severe case of acetonemia (ketosis). After spending about 3 weeks and $70 on the vet fees I had accomplished exactly nothing. The vet gave her up saying he couldn't do anything for her. She was reduced to mostly skin and bones, and I was advised by others to sell her before she died. Then we found out about Aloe Vera and decided to try it. I gave her a pint of Aloe 99 Cello Gel morning and evening of one day, and she started eating again. I reduced the dose and quit altogether two days later. The cow's health returned rapidly and in several weeks she gave nearly the same amount of milk as before. Since then we have had several slight cases [in other cows] which also responded to Aloe Vera immediately. Needless to say, I am very pleased with it.[150]

Progress in working with livestock in general and with dairy cattle in particular has been notable in the last few years, and in that period of time it seems more and more dairymen have come to rely on Stabilized* Aloe Vera in a number of ways. Incidences of successful treatment of common conditions such as mastitis (infected udders) with

tandems of Aloe Activator and Aloe Vera Gelly have become so numerous as to be commonplace. Yet it is in areas where one would least expect — internally — that Aloe Vera has made some of its most dramatic inroads.

Recently in Stockton, California, I was attending a meeting of California dairymen, most of whom were from the fertile Delta Valley. California dairymen are among the most sophisticated in the world. Most rely on computerization to detail every aspect of their operations. And one aspect they have been able to detail recently has been a considerable drop in scours (diarrhea) among young calves. Out of necessity baby calves are taken off nursing their mothers one day after birth. This is done by commercial dairymen to help prevent mastitis and other infections that frequently occur with the compulsive nursing that calves naturally demand. Yet, when these young calves are taken off the mother at that early age, they often have not had time to build immunities and can get sick quite easily.

One California dairyman who had been using our Stabilized* Aloe Vera products to treat various conditions among his cattle, related an incident of saving a young calf that was so ill it had been too weak to stand. Usually calves don't survive illnesses that advanced. Yet the man was able to save the calf by having his wife bottle-feed it three to four ounces a day of plain Aloe Vera Gel. To their amazement, the calf not only recovered but recovered quickly. And since that time the dairyman and his wife have used the system of feeding sick young calves with Aloe Vera and have consistently achieved the same remarkable results.

I was also told by these same California dairymen that they'd had excellent results using the plain Aloe Vera (drinking) Gel as an augment to their watering troughs — in ratios of about one quart to every thousand gallons of water. One dairyman recounted that, when he put the Aloe Vera in one trough, the cattle would drink exclusively from that trough; and they would drink from no other until the trough augmented with Aloe Vera was dry. No one has been able to explain it exactly, but there appears to be some hidden nutritional benefit the livestock derive from Aloe Vera, one that has prompted a consistent if uncanny response to its presence.

This "watering trough" phenomenon related to me by the California dairymen, I must confess, did not catch me entirely by surprise. I had already heard a similar story involving some dairymen in Sulfur Springs, Texas. I had heard it several months before from a mutual friend, Jack Kinard, who had been selling Aloe Vera of America's products to farmers and ranchers in that area. Jack related an instance in which a dairyman had misapplied the (drinking) Cello Gel for treatment of mastitis and thought it to be worthless. (In fact, the pulp in the drinking gel — when injected — tends to block the clearage of the cow's teats, where the more highly refined Aloe Activator clears them remarkably well.) Instead of throwing the gel out, however, the dairyman decided to dump the remainder of the product into a 1,000 gallon watering trough. Remarkably, after the cows drank from it, the dairyman found his milk production jumped dramatically for the next three milkings. Subsequently, when the trough with the Aloe Vera in it had gone dry, the milk production of the cows fell to the previous level. Since then, that dairyman and others have been using the Aloe Vera to augment their watering troughs with remarkable results.

The results were so remarkable, in fact, that Kinard decided to conduct a breakdown of costs and production increases per cow. What he found was that — with the intake of Stabilized* Aloe Vera Gel (Cello Cel, in this case) — the cows produced three additional pounds of milk per day.** For a herd of fifty cows that meant an increase of 4,500 pounds of output per month. If you wish to advance the statistic a notch further, that's nearly fifty

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** *Cello Gel* was Aloe Vera of America's original formulation prior to 1981 for Aloe Vera Juice.

thousand pounds a year increase in milk production from just fifty cows.

These experiences, though some are anecdotal in nature, are not just isolated instances. Since the release of the first edition of *The Silent Healer* in 1980, there have been perhaps greater strides made not only in treating pathogenic conditions among animals with Stabilized* Aloe Vera, but also in documenting those cases. Some of them in photos are among the most dramatic you will ever see. And it would be accurate, at this point, to say that physicians' reports by veterinarians in the last few years have been among the most prolific of all fields of medicine in documenting the many wonders of the Silent Healer.

However, for reasons we will explain shortly, we will not reveal any of that documentation until our final chapter — "Aloe Futures/A Footnote." At that time we feel the material we show will prove worth the wait.

For now, we will only say that the instances of both veterinary and lay treatment of animals with Aloe Vera have become both prolific and dramatic. And they are useful to this point if for no other reason than to reinforce our understanding of applied use for the creature, *homo sapiens,* a creature in which its applications will always find their most eloquent expression. It is here that we turn for our concluding thoughts and — as we bring this chapter to a close — point not only to some striking graphic examples of Aloe Vera's impact on the human system but also to some of the most striking case histories we have on record.

Without question, the instances of successful veterinary and lay use in the treatment of animals are prolific and dramatic. They are useful here if for no other reason than to reinforce our understanding of Aloe Vera for human application. It is in the field of applied use for *homo sapiens* that we must once again return for our concluding thoughts. In that conclusion, we begin with two of the most striking case histories in our experience.

Two Extraordinary Cases

In our recountings of clinical studies, physicians reports, and personal testimonies, many of the cases we have included have been dramatic in nature. Others have been relatively routine but nonetheless applicable. Hopefully all have made valid contributions toward clearing up some of the fuzzy thinking and skepticism that has traditionally persisted about Aloe Vera, and have helped clear the way for its acceptance.

Now, we would like to examine a pair of outstanding cases, citing them not because they are sensational but because to exclude them would constitute a gross oversight. Each case exemplifies not only a great deal of personal courage on the parts of the people who came to us for help, they also seem to summarize the hope Aloe Vera can give to millions.

Each case is unique. Yet, together they potentials epitomize the broad spectrum of Aloe Vera. One case, that of W.R. Barefoot, is primarily systemic in nature but with topical/skin surface implications. The other case, that of Brenda, is essentially dermatological but has roots in a systemic (in this case diabetic) cause. They will be presented here without embellishment. The drama in each case will speak for itself.

The Disease with No Name. W.R. Barefoot was a truck driver and had been for several years. Driving trucks is a demanding occupation that requires both skill and considerable physical endurance, and Mr. Barefoot had performed well in that occupation, operating his independent trucking business out of Johnson, Kansas. However, for the last ten years he had experienced an affliction that was not only undermining his livelihood, but had reached the point of endangering his life as well.

It had begun with discomforting and prolonged pains in his knees and legs which had earlier been incorrectly diagnosed as a pernicious kind of arthritis. Medications of sorts had been administered, but nothing worked. The condition worsened over the years to

such a degree that it finally manifested into an unremittingly painful and unsightly form that would remain to plague him.

Whenever Mr. Barefoot experienced any pinching of the skin, even the slightest bumping or brushing against an object, red spots would appear on the area of contact followed by skin degeneration and painful sequelae similar to those found in second degree burns. Yet, he had not been burned — he had merely bumped himself in a way people do routinely in their daily lives. For Mr. Barefoot, however, these "bumps" spelled continuous pain and trauma.

Eventually, the condition became critical. Any cutaneous contact would draw blood, especially in Mr. Barefoot's lower extremities. The crossing of his legs, the nudging of a table, the scraping of his knee on the steering wheel of his truck would bring blood to the surface of the skin prompting bleeding, deterioration, and sloughing of the skin of the epidermis. His legs bled continually to such an extent that he had to wear high boots on his job just to keep blowflies from assaulting his skin.

At one point in late 1977, the condition had already degenerated to such a degree that consulting physicians recommended amputation of both Mr. Barefoot's legs.

It was finally ascertained late in 1978 that W.R. Barefoot had a rare condition which caused him to bleed through the capillaries of the skin, a blood serum dysfunction which prompted a retarded production of red blood cells at a rate 30% slower than the body's normal blood plasma production. A pair of specialists diagnosed the condition to be loosely akin to that of a disease called vasculitis (or angitis) which is an irritation of the blood vessels. But this condition had gone far beyond that and Mr. Barefoot's physical state had degenerated to such a level by November, 1978 that he was hemorrhaging and in grave danger of losing his life.

His doctors acted quickly and, at least having determined that his red blood cells were reproducing too slowly, drained his blood one pint at a time, replacing that pint with blood fortified with red cells reinjected into his circulatory system. Temporarily, at least, the hemorrhaging lessened, and Mr. Barefoot was able to be flown to a special immunological center in Denver, Colorado, at the University of Denver. While there, he was examined by specialists from all parts of the world — from the University of California, the University of Arizona; from Germany, England, Japan; from the Mayo Clinic in Rochester, Minnesota; the Scott and White Clinic in Temple, Texas; and others. Although they were able to determine that the condition was not vasculitis, they were unable to identify it. None of them had ever encountered a malady quite like it before. It was proclaimed a medical mystery which, though it attracted high levels of interest in the world medical/immunological community, did little to ameliorate Mr. Barefoot's condition. They were unable to treat the disease with any measure of success.

Cortisone failed. All steroids failed. Only the plasma/blood exchanges worked for any period of time, and those could only forestall what seemed to be inevitable.

Left with a diagnostic stalemate and little hope of recovery, Mr. Barefoot was apprised by a friend of the virtues of Aloe Vera Gel in a 100% Stabilized* solution. When taken internally, his friend told him, it was purported to work wonders with the human system. The 100% Stabilized* Aloe Vera Gel was Aloe 99 Cello Gel, by Aloe Vera of America, Incorporated.

In previous cases we have detailed, the all-too-familiar phrase "nothing to lose" comes to one's lips. This was precisely the state in which Mr. Barefoot found himself.

Just prior to Thanksgiving, 1978, he began taking the Cello Gel in amounts no more than *four ounces a day.* By Christmas, 1978, he was almost completely healed. By the end of January, 1979, the sores that had been so constantly present were no longer visible. All portions of his body had healed or were in an advanced state of healing, and Mr. Barefoot had become a believer for life in Stabilized* Aloe Vera.

Convinced that he had completely recovered, he called his doctors the following May to tell them that he had found the cure for his condition. They were incredulous. Even when he came to them for a complete examination and they witnessed his "miraculous recovery," they were tempted to dismiss it as phenomenal but quite possibly the result of "spontaneous remission."

Mr. Barefoot didn't need to be convinced that Aloe Vera had worked on his affliction. He had lived with its discomfort for over ten years, had nearly died from it, and had endured the pain and frustration and danger to his life. Now he was being told that the only medication that had ever worked might not have worked at all, but that his recovery might instead by a simple case of spontaneous remission. He knew better. To convince the doctors he knew he would have to agree to the unthinkable. He would have to endanger his life by going off his medication.

Yet he could not do otherwise. If it could help one other human being who had suffered as he had, he reasoned, he would do it. In May 1979, W.R. Barefoot agreed to discontinue his intake of Aloe 99 Cello Gel. Within six days, his condition began anew, the capillary bleeding resumed, and his health was in jeopardy.

To compound the problem, the relapse took place not in his home or office, but on the road while he was driving a shipment. Sipping just enough Gel to forestall more serious complications, Mr. Barefoot reached a point where he was able to call his doctors and inform them of the relapsed condition. They instructed him to go back on the Cello Gel. After a short time he recovered again completely, providing his team of physicians with the answer and with the opportunity of publishing a paper supporting the efficacy Stabilized* Aloe Vera Gel as the sole modality of treatment. As of this writing, the paper has not been published.[151]

The W.R. Barefoot story does not end here, however; happy though that ending would be. Since his remarkable recovery in the late spring of 1979, Mr. Barefoot relates some anecdotes of dramatic cures that merit some attention on their own. Beginning with members of his own general family, Mr. Barefoot claims that Aloe 99 products helped his brother-in-law recover from a heart attack within a month of the attack. According to his brother-in-law's physician (Dr. Ron Fairly of Johnson, Kansas), the scarring in his patient's renal arteries had all but healed. The only change in the man's medication had been the intake of daily doses of Aloe 99 Cello Gel.

In another instance, Mr. Barefoot's cousin, Ronny Phillips, had been suffering from a case of what is commonly known as jungle-rot since his return from South Vietnam in 1970. No modality used against it worked to clear it up. By now having learned of the fungicidal properties of Stabilized* Aloe Vera, Barefoot was able to suggest a combination of Aloe 99 Gel used with Aloe 99 Creme in regular doses. According to Mr. Barefoot, the jungle-rot which had plagued his cousin for ten years had almost completely healed within six weeks.

Brenda. The young woman in our story will be called Brenda. Brenda's personal saga is really in two parts. Brenda is a diabetic. Though diabetes is by itself a painful, perilous, and chronic condition, its long range implications and side-effects can often be catastrophic. Because it is an affliction which causes an unnatural sugar imbalance, it affects all other areas of the body, especially the extremities such as the outer layer of the hands and feet. Feeling and sensitivity is often lost in those areas, and frequently minor traumas often develop into major complications.

Brenda had already experienced that unfortunate syndrome when she first contacted me in 1968. Earlier, she had developed a hangnail on one of her toes that resulted in the loss of that toe. By that time she had just undergone surgery as the result of a blister she had aggravated while Christmas shopping. The blister had infected, prompting a pronounced infection which necessitated a

major debridement on her left foot. Post surgically, however, the foot was not healing. She was experiencing considerable pain, infection was mounting, and her doctor was now considering partial amputation to save the foot. Brenda believed the problem, no matter how severe it appeared, could be overcome. She refused to sign the surgical release papers. Determined to save her foot, she called me instead.

"You don't know me," she told me, "but I've seen pictures of work your product has done in healing various ulcer conditions." She had already tried our Aloe 99 Creme for pain-relief of sore jaws, and she wanted to know if it would work on her foot. I recommended regular applications of Aloe 99 Creme because of its superior adhering abilities, and to assure prolonged anti-inflammatory/healing acceleration.

Upon my recommendation, Brenda followed a regimen of application using Aloe Vera on her foot. In fourteen weeks, a condition which had been diagnosed as untreatable by "conventional modalities" was healed completely, without scarring. Her physician was sufficiently impressed with the results to call me for information about our Stabilized* Aloe Vera products. He also wanted to place an order because, he said, if it did everything he had seen it do, he felt he could save some limbs with it.

Brenda's first chapter ended happily. For an interlude of ten years, her frequent use of Aloe Vera of America's Aloe Vera products helped prevent any further complications that might have eventuated from a diabetic condition as pronounced as hers. Then, on November 11, 1978, tragedy struck.

The mid-autumn night had grown cold. Brenda and her husband had built a fire in the fireplace, and as the evening grew late, thay fell asleep in front of it. Brenda, her feet extended toward the fire, shoes and socks off, had no idea of the severe burning she was receiving. As is often the case with severe diabetics, she had long since lost most of the feeling in her hands and feet. What's more, what might be a slight burn for an individual with a normally balanced system can prove disastrous for a diabetic since the sensitive tissue of their skin deteriorates more quickly and tends to heal much more slowly.

In this instance, the heat from the fire localized on the bottom of Brenda's feet. Still asleep, she was unaware that whe was receiving acute second and third degree burns on the exposed areas until she awoke to the smell of her own feet cooking. The skin and tissue on the bottom of her feet had deteriorated badly. The right foot had an enlarged and distended bloom, the left foot had burned nearly to the bone, causing an acute loss of body fluids. She was rushed to the hospital immediately. She was running a high fever. The burn episode, an emergency in any instance, had become a matter of life and death.

The immediate challenge, with the scorched areas on her feet, was met by packing them in Aloe 99 Creme. It helped to lower the infection/inflammation; but other complications now confronted her doctors. Her pronounced fluid losses and side infections throughout her system caused her to run a fever in excess of 104 degrees for thirty-five consecutive days. Antibiotics were tried to knock the infection, but she reacted severely to them. Some of her veins collapsed. Finally, a broad spectrum antibiotic worked at least to the extent of lowering her fever below the critical level. Complications, however, were now developing in seemingly geometric progressions. In addition to her burn trauma, and resulting directly from it, Brenda began to develop a stress ulcer. Her hemoglobin count plummeted to a level of 6. Once again the situation had become critical.

By this time, however, Brenda, her husband, and her doctors had come to some understanding of the infinite variety of treatment modalities presented by Aloe Vera, and addressed themselves to the issue of the stress ulcer. Brenda began taking massive quantities of Aloe 99 Cello Gel internally; and within six weeks' time, a gastroscopic

examination revealed that the ulcer had healed completely.

Nevertheless, her feet were still in deplorable condition. The Aloe 99 Creme had helped, but there was simply too much dead tissue to hope at that point for any measurable recovery. There were massive quantities of pseudomonas, and swelling persisted. The physicians, the Aloe Vera, and Brenda's own inner will had taken her as far as they could. She would need additional surgery from a specialist.

The specialist in this instance was a plastic surgeon; a brilliant one. But like many brilliant men, he was rigid in his professional convictions. He performed a massive debridement on both feet, followed by a skin graft — a grafting operation which entailed the removal and replacement of tissue on about one-half of her right foot. Too much was considered missing from the tops of both her feet to conduct any further grafts.

Post-surgically, the doctor ordered both of Brenda's feet to be elevated and kept soaked in a betadyne solution. After a rather brief time, however, it became apparent that the betadyne solution was not working. The doctor returned for further evaluation and determined that Brenda's condition would not improve until a further debridement was performed — one that would entail the amputation of both her feet and replacement with artificial limbs.

It was February 14, 1979, when the prognosis was made, Brenda stalled for time. Refusing to sign the surgical release papers, she secretly saw to it that the betadyne solution was replaced by packs using Aloe 99 Creme. Within a few days, her condition had begun to improve markedly. Inflammation had reduced. Swelling had gone down. Accompanying pain had minimized considerably. Accelerated but normal healing was beginning to take place.

When she confided to the surgeon that she had replaced the betadyne solution with Aloe Vera, she was told that she had been "just lucky," that Aloe Vera was an old wives' tale, and she shouldn't indulge in such superstitions. Besides, he insisted, despite the healing that had taken place, her feet were still too pronouncedly deteriorated. Amputation — in his opinion — would still be necessary.

Again, Brenda balked. She had already lost some toes because of the severe level of tissue damage. Now she was being confronted with this doctor's insistance that she cut off her feet — become at best a cripple for the rest of her life, or at worst imperil her condition to the extent that it might again endanger her life.

It is difficult for the person blessed with a normal system to perceive the potential chamber of horrors that awaits an advanced diabetic whenever his/her already delicate body chemistry is traumatized in any fashion. There was no guarantee that this operation would be a success, or that it was even necessary. Brenda's instincts told her it wasn't, just as those same instincts told her that the Stabilized* Aloe Vera that had saved her before could indeed save her again.

Over heated protests from the surgeon, she once more refused to sign the surgical release papers necessary for him to undertake the operation. Instead, she prevailed upon him to let her return home and try to treat the condition there. Reluctantly, he agreed, though he did prescribe a special wrap of pigskin to cover the afflicted areas. In retrospect it seems inconceivable that medical professionals could dismiss Aloe Vera — a proven dermatological medicant — as an old wives' tale. The paths of logic often take strange detours.

Brenda returned home and briefly but conscientiously applied the pigskin wrappings on her feet. The reaction was utterly negative, malodorous, and apparently destructive to the tissue. She discontinued the pigskin wraps and returned to the Aloe 99 Creme and Aloe 99 Gel tandem treatments.

The results were dramatically positive. The infection reduced. The skin on both feet began to heal and continued to heal markedly. By August 1979 only two small spots

had not quite healed — one on her left foot the size of a quarter, one on her right foot the size of a dime.

At the time of this publication, Brenda was all but completely healed, walking on her own two feet, and to our eye standing very tall indeed — a testimony to her determination, to her courage, and to her faith.[152]

In telling Brenda's story, we would be remiss if we failed to show you graphically just how dramatic her recovery truly was. But no description of her condition and subsequent healing could ever do justice to the subject. On the next page we have provided photographs in four stages. In the tradition of pictures, they can depict the story of her final recovery more graphically then we ever could.

*Brenda's feet in various stages of treatment with Stabilized *Aloe Vera. From six weeks after the incidence of burn (bottom left) to October 1979 (bottom right).*

Some Graphic Examples

The photos of Brenda's feet and the stages of healing they underwent perfectly illustrate the communication advantage photos can often have over mere words. And though it would be difficult to find other pictures that could surpass those in terms of sheer dramatic impact, there are a few additional case histories and accompanying graphics that, I feel, merit inclusion here. Some involve cases that could only be described as having been in critical stages. Others, though less critical, certainly would have resulted in scarring and disfigurement had they not received treatment with Stabilized* Aloe Vera. Quite literally, these graphic examples will illustrate the positive therapeutic effects of Aloe Vera in treating various pathogenic skin conditions from head to toe, though they may not necessarily come in that order.

In this photographic series there will be six different sets of photos with accompanying case histories. The first set involves a series of decubitous ulcers on a 38-year-old muscular dystrophy victim. The second pair shows a common case of acne vulgaris in an adult woman which was cleared up in six weeks time. The third set of four shows the result of ninety (90) days of treatment of a young man suffering from a case of psoriasis. A fourth group of photos will show a rare but nonetheless remarkable case of the debilitating disease, *lupus vulgaris*, from its most critical stages to the syndrome after treatment with Stabilized* Aloe Vera. A fifth trio of photos shows an unusual set of complications from a case of *Herpes simplex* (fever blisters). And the final set of photos involves a case you are already familiar with, one that will — with the accompanying story — serve as an apt conclusion for all we have been saying about dramatic cures.

Decubitous ulcer, inside right leg. At the time of initial treatment.

Decubitous ulcer inside right leg. After forty-five days of treatment with Stabilized Aloe Vera.*

Decubitous ulcer inside right leg. After ninety days of treatment with Stabilized Aloe Vera.*

Decubitous Ulcers

First, we will take the case of muscular dystrophy patient M.C. of Dallas, Texas. The photographs (as we mentioned) are of

ducubitous ulcers that measured more than seven (7) inches in diameter. The bacterial infection disclosed in the first photo — a third degree ulcer which penetrated into the endoderm — was cultured at the time the pucture was taken and revealed four different pernicious organisms. Upon the application of Stabilized* Aloe Vera, the infection was eradicated in forty-eight hours. The victim had eight ulcers on her body similar to the one shown. The modalities used to treat the woman were Aloe 99 Creme and Aloe 99 Gel applied in regular doses. The treatment period was ninety days. The photographs span the duration of the treatment and depict the progress made for the span of what was a highly advanced case.[153]

Acne Vulgaris patient at time of original treatment with Stabilized Aloe Vera.*

Acne Vulgaris patient after six weeks routine of treatment with Stabilized Aloe Vera.*

A Common Case of Acne

In our second set of photographs (above), we show a young woman who came to us with a condition of acne vulgaris that had plagued her since adolescence. Though by no means as disfiguring or highly infected as some conditions of acne, it was unpleasant, unsightly, and traumatic to the woman involved. At the time of treatment, we received her permission to publish these progressive photographs.

The original photo was taken at the commencement of treatment. The second photo was taken after just six weeks of a regular acne routine using five Aloe Vera of America's products. As you can see, the acne which had previously been a chronic condition was completely cleared.[154]

Psoriasis. A Close-up

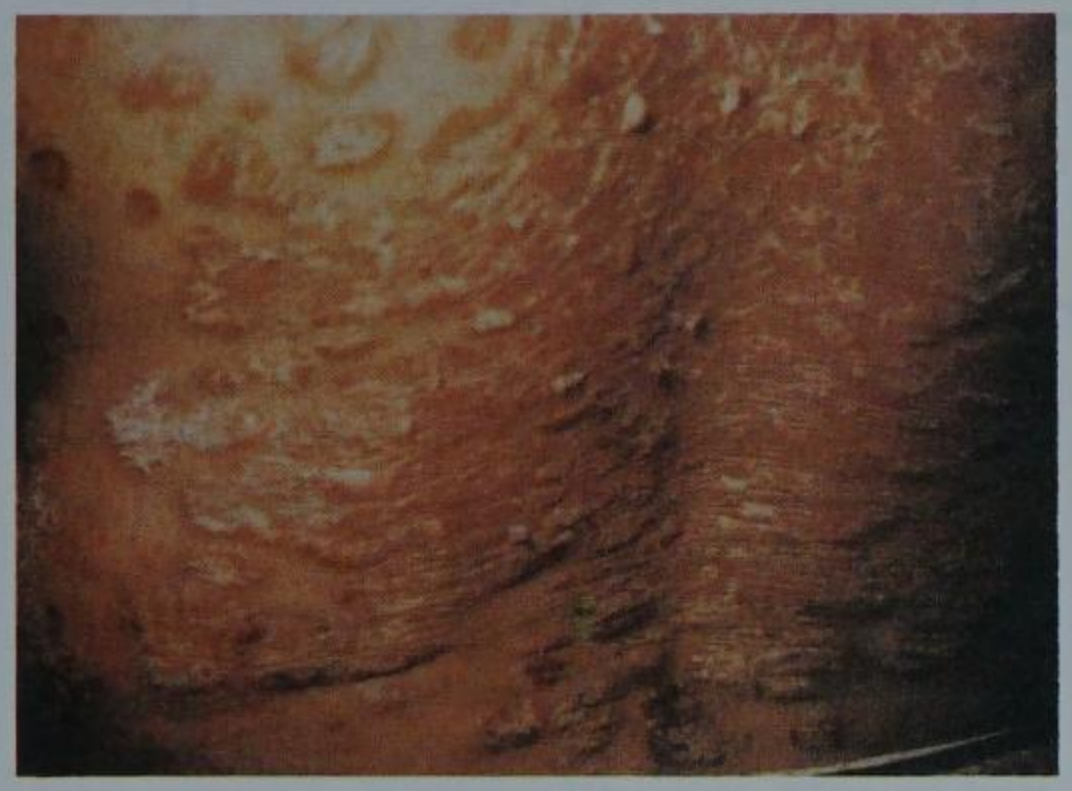
Earlier in the book we had touched on the dermatological syndrome known as *psoriasis,* an inflammatory skin disease of "unknown" origin that seems to affect people systemically with those systemic manifestations emerging in the form of unsightly skin blemishes. The saving grace about psoriasis is that it is ordinarily neither painful nor contagious. The unfortunate aspect of it, as we mentioned before, is that it exists apparently with no known cure.

Many people, especially in the United States, are familiar with psoriasis when perceived as a dandruff-like scalp condition. But its affects on the human skin are more pervasive than that. Characterized by the development of reddish patches which become covered with silver-white scales when the condition advances, psoriasis frequently affects what is known as the extensor regions of the body (arms, legs, back, anything

that flexes). These sores can be as small as an insect bite or can cover an entire skin area. And these sores all have one thing in common — they recur.

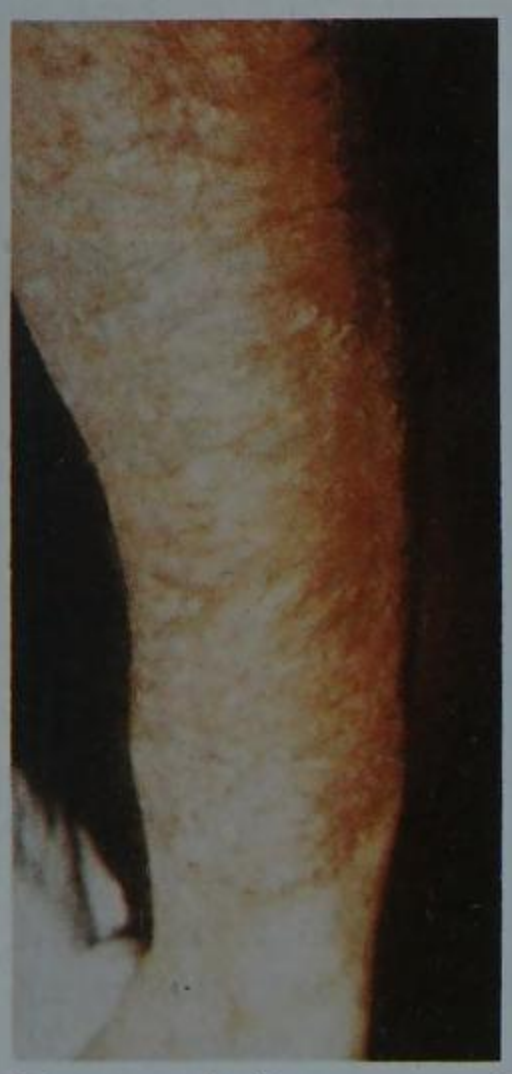
In the past, ultraviolet rays and some ointments helped mitigate the effects of this disease, if only temporarily. There have been reports in recent years that the saline mud of the Dead Sea has netted some benefit in treating psoriasis, but no cure has yet been found.

I'd like to say at this point that we had found one, but we haven't. What I can say, however, is that about ten years ago my associates and I came upon a treatment that — to date — has proven to be the most effective available for helping to control psoriasis. The plan involves both topical applications of Stabilized* Aloe Vera and internally administered doses of the gel supplemented by a specific regimen of megavitamins and a strict diet which excludes any intake of "junk" foods, sugars, or foods heavy in animal fat. This program must be applied conscientiously if it is to be carried through successfully. And though I will not disclose the full extent of it here, I will say this much: Aloe Vera by itself will not hold the condition in check. Strict diet and megavitamin therapy are also crucial to the success of the program. Conscientiously applied, it can work to great success as it did with the man whose pictures you will find on this page.



Exposed back of psoriasis victim prior to treatment with Stabilized Aloe Vera. Blotches and silvery scales cover nearly the entire skin area.*

Exposed back of psoriasis victim after 90 days treatment with Stabilized Aloe Vera, special diet, and megavitamin therapy. Note how the entire skin area is virtually blemish free.*



Exposed forearm of same psoriasis victim prior to treatment with Stabilized Aloe Vera. Blotches and scaling covers a majority of the forearm.*

Exposed forearm of the same psoriasis victim after 90 days treatment with Stabilized Aloe Vera, special diet, and megavitamin therapy. Note: the area of the forearm is virtually without incident.*

A young man in his late twenties, he came to us in 1975 with advanced psoriatic lesions on his back, arms, and legs. After 90 days of our applied program, the condition cleared up with barely a trace of his previous lesions. Since this young man had suffered from psoriasis most of his life, the Aloe Vera/megavitamin regimen was a discipline he was more than willing to undertake; and he reaped the results of it.

Furthermore, this was no isolated case. It was one of more than 25 cases treated successfully with this program during that period in 1975 alone.[155]

The Rita Thompson Story

The principal of this case history could tell a story that would fill a book. In fact, she has. It's called *Lupus, Aloe Vera, and Me,* by Rita Thompson.** Although we won't attempt to reproduce the story in its entirety, we can say this much at the beginning: Rita Thompson's is the story of a bright, courageous young woman who took on one of the most insidious, hard-to-treat conditions known to modern medicine — *Lupus Erythematosus* — and licked it. Commonly referred to simply as *lupus* or *L.E.,* this condition manifests in two basic forms: *systmeic lupus erythematosus* (S.L.E.) and *discoid lupus erythematosus*. Systemic lupus is often confused with rheumatoid arthritis and, in its initial stages, carries with it an almost identical manifestation of discomfort. But that's where the similarity ends. The pervasions of S.L.E. throughout the system are far more extensive and can ultimately extend into many major organs. Discoid lupus erythematosus is more easily diagnosed in that its symptoms come in the form of highly visible skin rashes that fester, scale, and can cause considerable pain upon the skin surface. To further complicate the matter, systemic lupus erythematosus (S.L.E.) can also manifest itself on the skin surface. So, in effect, the individual afflicted gets a double dose of lupus.

No one quite knows what causes L.E., although many factors — certain medicines, excessive exposure to the sun, and diet — are believed to be contributory. In any presentation, it is known that lupus creates changes in the blood cells and connective tissues which support the cells of the body in the same way mortar supports the bricks of a house. When these blood cells become disrupted, the system reacts. Swelling in bones and joints (and frequently rashes) may develop.[156] Often the condition can become severe. The case of Rita Thompson is such an instance.

Initially, as long ago as 1975, Rita Thompson was diagnosed as having rheumatoid arthritis and was treated accordingly by her physician. Throughout the remainder of the next five years, aching in her bones and joints continued intermittantly, and — just as intermittantly — she would continue to be diagnosed as having rheumatoid arthritis.

In all fairness to the examining physicians, S.L.E. is difficult to diagnose and is most frequently mistaken for rheumatic/arthritic conditions. But in retrospect, Rita Thompson recalls that as "the beginning of my lupus."

The lupus did not manifest cutaneously, however, until mid-1980. At first, Rita experienced the same symptoms as her previously diagnosed rheumatoid arthritis. Then, in the summer of 1980, her first rashes appeared — measle-like lesions which were only slight at first. They first appeared on her legs, lasted for about ten to fourteen days, and then appeared to get better.

One of the most insidious qualities of lupus erythematosus is its capacity for temporary spontaneous remission. It just suddenly goes away, often to return again with even more severe expressions of the condition. In Rita Thompson's case that is exactly what happened. Within a few days of the time the rashes appeared to leave her legs, they reappeared. On this occasion, however, they broke out over her entire body.

** If you would like a copy of *Lupus, Aloe Vera, and Me,* you may obtain one by sending $6.25 to Rita Thompson, 410 Third St., Toledo, Ohio.

For the next two and a half years Rita Thompson underwent an ordeal few people could endure, either physically or emotionally. The lupus rashes became perennial. Each time they would appear to improve, the condition took a turn for the worse. She was treated with cremes, special wraps, pills by the hundreds — every conventional modality of healing. She was hospitalized frequently, and upon each occasion of hospitalization the condition grew worse. Finally, it had advanced to such a state that she would wear no clothing at all but instead had to be kept in a plastic wrap lubricated with special solutions.

All during the course of this treatment, Rita Thompson was frequently misdiagnosed. And the only treatment that offered any promise came from one rheumatologist who prescribed a heavy regimen of steroids. This was a last resort "shock therapy" and was a dangerous recommendation, because sudden withdrawals from drugs in severe cases of L.E. can worsen the condition to extreme severity.

By this time, however, anything seemed hopeless. Rita had lost her hair, her fingernails, and was told that if her hair ever did grow back it would only grow back in patches.

With steely resolve, Rita Thompson was determined there had to be a better way to treat the condition. And that's when she heard of the positive benefits others had received from drinking Forever Living Products' Aloe Vera Juice. At the end of May, 1983 (three and a half years into the course of this syndrome), Rita began drinking FLP's Aloe Vera Juice in moderate doses — three to four ounces a day. Within a thirty-day period, her symptoms had diminished completely. Her skin had cleared considerably. She even began growing a full head of hair, not in patches but uniform growth. Rita was on the way to recovery.

Having recovered fully without relapse,

Lupus Erythematosus. *Rita Thompson's legs in late January, 1983. Note the advanced ulceration.*

Rita Thompson's legs in late January, 1984. With daily intakes of Aloe Vera Juice, the remission has been complete.

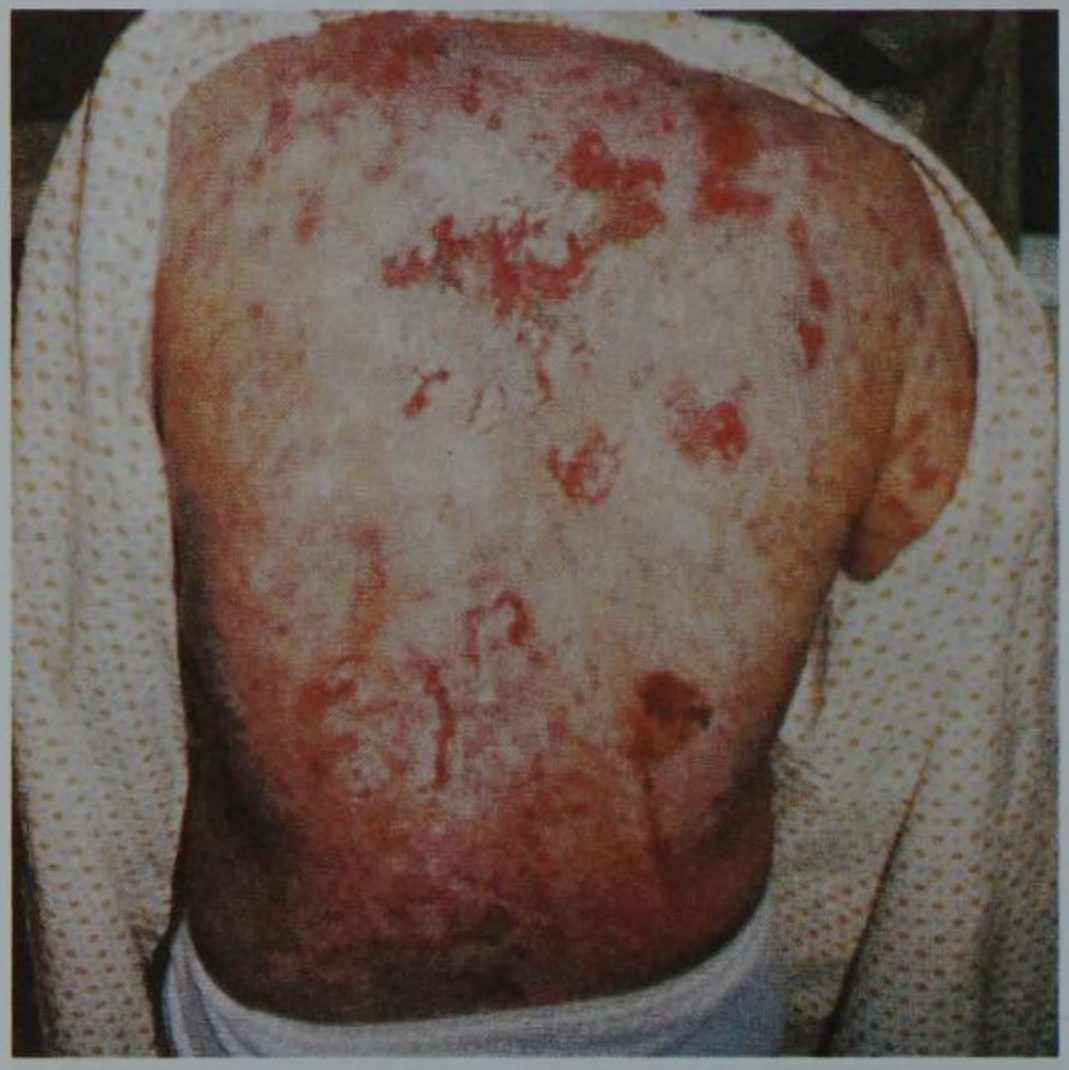
Rita continued to drink the Stabilized* Aloe Vera Juice in moderate daily doses, never exceeding four ounces. Yet, when prevailed upon to stop using the juice to see if it was really the Aloe Vera that worked, her position was firm. She didn't need to test the Aloe Vera Juice; she knew that was what had saved her. But the test, it seemed, would befall her in any case.

One time, quite by accident, Rita Thompson ran out of her supply of Aloe Vera Juice and couldn't get any for a period of two days. Within that same forty-eight-hour period, the lupus symptoms returned. Her body started to break out in lesions, and the pain recurred.

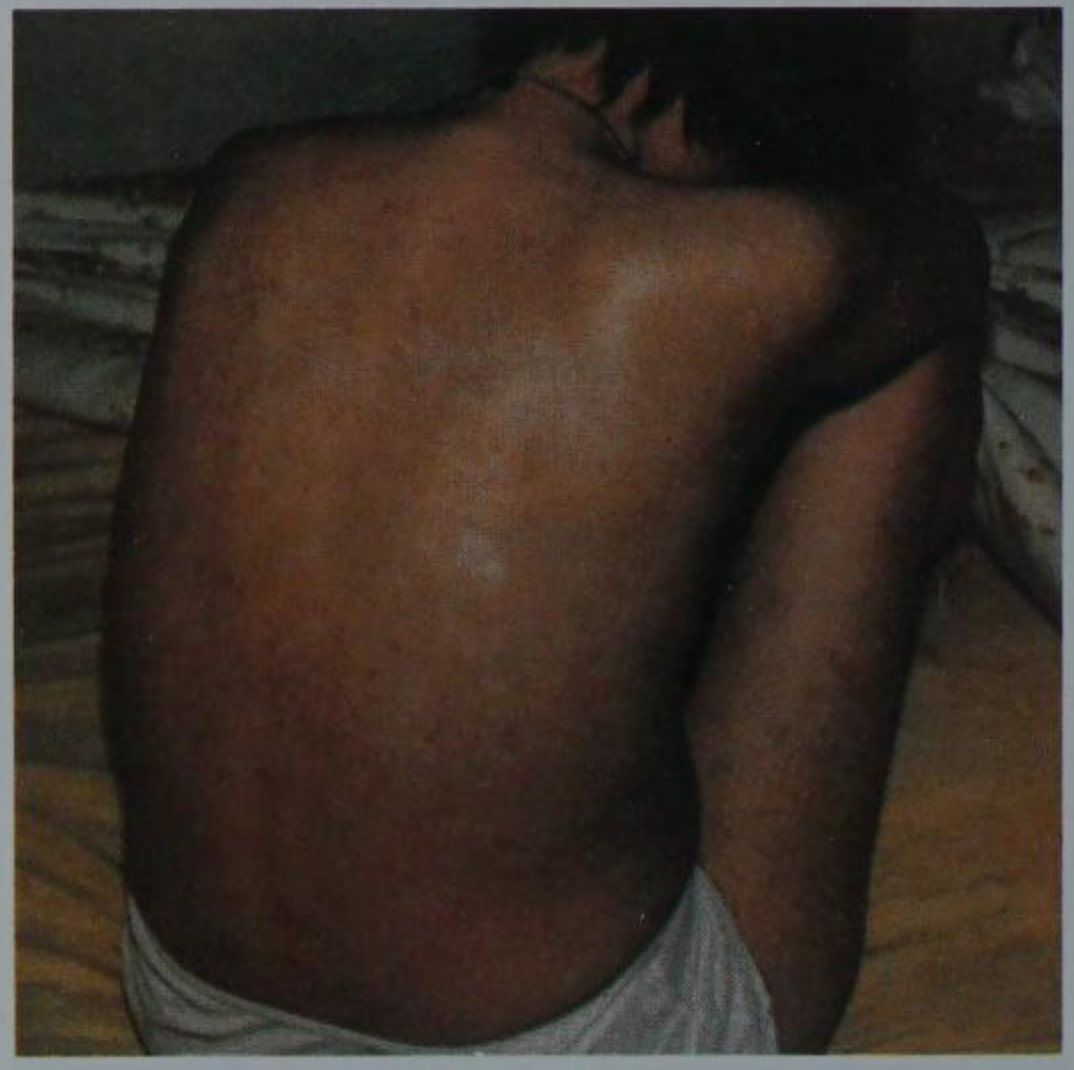
As soon as she could, Rita got a new supply of Aloe Vera Juice and started drinking it, again in moderate doses. Within eight hours of returning to the juice, her system normalized. The rashes went away, and she felt well again.

Since that occasion, she has never gone off the juice. Rita Thompson is now one of Stabilized* Aloe Vera's most eloquent advocates. And as a distributor for Forever Living Products, she has both written and lectured on her experiences and how Aloe Vera changed her life.

Her book, as we mentioned, is available for purchase. She has graciously provided us with her photos for your examination.[157]



Lupus Erythematosus. *Rita Thompson's back in late January, 1983. The syndrome was in one of its extreme expressions.*



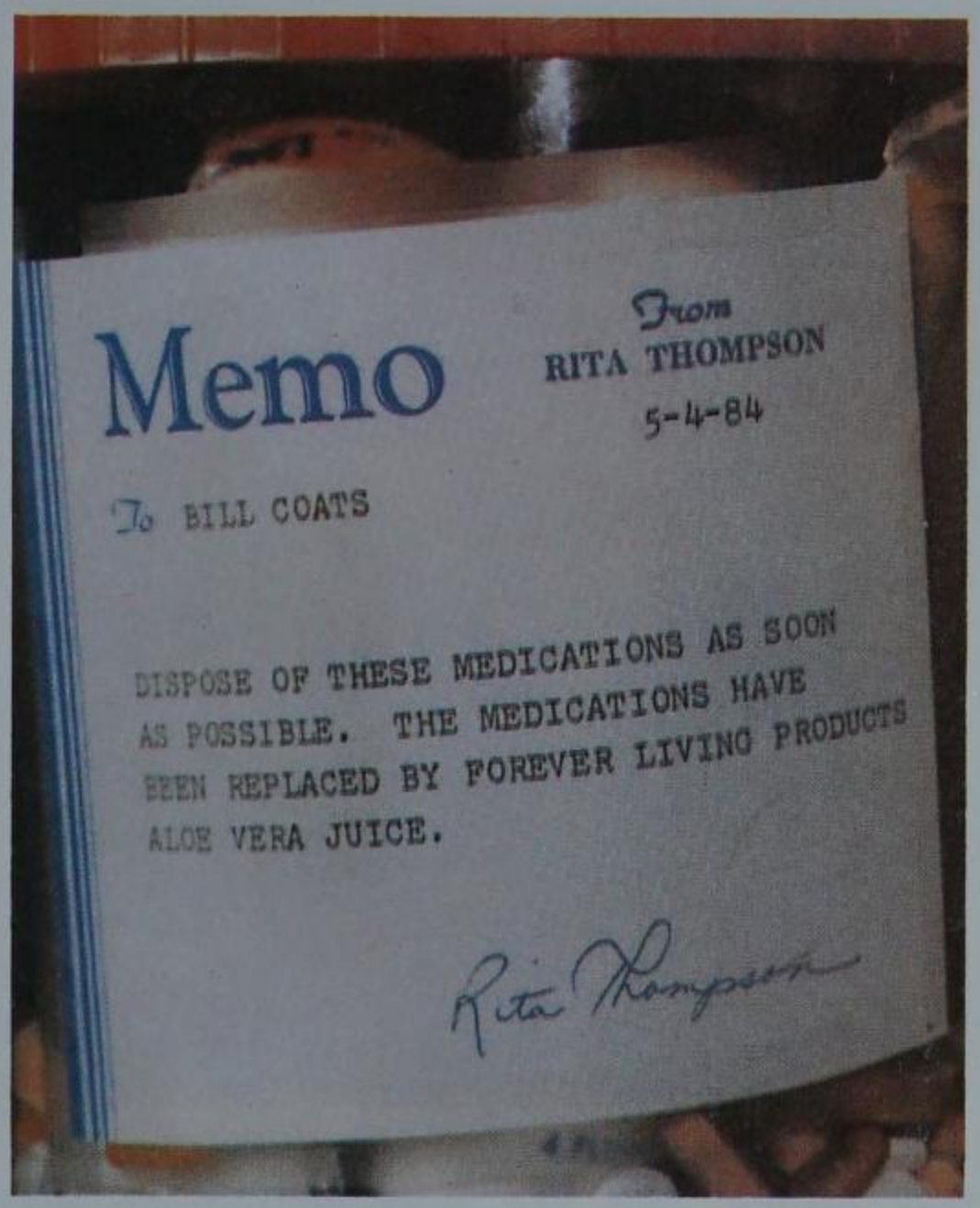
Rita Thompson's back late in January, 1984. With daily intakes of Aloe Vera Juice, the remission has been complete.

Rita Thompson. A Post Script

Since I love stories with happy endings, and since I also appreciate photos that tell a story of their own, I've included an additional set from the Rita Thompson file. When I was finally able to meet Rita Thompson, it was at a Forever Living Products distributors' meeting. She had just appeared to give a speech regarding her experiences with Stabilized* Aloe Vera, and I congratulated her on how much her story moved everyone present. Finally, as I was on my way out, she stopped me.

"Bill," she said, "There's something I've been saving for you. Wait just a minute."

I waited. And in a moment she returned with an immense apothecary jar filled with medications of various kinds and labelled specifically to my attention. From this point, the photographs tell the tale better than I ever could.



Maria's Miracle

This case is an extraordinary as the faith of the woman who survived its effects. Her name is Maria Monzella of Lake Tahoe, California. In early May, 1981 — while trying to help a young drug withdrawal patient — Maria was struck by the young man, a sharp blow to the eye and the side of the head. As a result, five days later, her right eye became infected with a *Herpes simplex* virus, an infection soon complicated by her exposure to a case of chicken pox. As a result, her left eye and forehead swelled until finally the infection also transferred to her right eye. Now, both eyes were badly swollen and the infection in her right eye had caused her temporary blindness.

Ordinarily, *Herpes simplex* viruses remain in the area of the mouth where they are commonly known as fever blisters. But they can and do attack any area of the skin, especially the mucous membranes (eyes, ears, nose, mouth, etc.) where they can often spread if left untreated.

Even with treatment, however, Maria Monzella's herpes spread. Consultation with an opthalmologist and healing modalities attempted did little good. The condition still spread and intensified. For a seige period of eleven seeks nothing worked and the condition grew unbearable. She became blind in her left eye for five days, and blind in her right eye for six weeks. No matter what she tried, nothing served even to ameliorate the condition, much less cure it. All modalities the doctor tried failed as well. Finally, after eleven weeks of agony, six of which involved blindness in one or both eyes, Maria Monzella's doctor told her something she could not accept: she was going to be permanently blind in one eye.

Her response surprised him.

"No, I'm not," she told him. "I'm putting my faith in the Lord. I'll be given a miracle. I know it."

Late in July, 1981, that miracle came to pass. She had been using some wheat germ oil and other health food products that seemed to help ease the pain of her condi-

Maria Monzella in May 1981, shortly after her attack and the introduction of the Herpes simplex infection.

Maria Monzella in May 1981. The infection continued unabated. Swelling in both eyes was pronounced.

tion and had come to her health food store when she ran into an old friend, Dottie Patton, a Forever Living Products distributor. When Dottie heard Maria's story, she responded automatically.

"You need some Aloe Vera," she said, and immediately recommended several Forever Living Products to apply to her seemingly hopeless condition.

Diligently applying Aloe Vera Gelly three times a day and squirting Aloe Activator directly into her severely infected right eye, she was able to see again in a matter of days.** In eight weeks time (by mid-October, 1981) Maria Monzella had not only cleared up the infection but also had rid herself of most of the scarring caused by the herpes blisters.

Upon reviewing all she had done in treating herself, Maria recalls that she not only used the Aloe Vera Gelly and the Aloe Activator on her face and in her eyes every day, but also drank copious amounts of FLP's Aloe Vera Juice, "to help clear all that herpes junk out of me, systemically."

Now, fully recovered, Maria is a distributor for Forever Living Products, and one of its most enthusiastic spokespersons.[158]

Summary

Attempting to summarize twenty years of research, documentation, clinical data, and personal testimony in a few paragraphs seems not only implausible but contrary to the laws of nature. Yet we realize that the review is necessary if we are going to clear the path for the next statements we have to make.

In summary, what we have been able to accomplish in these last few pages is to provide you with sufficient data — clinical data, doctors' evaluations, and patient testimonies — spiced with some dramatic case histories in order for you to be able to reach your own decision.

** Squirting Aloe Activator or any other substance not specifically formulated for use in the eye is not approved by the FDA, nor is it sanctioned by any governing medical body.

Maria Monzella in late October, 1981. Ten weeks after the commencement of treatment with Aloe Activator and Aloe Vera Gelly, she is fully recovered.

Hopefully, by now we have at least communicated that to the best of our knowledge there is only one properly Stabilized* Aloe Vera sold today — those formulated, processed, and sold by Aloe Vera of America, Incorporated. They come in a broad range of products for systemic and topical use in the medical fields of dermatology, orthopedics, oral-surgery, periodontal uses, gynecology, pediatrics, and internal medicine, as well as uses in the fields of veterinary medicine, athletics and prescriptive skin care/ cosmetics.

From the Sims/Zimmerman and Setterstrom clinical findings, we have learned that Aloe Vera in general and Stabilized* Aloe Vera in particular is bactericidal, virucidal, and fungicidal against a broad range of microorganisms. These bacteriological findings are utilized by a number of physicians who have confirmed the successes of Aloe Vera in those areas. Evaluating with several criteria set forth by Aloe Vera of America the overwhelming majority of physicians, having treated tens of thousands of cases, have rated Stabilized* Aloe Vera either superior to or equal to any other available form of medication for penetration, anti-inflammatory activity, reduction of swelling, relief of pain, enzymatic debridement, healing acceleration, and improved mobility.

Of no less significance are the conclusions on the part of all physicians surveyed that there is no measureable toxicity in Stabilized* Aloe Vera nor are there any contraindications to be found in any of the tens of thousands of cases reported.

From the innumerable physicians' reports, letters of acceptance, and instances of documented personal testimony, we have shown that Aloe Vera is not only phenomenally effective in its application but seemingly unlimited in its uses — perhaps as unlimited as folklore would have it.

In closing this chapter, we cannot apologize for its length. It could have been longer by hundreds of pages and still not have covered all the documentation we've compiled over the years. What we have tried to do in this limited space is to encapsulate — to give you the best examples, covering a majority of potentials.

Perhaps the best way we can summarize is by returning one last time to the human factor. We referred in our introduction to a dramatic case history brought to us by Dr. Albert Irving Clark of Shreveport, Louisiana regarding a case of acute bilateral scleroderma involving Mr. J. Monte Hayner, Jr. In closing that case we reported that as recently as the autumn of 1977 there was one small ulcer remaining about the size of a dime. Ultimately there were no ulcers, not even a trace.

In answering a request for us to retell his story, J. Monte Hayner, Jr. gave us permission to use the photographs taken of him during the various stages of his treatment. He sent us a letter to officialize that permission. We include both the photographs and that letter of endorsement in this summary.

Bilateral Scleroderma: J.M. Hayner, Jr. at time of initial treatment with Stabilized Aloe Vera.*

Bilateral Scleroderma: J.M. Hayner, Jr., three weeks after treatment with Stabilized Aloe Vera Gel.*

Bilateral Scleroderma: J.M. Hayner, Jr., six weeks after treatment with Stabilized Aloe Vera Gel.*

Bilateral Scleroderma: J.M. Hayner, Jr., after four months' treatment with Stabilized Aloe Vera Gel.*

2721 Morningside Dr
Shreveport LA 71108
23 October 1979

Mr. Bill Coats
802 Easy Street
Garland TX 75042

Dear Mr. Coats:

It is with a great deal of pleasure that I learned you are going to write a book concerning the many, seemingly miraculous properties of the plant Aloe Vera, the availability of them, which was made possible by your discoveries.

Aloe Vera has become a very important part of our household. I use lotion in the care of my legs and have the 99 Gel should I get a scratch or cut and the Cello Gel in case I have an upset stomach. We keep a bottle of the lotion in our kitchen for grease spatters, etc., and a bottle in the bathroom and the rest in my bedroom.

I'm sure that your book will enlighten many people and that life will be much improved for those who use the information you so generously give them. It's a shame that the Medical profession doesn't avail themselves of its uses to a greater extent. I guess that since it was not discovered in one of the great Medical Research centers, it just isn't as valuable.

I am eternally grateful to you and hope your book earns the complete recognition you so richly deserve.

Very sincerely yours,

J. Monte Hayner, Jr.

P.S. Thanks for the 2 bottles of lotion!

Five years have passed since J. Monte Hayner, Jr. wrote us that letter of commendation. He was a man whose health and (probably) whose life was saved by using Stabilized* Aloe Vera. In the years that followed, Mr. Hayner used our products exclusively and never waivered from his conviction that they had helped improve the quality of life for him and his family.

J. Monte Hayner passed away in 1983. And though I never met the man in person, I did finally meet his wife at a Forever Living Products distributors' meeting that same year. I was giving a speech on Stabilized* Aloe Vera and asked Mrs. Hayner if it would be too painful for her to see again the slides of the bilateral scleroderma on her husband's legs. She confessed that it would be painful for her to see them again but also expressed this sentiment: "If it will help one more person, I want you to show them. I know my husband would have wanted it that way."

Later, Mrs. Hayner was called upon to say a few words to the assembly. Although she was not a gifted public speaker, her sincerity was undeniable. By the time she finished telling the story of her husband's trials with his health, and of his personal courage, there wasn't a dry eye in the house — including mine.[159]

In a way, that is the sum of what dramatic cures are all about. Ultimately, they are stories of personal courage. These have been a few of the many.

8

Aloe Vera In The World Of Athletics

The success story of Stabilized* Aloe Vera in the field of athletics began ten years ago. The use of our product in athletics was a natural proliferation that stemmed from its uses in orthopedic and dermatological fields. Its extension into athletics had been viewed as viable much earlier by physicians who had treated athletes among their other patients. Dr. Richard Russell was one M.D. who saw the potential for extending the application of Aloe Vera into the world of the training room almost immediately. His recommendations for acceptance of Stabilized* Aloe Vera as a legitimate training room treatment are encapsulated in excerpts from the following open letter:

> As the team doctor for the North Mesquite High School Stallions football team over a period of five years, I have used Aloe 99 Gel and Aloe 99 Creme, which are Stabilized* Aloe Vera compounds, on a number of athletes. These products have been used for strains, sprains, muscle aches, and tendonitis, as well as cuts, bruises, and burns.
>
> I have found this to be an excellent medication. It has been used frequently on burns on artificial turf and in general for body massages . . . . There is no drug effect or any other bad effect of medication which would be to the detriment of the athlete. [160]

Dr. Russell's considerable experience in treating thousands of cases in a broad spectrum of indications with Stabilized* Aloe Vera products should be well established for the reader. In the context of this particular letter, Dr. Russell was speaking not only as a physician but also as President of the Mesquite, Texas Board of Education. Dr. Russell's recommendations were not immediately heeded but since then Aloe Vera of America's, Aloe Vera products have become more and more accepted in the athletic field. That acceptance has lately been due to favorable word-of-mouth publicity, but in the beginning it took winning the confidence of several key individuals to get the ball rolling.

In the world of sports as in so many other fields, team physicians and athletic trainers are bombarded with innumerable "miracle" compounds that so often produce less than substantial results — and occasionally produce some unpleasant side-effects. Prior to our entry into the athletic market, some allegedly stabilized Aloe Vera products had made the rounds. In some sectors we encountered some built-in resistance from the very beginning because of the frauds that had preceded us.

One of the key individuals who helped us break down that resistance was Frank Medina, former head trainer for the University of Texas. When I first contacted Medina about our Stabilized* Aloe Vera products, he had been the head trainer at the University of Texas Athletic Department for over three decades. In the course of that time, he had grown to international prominence. He was a forerunner in modes and techniques of healing; trainers from other universities and professional organizations frequently sought his counsel.

My initial meeting in 1974 with Medina

was a brief one. I explained the product samples, showed him our documentation, and went my way. A month later he called with the suggestion that we put up a display of our products at the forthcoming Texas Relays. The Texas Relays include both high school and collegiate competitions. The college teams include representatives from all the members of the Southwest Conference. It is a prestigious event, and not just any pharmaceutical company is invited to show its products. Later I learned that Medina had used three other brands of Aloe Vera products before I came to him with our products. He had not gotten any results from those other products, and so it was a tribute to his open-mindedness that he was willing to try our products. If I had been in his shoes, I doubt if I would have tried a product after going through three failures supposedly all using the same main ingredient.

On the second day of the relays, Medina called a gathering of trainers into his office and made an announcement: "Gentlemen, you know me. I'm conservative in my practice. Normally I do not recommend products of any kind, but today I'd like to share with you the results I've enjoyed with Aloe Action products."**

His first story was ironically about himself. He had been suffering from a swollen, badly inflamed foot which he was not able to help with any conventional methods. Then he remembered the sample of Aloe Action Lotion I had left. Following the instructions for application, he applied it generously to his foot and ankle. Within five minutes he no longer experienced any pain in his foot. He showered and dressed and made his way out to his car. While walking through the parking lot, he realized that all the previous soreness was gone. By the third application, he no longer experienced any pain at all.

His other story concerned Tim Campbell, a defensive standout on the Texas football team and younger brother of Earl Campbell. In a workout the day before, Tim had been kicked above the knee and was barely able to walk. Medina saw to it that Campbell received hourly massages with the Aloe Action Lotion, and told him to return to the training room the following morning. Campbell, however, did not appear the following morning; Medina found him instead out on the practice field. When he asked him why he hadn't come to the training room for further therapy as ordered, Campbell told him the knee wasn't swollen any more and there wasn't any pain — he couldn't see any reason to miss workout.

Medina's endorsements and results impressed most of the trainers. I did my best to convince them, too; but there was one trainer — the trainer from Baylor University — who by the tone of his voice was apparently still skeptical. His skepticism was not to last for long. Later that same day one of his sprinters was brought in with a reinjured ankle. She told me later that she knew she was in trouble during her warmup because she had pain everytime her foot hit the surface of the track. She went ahead and ran, and in the middle of her race something popped in her foot. She finished the race somehow, but she was in excruciating pain. Moments later I saw her writhing in agony on a stretcher, and to my surprise, the trainer from Baylor turned to me and asked, "What are you going to do for her?" Accepting this unexpected challenge I went to work and began by wrapping her reinjured ankle in a gauze saturated with Gel. I let that soak for thirty minutes and then applied Lotion to the involved area and massaged it very gently. After just forty-five minutes of application, she was able to walk freely on that reinjured ankle.

Frank Medina rapidly became so enthusiastic about the potential of Aloe Action products that he began working in 1975 to get them accepted for use in the '76 Olympics in Montreal. Having been an Olympic trainer since 1948, Frank was a man whose personal and professional credibility were

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**Aloe Action products were Aloe Vera of America's product line marketed specifically for institutional athletic use.

beyond question. His recommendations were taken to heart — Aloe Action products were accepted.

Before his initial presentation to the Olympic Committee for approval, he called me and requested that I meet him at DFW Airport with a two-ounce sample of our Aloe Action Lotion. I thought it was a rather small representation of our product, but Medina assured me that was all that was necessary. When I met him at the airport with the Lotion sample, he answered a question I had often thought but had never asked:

"I'm sure you're wondering why I haven't charged you a dime for any of this, so I'll tell you. For what Aloe Action Products have done for my athletes at the university of Texas and for what it can do for athletes everywhere, I'll promote it. If I can make these products a household word, no other act would help my profession more."

Frank Medina is less than five feet in stature, but in my eyes he will always be ten feet tall because of all the good things he has done.

Medina, as expected, was again chosen as one of the trainers for the Montreal Games. While he was there, he treated four Russian athletes who were suffering from Achilles' tendons problems and were sure to be sidelined for the remainder of the competition. Because of the effectiveness of Medina's treatments and the Aloe Action Products he used, the Russians were all able to return to their events; three of the four won medals. As a result, the Soviet Olympic Committee invited him to come to their country in 1977 and demonstrate the latest training techniques and treatment of athletic injuries.

Recounting all Frank Medina's contributions in advancing the use of Stabilized* Aloe Vera for athletes would take a chapter of its own, but there are many other athletic trainers who have been strong proponents of Aloe Action Products.

Larry Gardner was a trainer for the Dallas Cowboys for eight years and one year for the Miami Dolphins. He returned to Dallas at the request of Dr. Pat Evans to take the position of Director of Rehabilitation at North Texas Sports Medical Clinic. Part of his duties include functioning as a private trainer and physiotherapist. He was one of the first advocates of the Silent Healer in the professional ranks; he used Aloe Action Products for his athletes and still does. In his present position at the North Texas Sports Medical Clinic, he uses Aloe Action Products on athletes who come to him with muscle or ligament injuries, cuts, scrapes, and a broad spectrum of both cutaneous and muscular tissue damage. In a recent film made especially for Aloe Action Products, Gardner appeared without pay to make this endorsement:

> We routinely use the Aloe Action Lotion on our post-surgical knee patients. We give it to them to take home, and we use it here to apply to the incision area to keep it from becoming dry and flaky and also to help the incision area to blend in with the normal skin so it won't be quite as obvious. Also we use it as a conducting lotion for Ultrasound and as a massage lotion.
>
> While we don't feel that the Aloe Action Products are by any means a panacea for all problems, it is of definite benefit as an adjunct to the modalities we would normally use to help the patient progress more quickly.[161]

At our request Larry Gardner and Frank Medina evaluated our products on Physician Report forms. Their complete evaluations are included in Appendix A.

In his report, Larry Gardner rated Aloe Action products in eleven cases of tendonitis and twenty cases of muscle spasms. He found the Gel, Lotion, and Liniment equal to or superior to any other modality available.

Frank Medina's two reports cover four years and a broad spectrum of uses — treatments including everything from lacerations and sprains to turf burns. The cases he treated number in the thousands. He has had especially positive results in the treatment of contusions, abrasions, fractures, sprains, strains, dislocations, tendonitis, and secondary infections. In the case of turf burns, Me-

dina had superior results in blister inhibition, anti-inflammatory activity, and antiseptic action. Aloe Action Products showed superior penetration in cases of abrasions, contusions, and lacerations. For tendonitis, strains, and secondary infections, the results in all categories were equal to any other product on the market today.

Medina's and Gardner's reports were sent in with our report to the FDA, but they are by no means the only trainer reports we have on record. Before we go on to discuss what other trainers and physicians have to say about Aloe Action Products, let's take the time to generally discuss those products.

Originally the four basic products in the Aloe Action line were Aloe Action Gel, Aloe Action Creme, Aloe Action Liniment, and Aloe Action Lotion. Properly used, all Aloe Action Products have been reported by trainers, physicians, and coaches of various athletic organizations to be effective in (1) soothing the skin; (2) penetrating deeply without heat; (3) relieving pain, swelling and tightness associated with sprains, strains, and bruises; (4) reducing inflammations in muscles, tendons, and joints; (5) eliminating infections from fungus ("jock itch" and athlete's foot) and virus such as fever blisters; (6) relieving itching from skin irritations with its anti-pruritic properties; and (7) relieving burns of all kinds, including turf burns, mat burns, and abrasions. (In 1981, Aloe Action products were reformulated into a new, improved product line and are now known as Aloe Activator, Aloe Lotion, Aloe Heat Lotion, and Aloe Vera Gelly. (Refer to the Trainer's Product Chart on page 117.)

It cannot be stressed strongly enough that these Stabilized* Aloe Vera Products need to be applied according to instructions, applied generously and massaged gently (where possible). Employing just a few drops and a few seconds of massage will net a proportionately slight result. You have to take the time to do it right, and in that case the best possible procedure is to pre-soak the affected area with Aloe Action Gel and then apply the appropriate second modality.

At the top of the following page is a table of the reported successful treatments by trainers, coaches, and physicians.

In all our Aloe Vera products for athletes, the active ingredient is Stabilized* Aloe Vera. You should note the fact from Frank Medina's and Larry Gardner's reports that neither trainer ever encountered any toxicity or contraindication with uses of our product. That was one of the many things that impressed Medina about our product. He felt so strongly about the positive results with Aloe Vera that he became one of our most zealous proponents. His successor at Texas, Spanky Stephens, has also been enthusiastic and influential in the cause of the Silent Healer in athletic uses. Stephens' influence won a big convert — then Head Football Coach, now Athletic Director, Darrell Royal.

Royal became so sold on our products that when he heard that we were putting together a film on Aloe Action Products, he volunteered his services. Here's what he says:

> Now I'm one of those guys that happens to have blue eyes, freckles, and a fair complexion; so I sunburn real easily. Besides that, my skin is extremely dry. I'd been bothered with little sun spots, and I have been under the care of a dermatologist for those spots. But I've always been bothered by the dryness of my hands — especially when I play a lot of golf, which I do in the summer months when the sun is at its peak and the most severe. Spanky Stephens brought me this Aloe Action Lotion, and I started using it on my hands. I'd used other products for years trying to moisturize my hands and to do something to protect me against the sun. Those products helped better than using nothing at all, but nothing I have used even comes close to this Aloe Action Lotion. It has cleared up some of my sun spots, and it has helped the dryness. I wear a golf glove on my left hand. My right hand is bare and gets a full exposure to the sun. My right hand was so dry that the dermatologist tells me that it was about fifteen years older in comparison to my left. However, since I've started using this Aloe Action Lotion, my right hand has cleared up

Trainers' Reports***

PRODUCT	CONDITIONS TREATED	REPORTED TREATMENT
ALOE ACTIVATOR (formerly Aloe Action Gel)	Acute conditions involving strains, sprains, bruises, cramps, swelling, soreness, pain in muscles, tendons and joints, inflammation and skin irritations.	The area wrapped with gauze kept saturated at least 30 minutes; OR wrapped with towel kept saturated and packed with ice; OR soaked in container of 2 parts activator and 1 part ice. Followed with Aloe Lotion or Aloe Heat Lotion.
ALOE LOTION (formerly Aloe Action Lotion)	Conditions involving swelling, joint pain, muscle soreness, tendonitis, bursitis, or following Aloe Activator therapy to augment and extend treatment.	Applied liberally, massaged lightly at least 5 minutes, 4 times daily with or without Ultrasound. Adequate massage was important.
ALOE VERA GELLY (formerly Aloe Action Creme)	Turf burns, blisters, fungus and other skin infections, irritations, itching, sunburn.	Applied to involved area sufficiently to achieve thorough contact.
ALOE HEAT LOTION (formerly Aloe Action Liniment	Muscle and joint pain and/or tendonitis, where "heat" from counter-irritants is desired.	Massaged liberally into the involved areas, avoiding eyes and other tissues sensitive to counterirritants.

*** All products formerly under the Aloe Action line now fall under the new improved line of products made exclusively by Aloe Vera of America for Forever Living Products, Inc. They are Aloe Activator, Aloe Lotion, Aloe Heat Lotion, and Aloe Vera Gelly. In function and consistent results achieved they are equal to those of their predecessors in the field of athletics, and may be used with impunity for achievement of the same levels of positive results.

tremendously.

I'll tell you what a convert I am to Aloe Action Lotion — I use it for an aftershave lotion, too. I don't like an alcoholic-type aftershave lotion — I prefer the Aloe Action Lotion. I've told a lot of my friends about it in the athletic business, and a lot of my friends are users of it. I've had tremendous success with it — it's been good for me. I think it'd be good for you. [162]

As we return to trainers' reports — specifically that of Spanky Stephens, we can get a clearer picture of Spanky's successes with Aloe Action Products:

Aloe Action Products get fantastic and fast results on sprains and strains of muscles and tendons. These products are also great for turf burns, infections such as ingrown toenails, athlete's foot, and jock irritation. I use Aloe Action Gel in both my cold and hot whirlpools. I put it on all sprains and strains immediately. I have found that the Gel when used properly can take away swelling almost immediately. The 100% Gel is a deep-penetrating solution that will draw any kind of substance that you want into all affected areas. This is what is so great about the whole Aloe Action line — they all are deep-penetrating and will take anything into the area and heal it faster.

Aloe Action is particularly good for massage and Ultrasound. It fights all kinds of fungus infections without burning the tissue involved. The Lotion is also great as a sun screen. It also takes away the peeling and pain of sunburn.

I feel that Aloe Action Products are the best set of products ever to come out on the market in the athletic training and physical therapy field.[163]

Spanky Stephens later confided to me that if it hadn't been for Aloe Action Products, six of his football players would not have been able to start against Oklahoma in the 1979 contest. *Six* starters would have been out of the game, but with the help of Aloe Action Products they were able to play, and Texas was able to win. Now we're not claiming credit for the victory — what we would rather emphasize is Stephens' estimation that our products were responsible for getting players back in the lineup. If our products can help trainers accomplish that feat, then they're doing their job.

Though the majority of our evidence has been regional, the acceptance of Aloe Action Products has not been confined to the Southwest in general, and the University of Texas in particular. We supply products from coast to coast — from the Tampa Bay Buccaneers to the Seattle Sea Hawks, from the Baltimore Orioles to the Minnesota Twins. All have reported satisfactory to superior results. Even though I have spoken most about those teams that use our products in the Southwest, I don't want to leave the topic of college teams in the Southwest without relating my first experience with a college trainer. That trainer was Eddie Lane; and at the time I first visited him he was the head trainer at SMU. The year was 1969, and since I was close by I called on him one afternoon in his training room at SMU and told him what I had to offer. After I finished he said, "You mean to tell me that you think this product will penetrate through the skin into the joints and relieve pain?"

I said, "Yes, sir, that's what the doctors tell me it will do."

He showed me his left hand which was obviously swollen. "This is Tuesday. On Sunday I cut down a tree in my front yard with an axe. As you can see, I severely bruised my hand in the process. It's painful. It's sore. It's inflamed. I would just like to see if this stuff really works."

I said, "Well, fine — try it, and let's see what happens."

So he took off his watch and laid it on the desk. He started applying the Creme. At that time the Aloe Action Creme was a 72% Stabilized* Aloe Vera formula. As we were talking he would take a little Creme out of the jar and massage it into his hand. It would penetrate, and he would get a little more. In a few minutes he stopped and smiled, and he began flexing his hand. "I can't believe it, but the pain is going away." He looked at his watch. It had been three and a half minutes. He was amazed. "I want to use this on the boys, but I'll have to get the team doctor's approval first."

I went to the SMU doctor and he said, "I know Mr. Lane would like to use the product, but I am responsible for those kids' health. Although Mr. Lane tells me that it works, you have no toxicity studies on the product. Without those studies I cannot allow him to use your products."

Today Lane, after all these years and all our lab and animal studies, can use our products. We have done the animal and toxicity studies — we have the proof. Because we were able to demonstrate the safety of our product (the effectiveness had already been proven), Eddie Lane is able to use our products with confidence in his capacity as head athletic trainer for the Dallas Independent School District. Here is his evaluation of them:

> During my career in athletic training, I've always looked for products which would help me get athletes once injured back to games and practice quickly and safely. At the same time I've developed a critical eye on the worth of many products detailed to me.
>
> Aloe Action Products have passed my critical eye and are used to help me accomplish my goal of returning the injured athlete healthy.
>
> In the past three years, Aloe Action Products have been very valuable in the treatment of athletic injuries occurring to high school athletes being cared for by my staff and myself. We have found it to be most effective in treating mild to moderate sprains, strains, contusions, and abrasions. Common skin conditions seen in the training room such as contact dermatitis, sunburn, and similar conditions are healed very quickly by the use of

Aloe Action Lotion or Creme when used as directed.

We have tried using other Aloe Vera products [by other companies] and found Aloe Action Products to be more effective in the treatment of athletic injuries.

When it comes to returning a healthy athlete to competition safely, I look to and depend on Aloe Action Products as a tool to that goal. Just like an ice machine, Aloe Action Products are going to be used in my training rooms. [164]

All our endorsements may sound a little like commercials, but we have not paid one dime to any of these people. Darrell Royal would ordinarily receive thousands of dollars for a recommendation, but he volunteered his services to us as a compliment to these products. Another well-known sports figure who receives a goodly sum for the use of his name and image is Charlie Waters. Waters, however, was more than willing to endorse our Aloe Action Products for nothing. When we went out to film Ken Locker, a trainer for the Cowboys, he told us he would get a player to appear with him. I had no idea that it was going to be Charlie Waters.

When we arrived with our camera crew, a major soft drink company was filming commercials that same day. For putting on their uniform, running up to the camera with a bottle of the beverage, telling their name and saying, "I drink so-and-so," the players were able to walk over to a table and, after signing a release, be handed a check for two thousand dollars. Waters without question could have been one of the players on that commercial, but he chose instead to make our film. In that film Ken Locker demonstrates how Aloe Action was used to treat Waters' injured thumb.

First the thumb was wrapped with a pad of cotton gauze soaked in Aloe Action Gel. It was applied so that the whole area was soaked in the Gel. Then the thumb was wrapped in roller gauze which did two things: (1) held the Gel-soaked gauze pack to the injured area, and (2) also provided for some immobilization of the joint. The cotton gauze was then wrapped with some elastic product to give further support and allow the thumb the rest that it needed. Locker explained that he usually did this procedure and sent the player home at night so that they would have the pack on until he removed it the next day.

Charlie Waters had this to say about the Aloe Action Products: "It's helped me — especially on joints such as the finger and foot joints. Also I had some bruises and the Aloe Vera pack was quick to show results."

I might add that even though Waters had severely injured his thumb, he was able to continue working out and playing in exhibition games until his severe knee injury put him out of action for the remainder of the year. He attributed much of his ability to stay in action in the 1978 season to Aloe Action Products. His story is a good indication why we have the word "action" in our name.

Keeping the athlete healthy and on the field is — as Eddie Lane noted — the primary objective of the athletic trainer. I have cited a number of instances in which our Aloe Vera products have dramatically aided in that objective, but in closing let me cite one more.

In the fall of 1977 I received a call from Baltimore Colts' trainer Mike O'Shea regarding the Colts' kicker, David Lee. Lee's leg had been so sore that he not only couldn't kick, he couldn't even work out. O'Shea had wrapped Lee's leg with gauze saturated with Aloe Action Gel and followed with a gentle massage with the Lotion. This process was repeated three times a day. By game time on Sunday, Lee was not only ready to play — he had one of his all-time best performances for the Colts. The two men called me on the Monday after the game. Lee was still in a state of awe, "I wouldn't have believed it — but it was *my* leg."

Mike O'Shea was sold enough on our product to take part in our film. This is what he had to say:

I was introduced to the Aloe Action Products — the Aloe Action Gel, Creme, and Liniment — a couple of years ago. I was totally amazed by the action of these products. The Aloe Action Gel is one of my favorites in that it does so many things. I for one use it by saturating a gauze roll with the Gel and putting it on the affected area two to three times a day. I give the athlete a small jar of Gel and a few gauze rolls and tell him to apply it at night. You must apply this product two to three to four times daily in order for you to get results. You cannot apply the Gel once and expect results.

I have used this product especially on extremities — the toes and the fingers. When a person has had a sprain, and even a fracture. I am amazed at the way the pain and discoloration are reduced in a three to four day period.

The Lotion and Liniment I have used extensively in massaging and rubdowns. It is good not only on the athlete's skin, but also on the skin of the trainer.

The Creme is used for such things as burns, blisters, skin irritations, and sunburn. Again, the results are amazing.

I can only say that I am a firm believer in the Aloe Action Products — Gel, Creme, Lotion, and Liniment. I truly believe that if he uses the products properly, the athletic trainer will get the same amazing results I have gotten in the past two years. [165]

If Aloe Action Products are based upon any principle, it is to make a common occurrence out of the amazing results Mike O'Shea, Frank Medina, Eddie Lane, Darrell Royal, Ken Locker, and all the rest of the athletic trainers, coaches, and physicians have experienced with the Silent Healer.

Epilog

In the original edition, after this chapter had already been set in galleys, Spanky Stephens showed me the transcript of a speech he was going to give on Aloe Vera. What he had to say was so eloquently put forth, I felt it not only merited inclusion in this journal but also served us well as a fitting summary to all we've been saying about Aloe Vera in the world of athletics. We've included the complete text of the speech, here, on these pages.

"I have become a more avid fan of Aloe Vera since my first meeting with Bill Coats in 1974. I have found Aloe Vera to be the most diversified product that I have ever come across. I was, of course, like all people quite leery of this product at first and I did not believe that it could do all the things that Mr. Coats said it would. I used the product on myself the same day I met Mr. Coats; I was having back spasms. After the initial treatment my pain and spasms were gone in ten minutes. I immediately became a firm believer in the Aloe Vera products.

"In the past six years I have used this product line in many different ways, some of them experimental. I have yet to find an area of the body that Aloe Vera will not help, except the eyes, of course. I have used all five products, Aloe Vera Gel, Aloe Vera Lotion, Aloe Vera Creme, Aloe Vera Liniment, and Aloe Vera Mouthwash. I have used these products in every way . . . from treating athlete's foot to the initial treatment of a sprained ankle.

"What I wish to discuss with you today is how I use each product and how you can instruct other people to use it. The Aloe Vera Gel (100% Stabilized Aloe Vera) is an excellent starter treatment for all sprains and strains. I freeze mine in 8 oz. cups and use it as an ice massage. We then use a methylsalicylate product after which we place a cold hydrocollator on the injury with both products under it. This treatment stops all peripheral bleeding and pain. The Aloe Vera carries the methylsalicylate to the injury and helps relieve pain for long periods of time. I also use the Aloe Vera Gel in my whirlpools. I put a cup in both the hot and cold whirlpools daily to help the injured area of the athletes.

"The Aloe Lotion is great for skin problems and also as a carrier for any product into the skin. We use it in many ways from treatment of dry skin to a sun screen for our athletes with fair skin. We also use it in all massage treatments that we give; we also use it with ultra-sound. The lotion can also

be used on fungus affected areas such as jock itch and athlete's foot. It may be applied several times a day without fear of burning the skin tissue the way many products do. You can apply this lotion in many ways, as you can tell, and never fear adding further injury to the area you are treating.

"The Aloe Vera Creme can also be used in several different ways. With the invention of AstroTurf came turf burns and skin infections. These injuries and infections must be treated immediately because of the increased chance of staph infection. Turf burns can be the size of a band-aid to six inches in diameter. Before we began using Aloe Vera it would take from two to four weeks or even a season before these turf burns healed, but with Aloe Vera Creme and Adaptic these injuries heal from two to seven days depending, of course, on the severity of the injury.

"We use the Aloe Vera Creme on all cuts and scrapes that we see in all sports. Thus we cut down the chance of infection to less than 1% of all injuries. To you this may seem very minor, but unless you have dealt with a staph infection you cannot appreciate this percentage.

"The Aloe Vera Liniment is great for muscle ache and pain. This product is especially great for athletes with fair skin. I like a stronger analgesic for my athletes because of their large muscle mass. This is why I use a methylsalicylate with the lotion in my treatments. People you call on can use this product to their advantage but they should be warned to be careful when applying it because of the counter-irritants.

"The Aloe Vera Mouthwash can be used for sore throat, sore gums, infected gums, and stomach problems. I use it for all these things and the treatment varies depending upon the severity of the problem. There are people who tell me that they use this product for their arthritis along with the lotion with tremendous results.

"All the products of the Aloe Vera line are tremendous and they will sell themselves if their proper use is demonstrated. You people are the ones that will have the opportunity to demonstrate the products and thus you will determine how effective the product is. I know how good this product is and I know how to use it. I have spread the word ever since that first day in April of 1974 and I will continue to do so. Except for the eyes, there is no part of the body, to my knowledge, that Aloe Vera products cannot help — but I have an idea for that as I talk to you."

Healing Winners. The Beginning

As the saga of Aloe Vera is a continuing one, so is its progress in the world of athletics. So it has seemed inevitable that this story evolve even further. That evolvement came shortly after the original edition of *The Silent Healer* was released. And it came through a challenge issued my by Spanky Stephens himself. I had just sent Spanky a copy of *The Silent Healer* along with my thanks for his contributions to the text, and it was only a short time later that he called.

"Bill," he said. "I think the chapter (on athletics) was great. But there are so many more things I'd like to relate about my experiences with Aloe Vera that I want you to think about doing a book just about athletic injuries, one that would really cover the subject in depth. There are a lot of people who'd benefit from this kind of information. So really think about it."

I did think about it. And frankly, at first I wondered how broad the spectrum of appeal would be. But finally I realized the merit in what Spanky Stephens was suggesting, and my reasoning for making the transition was simple: If Aloe Vera can be shown to be so effective in treating some of the finest physical specimens in the world, imagine how effective it's going to be in treating the everyday needs of everyday men and women — from junior's scraped knee to grand dad's arthritis. I called Spanky back in a few days. And in the summer of 1982, Spanky Stephens and I combined our knowledge and experience — along with those of many other trainers and physicians — to write a

book solely devoted to Aloe Vera in the treatment of athletes and their injuries. It's called *Healing Winners*. It was released in 1982, and its acceptance has been as widespread as Spanky Stephens predicted it would be.

9

Aloe Vera In The Care And Feeding Of The Skin

The cosmetic industry, which manufactures and markets personal care products under the general classification of "cosmetics," is the second largest industry in the world next to the food production industry. The term "cosmetics" encompasses such commodities as toothpastes, hair-sprays, hair-creams, shampoos, deodorants, shaving creams, soaps, bubble-baths, eye washes, body powders, acne preparations, and lotions and creams for rashes and infections — all products that literally "touch" each of us every day regardless of sex, age, race, or political affiliation. This list should also include the cleansers, astringents, emollients, humectants, creams, foundations, lipsticks, rouges, masques, rinses, hair dyes, and other glamour products purchased by tens of millions of women who spend billions of dollars a year on their faces and skins. The cosmetic industry grosses billions of dollars annually, affecting every one of us — unfortunately not always with the best results. More often than not the results are neutral; frequently, however, they are negative.

The use of cosmetics in the United States was recently referred to as "the Great American Cover-up," precisely because the vast majority of products used on women and men do just that: they cover up rather than correct the problems of skin and hair. Instead of treating the problems in depth and acknowledging the truth that regaining skin health and skin beauty is a long term process, most cosmetic companies foster the fairy tale of overnight magic. They perpetuate the myth of "instant beauty" and miraculous new discoveries for "instant" skin health when nothing could be farther from the truth. And yet, we Americans are in some ways accomplices in the perpetuation of these myths because we encourage "instant" solutions to complicated problems.

For instance, the time allotted to skin care by the average person has decreased as the cosmetic industry has increased the availability of new wonder products. This closely parallels our demand for "convenience" foods and "convenience" packaging that has earned Americans the reputation as the best fed and worst nourished people in the civilized world. In a perverse pattern of logic, the more Americans have to choose from, the less time they use in making their choices, and the less quality they get because of the compromises necessary in mass production. Planned obsolescence is a fact of life — one that we may be forced to accept in automobiles and televisions, but certainly not in our care of the human skin. When the skin deteriorates through neglect, we can't trade it in on a new model.

But the problem of proper skin care is far more complex than the American preoccupation with convenience. In an age of increased awareness about pH balancing, skin and hair nutrition, and "naturalizing ingredients," the vast majority of cosmetic companies pay only lip service to those obvious

factors, and in fact only use them as convenient marketing gimmicks while adding little to their products to improve the complexion. The real culprits are the cosmetic companies who lack in-depth analyses of the chemical components of their products, who fail to be thorough in their follow-up of clients, and who, most of all, fail to evaluate their own products in terms of the breadth of use and the possible side-effects that might result from those products.

This indictment will come as no surprise to anyone in the cosmetic industry, although there are some significant findings that will be of interest to you as consumers. In 1977, Dr. James E. Fulton, a dermatologist who also holds a Ph.D. and is a research scientist at the Acne Research Institute, Inc., published a book entitled *Let's Talk Cosmetics*. In it he reported his evaluations of more than two hundred cosmetics that he had analyzed chemically in order to test their basic ingredients. In the introduction, Fulton explains the motivation behind his study:

> After the frustration of watching cosmetics precipitate acne and witnessing the industry's strong lobby in Congress, I began humbly breaking down more than 200 cosmetics into their basic ingredients and testing these compounds for their biologic potential to impact the pores of the skin. [166]

Dr. Fulton uses the term "comedogenic," which technically refers to "the closing of the pores of the epidermis which causes oily nodules to form in the dermis of the skin," to mean more generally, "acne producing." In order to gauge the acne-causing potential in the cosmetics under examination, and to measure properly their relative comedogenicity, Dr. Fulton used the ears of live rabbits as a test medium since rabbit ears will simulate human tissue at a reaction rate about thirteen times faster than that of human tissue. In this case, acne irritations — if they were to appear at all — would appear on the ears of test rabbits in about two weeks time, while it would take approximately six months for the same reaction to occur on the human skin.

Dr. Fulton began his evaluation at the right point — an understanding of the human skin, and in this case, what oils or fatty acids cause it to break out in acne. Briefly, acne is formed in the skin's sebum, an oily complex composed of six or seven principal ingredients — the most prominent of which are fats, triglycerides, waxes, and squaline (a relative of cholesterol). These fatty acids cause acne in certain genetically disposed individuals. They are also present in many cosmetics, thus prompting acne in individuals who might not otherwise experience it.

Although Dr. Fulton was careful to point out that not all cosmetics produced were comedogenic, many aspects of his study were startling. Among the cosmetics highest in comedogenicity were lines that billed themselves as being either "oil-free" or "hypo-allergenic." In fact, many of the purportedly "oil-free" cosmetics contained not only oils, but oils and esters of fatty acids that promote acne and other skin problems. One of the hypo-allergenic lines, though it may have reduced allergic potentials, was one of the gravest offenders in prompting acne. Rated on a scale of 1 to 5, many of these products rated a 4 or 5, meaning they contained ingredients with the highest potential for causing acne, and in fact, produced comedogenic reactions on the ears of the test rabbits.

It would be easy and perhaps unfair to list the cosmetic products and companies that rated a 3 or above in their level of acne causing potential. But the list would read like a who's who in the cosmetics industry, including many products that are formulated for the express purpose of clearing up acne. And in the interests of fairness I must say that, since that time, many of the responsible companies have removed the comedogenic agents from their products.

With equal candor, I will admit that Aloe Vera of America, Incorporated was one of them, which is not surprising since most of the ingredients Dr. Fulton found to be culprits were used in the skin care business as prolifically as flour is used in the bakery

business. And until Dr. Fulton's startling discovery, almost all cosmetic manufacturers used relatively comedogenic ingredients. Heeding his discovery, however, we removed the agents from our products immediately. Any other company with any sort of public conscience would have done the same thing. Hopefully, most have. Or have they?

One problem, despite the crusading work of Dr. Fulton and others, is that many cosmetics still contain no list of ingredients, a pretty good indication that they might have something to hide. Generally speaking, the cheaper the cosmetic, the more junk in it and the more there is to hide from the public. In his summary, Dr. Fulton points out that "if the cosmetics continue to remain unlabeled so it is impossible for you to tell the ingredients, write your senator and demand action." [167]

The exhortation is a sound one, and I heartily support it. If anything stands to be indicted within the cosmetic industry, it is the fact that it does not police itself stringently enough, and that its standards are not high enough. In fact, the industry's approach to the care of the human skin is wrong precisely because it is "cosmetological" and not "dermatological."

It is my belief — and the one on which Aloe Vera of America is founded — that proper skin care begins with proper skin health, not with glamour products that superficially hide skin flaws. I know with certainty that proper care of the human skin means going beneath the skin surface, and means going beyond cosmetological concerns to dermatological ones, means insisting on pharmaceutical standards of production rather than on cosmetical standards.

Now you are probably asking yourselves "where does cosmetology end and dermatology begin?" and "what is the difference between cosmetical and pharmaceutical standards of production?" In answer to the first, the purist would point to the fact that cosmetology deals with adornment of the normal skin (your basic glamour products) and in a very limited sense with the promotion of good skin health (your cleansers, astringents, moisturizers), while "dermatology" involves the treatment of unhealthy or diseased skin, usually with the application of cremes, lotions, or other medicants produced by pharmaceutical companies according to medical standards of quality and sterility.

At Aloe Vera of America, Incorporated, we view dermatology and cosmetology as overlapping functions. We feel that the best approach to creating beautiful skin is the prevention of skin problems by the fostering of health in all skin layers. And the natural curative powers of Aloe Vera make this goal a reasonable one; but as you have already learned, the pure gel from the plant loses its miraculous potency within a matter of hours without a proper stabilization process that preserves that potency undiminished. It is precisely here, in our stabilization process, that the difference between Aloe Vera of America and all other cosmetic companies, and all other Aloe Vera companies becomes obvious.

When Aloe Vera of America is criticized for its approach to the manufacturing and use of its products, it is usually because it is "too clinical, too medical, too pharmaceutical." In other words, some of our competitors accuse us of concentrating too much on health and not enough on beauty. But it is our confirmed belief that if we address the medical challenges of the human skin, the cosmetic uses will follow as a matter of logical extension. We do not believe that our criteria for cosmetics are too high, but that the criteria for cosmetics as an industry are too low — which brings me to the crucial issue of production standards, an issue that everyone who wants to obtain the best results from Aloe Vera products needs to take a few minutes to understand.

All pharmaceutical products are governed by the Food and Drug Administration (FDA), as are all cosmetics. The Cosmetics and Toiletries Federated Association (CTFA), on the other hand, is a self-regulatory body set up by the cosmetics and

toiletries industry to act as liaison between that industry and the FDA in establishing production standards and criteria for use of cosmetics. All "legend" drugs (prescription drugs) and over-the-counter pharmaceuticals that promise curative results are required by the FDA to be comprised of primarily sterile raw materials. On the other hand, cosmetics, which are limited by definition in their ability to proclaim medical curative properties, are much less restricted in the number of non-pathogenic (non-disease causing) microorganisms that are permitted to be present.

In setting the microbiological guidelines for cosmetics, the CTFA (working in conjunction with the FDA) expresses this point of view:

> Since cosmetics are applied to bacteria-populated skin, there is no need to attempt to eliminate microorganisms from cosmetics entirely, at great cost to the consumer. [168]

Further, in its *General Recommendations*, the CTFA states:

> Cosmetics and toiletries for use by the general public are not and need not be manufactured from sterile raw materials or under aseptic conditions. Therefore microorganisms found in the general environment and in raw materials and components may be incorporated in the product during manufacture. [169]

Allowing that it is "important that raw materials be handled and stored under conditions designed to deter microbal proliferation," the guidelines recommend that all member companies examine their products for microbal content on a continuing basis.

Although the specific criteria are *recommended* rather than *required*, the maximum non-pathogenic microorganisms per gram per milliliter are as follows:

> **Baby Products:** Not more than 500 microorganisms per g. or ml.
> **Products used about the Eye:** Not more than 500 microorganisms per g. or ml.
> **Oral Products:** Not more than 1,000 microorganisms per g. or ml.
> **All Other Products:** Not more than 1,000 microorganisms per g. or ml. [170]

Within these guidelines, most cosmetics that touch the human skin are allowed to contain microorganisms in the amount of 1,000 per gram of content. Although these are not permitted to be disease-causing organisms, I must point out that in a non-sterile product these microorganisms in most cases will not remain in a fixed quantity; they will usually multiply during the shelf-life of the product and eventually exceed the established guidelines.

Aloe Vera of America, Incorporated was a pharmaceutical company long before it was ever a cosmetics manufacturer. Our standards for all our products are resolutely pharmaceutical. We have no intention of lowering them either to meet the expedient needs of a mass market or to conform to a professional norm that is merely adequate for ordinary cosmetics but dangerously substandard when the subject is Aloe Vera.

I have spent a lot of time explaining the wonderful benefits to be obtained from Aloe Vera gel, but when it comes to using Aloe Vera products rather than the leaf itself, it is crucial that the public understand the difference in Aloe Vera products and in the conditions under which they are produced. And in that difference lies both the value and the danger of Aloe Vera products — with the danger being not in the plant itself, but in man's handling of the plant.

For example, we had a man in Louisiana who had an open ulcer on his leg. He bought our product from one of our salespeople, and he reduced the size of the ulcer considerably. When he ran out of the Stabilized* Aloe Vera product, he couldn't find the original sales person, so he went to a health food store and he bought another brand of Aloe Vera product. By all indications the product had not been properly stabilized. Within three days, he had a massive infection. It is axiomatic: any time you laden down an open area with bacteria, you are going to cause an infection.

The CTFA standards are based on the assumption that cosmetics are put on normal skin, which already has bacteria. And their position is that since the skin has bacteria already, it is pointless to spend the extra money to make a bacteria-free product — and it does cost a lot more money to produce — when the product can be used on top of existing bacteria without causing any problems.

This is acceptable for a normal cosmetic put on normal skin; but people do not treat our products as normal cosmetics. They use them on everything in the world: they use Aloe Vera Gelly as a teething gelly for babies, they put it on nursing mother's nipples, they use it for vaginitis; they use Stabilized* Aloe Activator for burns where the hide is gone, for hives, acne, psoriasis, warts, fever blisters — and if they were to put a bacteria-laden product on these open sores, they would develop potentially severe infections.

The long and the short of it is that we have to know that when our Stabilized* Aloe Activator goes out the back door of the plant, it can be used safely as a toner-moisturizer on men, women, and children with normal skin, as a treatment for acne or burns, or as a drip or poultice for open wounds — without anyone being in danger from bacterial contaminants or other pathogenic impurities. We have to be certain that the many doctors who prescribe our products to their patients and use the products themselves in the operating room and in their office practices can do so safely. We have to be willing to use the products on our own families — in the same ways that Aloe Vera of America's customers will use the products. And I do use the products on my family.

For example, several years ago, my wife and I had gone skiing in Vail, Colorado during Christmas vacation. Our daughter, Kimberly, was about ten years old at the time, so we left her with her grandmother who lives on a farm. Kimberly had an allergy that made the skin on her hands crack; and, of course, if she came in contact with bacteria, a bacterial infection would set in. When we went to get her at the farm, we found that her hand had become grossly infected from playing in the cow pen and barn. She hadn't told her grandmother about her hand because she didn't want to stop playing, but she had pustules on it, and red streaks were running up her arm.

I took her little hand and was soaking it in Aloe Vera liquid when my wife said, "Aloe Vera or no Aloe Vera, that's my only daughter and you're going to take her to the doctor, even if it is January 1st." Of course, there is no harder time to find a doctor than on major holidays, but I finally found a friend of mine, Dr. M. A. Pierson — a man I respect highly. He looked at her hand and asked me what I was doing for it. When I told him, he said, "Well you know as well as I do that there is nothing any better that I could prescribe. Go ahead and soak it three times a day for thirty minutes. I'll give Kimberly a tetanus shot for protection, but other than that, the Aloe Vera liquid is all she needs." Within eighteen hours all of the pustules were gone from her hand, and the red streaks were diminishing on her arm. She got well without any scars.

I was confident in using Stabilized* Aloe Vera on Kimberly's infected hand because I knew that contamination would not occur with a completely sterile product, and I knew our processing methods. Aloe Vera of America has always dedicated itself to pharmaceutical standards for sterility so that no measurable amounts of bacteria will be present and any potential for bacterial content (pathogenic or otherwise) will be eliminated.

Aloe Vera is a natural aid in the achievement of this goal, of course, since it is naturally bactericidal, virucidal, and fungicidal. However, even the Silent Healer needs some help occasionally. And the help we give it is to properly stabilize it, handle it under the most sterile conditions possible, and use only adjuncts that are themselves essentially pure. We aren't concerned about the "added

expense" to the consumer because we feel that the consumer is willing to pay a little more for a product (cosmetic or otherwise) in which he or she can have complete faith.

Unfortunately, not very many cosmetic manufacturers take the pharmaceutical point of view. Most of them use either oil or water as a base — not Stabilized* Aloe Vera. Even the companies who work to formulate allegedly "stabilized" Aloe Vera products have yet to prove they can formulate them properly. Many of them, although their intentions may be good, manufacture inert products and/or those that are a breeding ground for contaminants. Subsequently, many manufacturers of Aloe Vera products market products as innocuous or as damaging as those of the traditional cosmetic companies.

Concerned about this laxity in the cosmetic field and curious about the relative purity of other lines of Aloe Vera products, we decided to probe on our own. In 1979, the bacteriology department at Aloe Vera of America made an *in vitro* (petri-dish) comparison of several leading manufacturers of Aloe Vera products, including our own. The products were pulled from a random sample. The findings were alarming. Of all the cultures taken in the petri-dish tests and left for seventy-two hours, all but one were grossly contaminated. The only one that was not contaminated was ours.

We recognized that single random samples were neither sufficiently fair nor adequately thorough. We also had to accept the fact that no one would view our findings as anything but biased; therefore, six months later, we set about to establish an independent study by commissioning BioSearch Laboratories of Arlington, Texas to conduct a study of Aloe Vera products on their own.

BioSearch Laboratories selected samples for the study at random. No specially formulated products or product lines were prepared for the testing. In the case of Aloe Vera of America, products were taken from warehouse shelves. Products of other manufacturers were obtained through store purchases and purchases from distributors. Additionally, the product samples taken for testing were taken as indicators rather than as in-depth line evaluations; therefore, variances and chance spoilage were taken into consideration.

None of the products studied or the companies producing them could be considered in violation of any code, statute, or federal law regarding cosmetics. The samples taken and the tests made were in strict accordance with CTFA guidelines, using an agar plate sample of each subject to be tested. The subjects were tested for total aerobic microbal count (per gram), or the number of measurable bacteria present per gram. They were also tested to determine four strains of pathogenic bacteria: *Staphylococcus aureus, E. Coli, Pseudomonas aeruginosa,* and *Salmonella.*

The Aloe Vera of America, Inc. products included among the twelve tested products were Aloe 99 Creme, Aloe Vera (Cello) Gel, and Aloe 99 Lotion. Each agar plate sample was taken directly from a product purchased in a store, from a sales person, or taken from warehouse shelves (in the manner described), and handled directly by the research lab. The samples were left exposed for a seventy-two hour period and measured for their bacterial content.

Of the samples taken from the various products, the findings were not nearly as severe as our own test results of six months earlier. The indications from the final reports revealed that at least some of our competition had made conscientious efforts to clean up their product; but even though many exhibited low amounts of bacteria by CTFA standards, it was Aloe 99 Creme, Cello Gel, and Aloe 99 Lotion that exhibited no measurable presence of non-pathogenic bacilli.

None of the other products sampled exhibited any of the four pathogenic bacteria against which they were tested; however, non-pathogenic bacteria in CTFA acceptable amounts were registered in most, indicating the potential for added bacterial growth over a prolonged period of time.[171]

Once again, of course, it all boils down to the kinds of standards established. Since the guidelines set by the CTFA are *recommended* but not *required,* no product is in violation as long as the bacteria present are nonpathogenic and in no greater concentration than 1000/gm. By Aloe Vera of America's pharmaceutical standards any bacteria present is too much; only a product with no detectable bacteria is acceptable. Bacteria, no matter how minute the quantity at the outset, will reproduce in time. The reproduction is geometric, and so will be the projected quantities of bacteria. We also feel that many of the preservatives used to hold ingredient properties and/or to retard bacteria need closer scrutiny in some cases. Occasionally, these additives prove to be more harmful than the bacteria they are supposed to kill. But the ingredients in Aloe Vera of America's products are natural and/or have been examined with extreme care.

There are Aloe Vera products and then there are Aloe Vera products; and there is a real danger in people believing that Aloe Vera by itself is the wonder plant — no matter who manufactures products from it, what stabilization process is used, or what standards of purity are met. Aloe Vera products laden with bacteria are safe only on absolutely healthy skin, not on open sores or other abnormal skin conditions. And the ultimate value of our patented stabilization process is that we can produce a product with no detectable bacteria that has all the attributes of the natural plant — without the problems of contamination or the risk of infection.

Like other cosmetic manufacturers, Aloe Vera of America makes no curative or medical claims for its cosmetic lines. What we do claim are products as close to absolute purity as it is humanly possible to obtain. But finally, we have to ask the question, "What constitutes purity in skin care products, and what constitutes impurity?" We have already learned from the studies of Dr. Fulton and others that alcohols, fatty acids, and cheap lanolin substitutes prompt such conditions as acne. Combined with impure ingredients and the significantly high levels of bacteria present in them, the potential for skin irritation and "cosmetic" reactions increases alarmingly.

At Aloe Vera of America we work hard to eliminate that unnecessary combination. We work with nature's most remarkable healer — Aloe Vera. We properly stabilize it, and blend it with a complement of pure beneficial adjuncts — the finest available — to maximize its purity and insure the highest possible standards. It costs more than most skin care companies are willing to spend to do this, but the results are clearly visible in our clients' complexions. Our customers return because they realize that the maintenance of healthy skin and healthy hair is a lifetime job requiring the best products available.

But even with pure, stabilized products, you must still know how to apply them to obtain the optimum results. True skin beauty is predicated upon skin health, but to obtain that health you must understand both the ecology and dermatology of the skin and hair. Aloe Vera of America, Incorporated is dedicated to that approach, and we proceed with the realization that the public needs to be educated.

The Structure And Types of Skin

People need to understand that good skin health and hair health is founded in daily prescriptive care; and that if health is eroded, they will need special prescriptive skin care from knowledgeable professionals to recover their beauty — and in this case, I don't mean dermatologists. When you get a cut, burn, or infection, you can seek dermatological help from a doctor and usually see dramatic results. Unfortunately, the erosion of skin health is more subtle than the obvious traumas; and even with the finest skin care cosmetics in the world, it takes time to restore skin health and beauty. Aloe Vera of America is dedicated to the long term program of daily health care that leads to skin

and hair beauty and to long term help for the subtly eroded skin. Such programs begin for everyone in a basic understanding of the structure and types of normal skin and of the proven techniques for using Aloe Vera to care for it.

The vast landscape of our bodies that we call the human skin, the largest organ that we see, touch, and handle every day is something of a mystery to us. We bathe it, clothe it, and expose it daily to heat, cold, wind, sun, rain, snow — to physical abuse of every imaginable description. We shave it, bump it, bruise it, scrape it, cut it, beat it, stretch it, then try to treat it by covering it in oils, tonics, alcohols, deodorants, perfumes, creams, lotions, dyes, and a host of other "cosmetic" chemicals that are lethal to many other forms of organic life. The males among our species deliberately ignore it. The females among us pay more attention to it, but only in terms of perpetuating youth and beauty. They work mainly on the face, usually ending at the chin and then wonder why aging shows first at the neck, eyes, hands, and the other forgotten areas. Some women do apply moisturizers to the upper body, which is at least the right idea. The simple fact is that practically everybody disregards the nutrition of the skin, and almost all of us take it for granted until something goes wrong.

One prime factor we all need to remember is that we, like most other organisms on earth, are about 90% water. In order for our systems and our skin to remain healthy, we must keep it moist. Moisture, of course is relative. Too much moisture in the human skin can be as harmful in its way as too little. The secret is to maintain the proper balance for your individual system. Moisture retention is a need shared in common by all skin types whether the skin is dry or oily; even oily skin needs a moisture balance.

Nevertheless, we have to understand that a healthy skin is slightly moist, soft, flexible, has a slightly acid reaction, and should be free of blemishes and disease. Its texture is smooth and fine-grained. A good complexion is generally revealed by the healthy color of the skin as well as fine texture and elasticity.

The thickness of the skin varies considerably, the thickest being at the palms of the hands and soles of the feet. The thinnest is around the eyes and eyelids. As a rule of thumb, the more contact the skin receives, the thicker it tends to be. The hands and feet whose primary function is contact would by nature require thicker outer layers that enable them to fulfill their functions.

The thinner and more delicate the skin, on the other hand, the more care it requires, and the greater its susceptibility to problem conditions. That is not to say problem conditions can't occur anywhere on the human skin. It's just that the frequency of occurrence is much higher in the eyes, face and neck, ears, and genitals because of the respective delicacy of those areas. The eyes are in need of particular attention. They do not react to the environment in the same manner as other facial skin, especially after about the age twenty. Aging begins early here, so special care is needed to forestall it.

Understanding the delicacy or lack of delicacy of the skin is predicated on understanding the interrelatability of the three skin layers — the **epidermis,** the **dermis,** and the **hypodermis** or subcutaneous tissue.

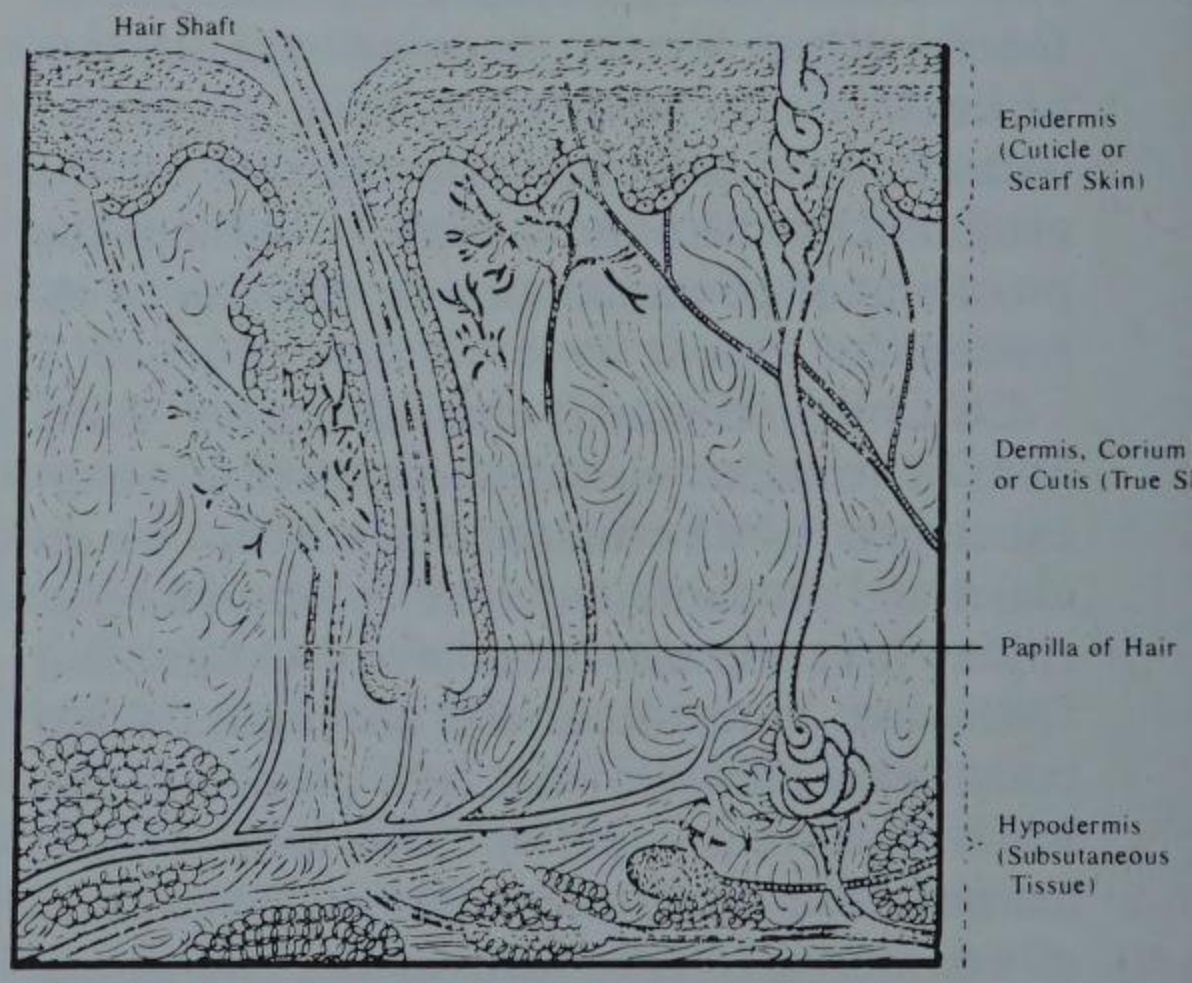

Diagram of a Section of the Skin

The **epidermis** or outer layer is sometimes referred to as the cuticle or scarf skin and is the outermost protective layer. It is composed mostly of rough cells which age and die constantly. These sloughing, dying cells are immediately replaced by living cells that both protect the body against the environment and provide an additional means of removing waste products as the outermost layers dissipate.

This sloughing of dead cells is a natural process. We all do it every day in bathing and cleansing the uppermost area of the epidermis. In fact, it is important that these dead cells be removed daily by cleansing to eliminate buildup which produces a dull appearance indicative of the process known as aging.

The skin, of course, will tend to age more quickly through excessive exposure to elements such as sun, wind, and freezing weather. Too much sun literally cooks the epidermis. Too much wind, especially cold and freezing wind, tends to dry it. The results are often premature aging and accelerated aging, conditions that occur because the skin eventually loses its ability to compensate for the continuous exposure to atmospheric conditions. The epidermis degenerates and loses its flexibility, especially in the case of exposure to the sun where people continually court disaster by cooking the skin and then sloughing the cooked skin in accelerated series. When we are younger, the skin possesses a greater ability to slough dead tissue. The older we get (and exposure to the sun and wind age our epidermis at a more rapid pace), the more we need additional help with a topical agent to keep removing the dead cells.

Problems frequently arise in the epidermis because it has no blood supply. Even though it contains living cells, its nutrition must come from the **dermis**. When there is too much sloughing of dead cells from the epidermis, the dermis cannot supply blood in a normal fashion, and complications set in. So it is not only mandatory that we care gently for the epidermis, but that we also supply the dermis with the proper nutrients.

The **dermis** or middle layer is the true skin. This is the layer that provides the real strength and toughness of the cutaneous complex. It contains the blood supply and an elastic network of cells through which blood vessels, lymph vessels, nerves, and sweat and oil glands are distributed. This elastic tissue complex is the substance that dictates the contour of the skin. The sweat glands secrete waste and release toxins; at the same time the oil glands lubricate the skin surface to keep it from flaking. The scalp, forehead, and center portion of the face have the greatest number of oil glands. More oil is present on the surface of those areas, and it is there that the moisture balancing act is quite important.

Since the oil reaches the skin surface through the pores of the epidermis, we must be careful not to use excessive amounts of esters or heavy creams which tend to block the pores, because once they are plugged on the outside, the oil flowing from the inside keeps building up forcing the pore to widen until it can take no more. The topical buildup of dead cells closes the pore creating a warm moist incubation area that prompts infection. The result is a mild inflammation or blemish. If a number of pores are involved, the condition becomes even more problematic resulting in a number of complications, not the least of which is acne.

The **hypodermis** is also referred to as the subcutaneous tissue or subcutis. Like the dermis, it contains sweat glands, hair follicles, nerves, blood vessels, and other tissue, although its specific function regarding those elements is primarily to insulate the underlying muscles and bones.

It is in this layer as well as the dermis that one-half to two-thirds of the total blood supply of the body is found. As the blood and lymph circulate through the skin, they contribute essential materials for growth, nourishment, and repair of the skin, hair, and nails. In its way, the hypodermis acts as the nutritive source for the two outer layers.

To understand the interrelatedness of the

three skin layers, it is important to note that it is the dermis that acts as the connecting network between the hypodermis and the epidermis. The pliability of the skin depends upon the elasticity of the dermic fibers. And just as the dermis determines the pliability of the skin, it is also primarily responsible for skin pigment and skin color because of the melanin pigment or coloring matter deposited there.

Still, no matter what the skin color of an individual, or the pliability of that skin, the biggest detriment to its general health is the element to which it is constantly subjected — the environment.

Just as the human body it houses, the skin is born to die. The way it dies is through exposure, various levels of abuse, and finally aging. Of course, all contact that the skin makes with the environment ages it; and the way it ages is through an imbalance of its moisture, most prevalently in the form of lost moisture.

The human skin it its most perfectly balanced healthy state is that of an infant. After months of incubation in the almost perfect environment of the womb, the newborn child emerges with skin fresh, flawlessly moisturized and vitalized with nutrients provided in the amniotic fluid.

Once outside the womb, the courtesy of tender loving care for the skin and hair is extended throughout babyhood. The baby is kept well lubricated, powdered, and insulated as much as possible from the harsh elements. He is changed frequently so that no irritants from his own waste may touch him for long, and he is kept on the healthiest diet available.**

While the child is growing into adulthood, however, the care and feeding of the skin undergoes a drastic change. All but the basics of hygiene are ignored, and nutrition often becomes a constant struggle between parent and child. However, during all these years, the youthful body and the skin continue to grow and develop. Even through adolescence and the eruptive psychophysical changes that accompany it, the skin generally remains youthful and moisture retentive.

Somewhere between ages 25 and 35, dead cells become more prolific than the live cells the dermis manufactures to replace them and aging sets in. As the aging advances, the skin becomes dry and wrinkled with occasional dark spots due to dilation of the blood vessels. The skin becomes thin as the subcutaneous layer or hypodermis dimishes. As a result, veins become visible. What really happens is that the epidermis (which has no blood supply) is left to dry out. The blood supply flushed up from the hypodermis and passed on through the dermis is blocked at the dermal level, and the outer layer is deprived of the nourishment it needs so badly.

Usually when this aging condition is readily visible, much of the damage has already been done. Predictably the woman of forty who ignored her skin at the age of twenty immediately rushes out and tries to undo twenty years of neglect with some overnight cure. It just doesn't work that way of course. The "cure" is often worse than the problem it is supposed to help. And the woman is not only aging but has now possibly picked up a few skin eruptions in the process of trying to stem the tide.

The truth is that the tide of aging or increasing dryness can be stemmed, and Stabilized* Aloe Vera is just the factor to help stem it; but even the Silent Healer can only work its wonders through a conscientiously applied skin care program which I will discuss in detail shortly. But first, I need to explain a few more facts about the skin and its delicate balancing act.

At this point we need to concentrate on the area about the face. This is where skin is most sensitive, where skin problems if they exist will surely be revealed, and where cosmetic applications are usually concentrated. Although facial skin is the best indicator of

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**Many mothers have been reporting in the last few years that despite special care, infants are getting incipient skin problems which are abnormal at such an age. This may be connected to the diet of both mother and child, and needs to be given special attention at all levels of child care.

overall skin health, it is sometimes totally unlike the rest of the body of skin. The skin and pores on the face, neck, and upper shoulders act as a gauge for treatments used on them; but they should be considered separately and not lumped into the same category as procedures for the body as a whole.

Fundamentally, there are four essential skin types with two potential problems associated with them:

(1) **Dry skin** lacks sufficient moisture and oil. It often feels taut or dry with possible flakiness or chapping. Left untreated it can become sensitive and problematic.

(2) **Normal skin** is considered ideal in the average adult in that it displays an equal balance of moisture and oil. The texture of normal skin tends to be smooth with no visible dryness or oily secretions.

(3) **Oily skin,** as the name implies, is excessively oily and is characterized by large pores.

(4) **Combination skin** is ordinarily a combination of either normal and dry or normal and oily skin. In both instances the area of the face frequently referred as the T-zone (forehead, nose, chin) will exhibit more oil than the cheeks, eyes, neck, and jaw area. Combination skin is frequently overlooked as a skin type in itself, and because of that oversight is often not cared for properly.

Out of these four basic skin types (including combination skin), two sub-types emanate, both of a more problematic or, at least, more complex nature. They are **acne** or **problem skin** and **sensitive skin.**

Acne or **problem skin** frequently begins in adolescence and is generally due to overly active oil glands that spawn blemishes. Acne can be a hereditary skin condition precipitated by improper diet, faulty cosmetic applications, or a combination of all three. In some cases, it is a lifetime problem, especially if the proper care isn't received.

Sensitive skin is inclined to allergic reactions. Whether it is to certain cosmetic preparations, weather, detergents, or chemicals that are non-traumatic to ordinary skin, sensitive skin will display varying levels of itching, burning, whelping, flushing, or accelerated drying and flaking. Sensitive skin may be dry, normal, oily or combination skin. And irritations in sensitive skin tend to occur in unique manifestations such as bumps, knots, or rashes that occur consistently in a lower mouth and chin area that is by and large consistently clear.

Both acne and sensitive skin merit some special study. First, however, we need to understand that any skin condition or skin-type, whether it is problematic or non-problematic can be improved or controlled through a proper skin care program, one that concentrates on proper facial care. It is in the facial area that we are most sensitive, and it's there that most problems occur.

Whether you have problem skin, sensitive skin, normal, oily, dry, or combination skin, everyone faces the same set of challenges; **aging, environment,** and **nutrition** (or lack of it). And in order to deal with them, we must begin with the basics. We must begin with a daily regimen of proper skin and facial care — a prescriptive skin care program.

Good facial care has to be a daily affair if it is going to work. We need daily care to promote an even balance of moisture, healthy cell reproduction, longevity of youthful looking skin, and proper pH balance. It must be undertaken as regularly as brushing your teeth, bathing, or combing your hair.

Proper facial care should be exercised both morning and evening. Remember, the skin is a living organ. One of its functions is to eliminate body wastes, and it does this most efficiently while the rest of the body is in a rest state at night as you sleep. So it only makes good sense that a regular morning cleansing routine be undertaken to remove impurities and dead cells, and to help condition the muscles of the face, which need exercise just as much as the arm, leg, or stomach muscles need it.

In order to help your skin effectively, you should also have at least a working knowledge of the pH of your own skin and of the products and cosmetics you use on it. The

principle of pH or the p(otential) of H(ydrogen) is a relative measurement of acidity and alkalinity. It is measured on a scale of zero to fourteen (0-14), with a pH of 7 being neutral. The pH numbers below seven are acid; numbers above seven are alkaline. A pH of 6 is slightly acid; a pH of 8 is slightly alkaline. The farther away from the neutral seven (pH 7), the stronger the relative acidity or alkalinity.

The normal pH range for the human skin is 4.5 to 5.5, or slightly on the acid side. Being slightly acid enables skin to better resist bacteria and fungi with which it comes into contact. Water will neutralize the skin temporarily, but normal skin will almost immediately return to its natural acid state. Soaps or detergents will plunge the skin into an alkaline level while cleansing it, also causing a tautness or dryness until the skin returns once again to its normal acid condition. This is an acceptable variation and presents no danger to the skin provided the range of acid/alkaline variation is not too radical, and provided the detergent is not too radical, but some products are too strong or are improperly balanced, and this can create problems.

The human skin must have a range of cleansing and cosmetic conditioning that at least allows it to "normalize," to return to its native state. That's why we have recently seen the cosmetic emphasis on "pH balance" in new products. Unfortunately, the pH balancing is not personalized, and too often the wrong people get the wrong products and reactions occur, especially in sensitive skin.

In terms of pH balancing, Aloe Vera is superior in every respect to other preparations and, of course, Aloe Vera of America's Stabilized* Aloe Vera products work better than any other Aloe Vera products. We have to remember that the skin has not one layer, but three. Our Stabilized* Aloe Vera products are the only ones we have found that work on all three layers of the skin and through the pores of that skin. Our exclusive patented stabilization process helps retain all the natural active properties of the native Aloe Vera gel, those proven so important to the health and nourishment of the skin. In combination with our Aloe Activator, we use the finest emollients and humectants available to help preserve and refurbish the essential properties of a healthy skin, to help arrest the aging process of the skin.

There are seven specific ways in which Aloe Vera of America's Stabilized* Aloe Vera products promote a healthy skin:

(1) They provide natural pH protection. Medical evidence shows us that Aloe Vera gel is nature's own skin balancer. Its predilection for the needs of tissue appear to offer the perfect complement to cleansing, removing bacteria and fungus, and supplying nourishment.

(2) They have deep penetrating power. The lignin and polysaccharides found in Aloe Vera gel are believed to possess an uncanny ability to penetrate down through the layers of the skin, carrying other nutrients to the living cells of the dermis and hypodermis.

(3) They slough off dead cells from the epidermis. The proteolytic enzymatic activity is important in helping to slough off dead cells, in creating a natural base on which new tissue can form, in preventing the skin from becoming tough and leathery, in helping the pores to breathe, and in unlocking the doors for beneficial products to cleanse and condition.

(4) They feed the skin with natural nutrients of paramount importance. We know that Aloe Vera is a veritable storehouse of vitamins, minerals, reducing sugars, and other natural nutrients that seem to flood into the system on an as-needed basis.

(5) They stimulate healthy new cells through the activity of the nearly complete amino acid complex already present in Aloe Vera. New cells are able to multiply rapidly at a normal healthy rate since amino acids are the building blocks for new cell formation.

(6) They increase "natural" moisture. A significant advantage of young healthy grow-

ing skin, such as that which exists in an infant, is its ability to draw moisture from the air to lower levels of the skin and to make it work to keep the skin fresh, healthy, and youthful. Aloe Vera of America's Stabilized* Aloe Vera helps provide the skin with those same water binding abilities to retain and restore moisture. Oily applications found in most cosmetics can't do that. I cannot emphasize strongly enough that surface oils found in most cosmetics are not moisture and are effective only as long as they are present on the skin. Once they are wiped off or they evaporate from the skin, what little good they have done is ended, and frequently they do much harm because they clog the pores. Aloe Vera of America's Aloe Activator moisturizes naturally without clogging.

(7) Finally, Properly Stabilized* Aloe Vera products have no known side-effects. I emphasize the term, Stabilized* Aloe Vera, because there are certain cosmetics and pharmaceuticals in which toxicity and contamination is high. Even among the so-called "stabilized" Aloe Vera products, there are occasions of contamination at gross levels. Our Stabilized* Aloe Vera's medically proven, statistically supported lack of toxicity makes it ideal for all manner of skin care and cosmetic applications.

Prescriptive Skin Care with Aloe Vera

Before I discuss the six steps involved in our prescriptive skin care program, I cannot emphasize one point strongly enough. *No product, not even Aloe Vera, will work overnight. Nor will Stabilized* Aloe Vera products work unless they are applied on a routine basis, following each of the important steps, and using all of the products recommended by the professionally trained people who distribute and sell Forever Living Products lines.* These people are specially trained to make Aloe Vera work for their clients. The programs they recommend are not designed just to sell cosmetics or skin care products. Rather, they are prescriptively designed, researched, tested, and proven to be the best known methods of insuring the user a healthy, youthful skin.

When you go to a doctor with a medical problem, you listen to his advice, you take his prescription, and you adhere to the regimen he sets up for you. That is, if you want to get better. All I ask is that you pay our experts the same courtesy. They in turn will pay you the courtesy of letting you try before you buy. They will meet with you at no charge, make a conscientious analysis of a *prescriptive skin care program* that best fits your individual skin type. And they'll show you how to implement this program by following these six steps:**

Step One: Cleansing. The first step is most important, since cleansing both in the morning and in the evening is essential. It is the only effective way to remove make-up, excess oil, and residue. For this, we recommend Forever Living Products' *Aloe Cleansing Lotion,* a gentle cleansing lotion formulated with 100% Stabilized* Aloe Vera Gel and safe for all skin types. With this Aloe Cleansing Lotion, scrub lightly or heavily as needed to aid in the sloughing of dead cells. When your face is cleansed you may remove the lotion with a wash cloth and warm water. And I do emphasize, *use plenty of warm water* to get rid of the residue. Just wiping it off with a dry tissue while you're driving in traffic simply won't get the job done. It will leave excess lotion on your face and render the six step process inadequate to the task.

Step Two: Toning. Toning is a second cleansing step which helps complete the cleansing process by removing any possible residue that might remain from the first step. This is best accomplished by using a freshener or astringent to tone the skin, eliminate the residue, and prepare the skin for moisturizing. And it is here that special attention should be given to the eyes and

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**Prescriptive Skin Care is a term used to describe Aloe Vera of America's unique approach to better skin health, and is not intended to reflect approval of any physician or medical body.

nose — the sensitive T-zone of the face — and to all areas where oils tend to accumulate.

Step Three: Stimulation. By stimulation, we mean one of the superb FLP Facial Kit Masks formulated by Aloe Vera of America. This Aloe Facial Mask Kit (comprised of Facial Mask Powder and Aloe Activator) is uniquely formulated to help tighten, clear, and clarify skin tissue as well as to help promote blood circulation and nourish cell reproduction. It serves as a vital finale to the cleansing process by removing any impurities and excess oil by deep pore cleansing, and by preventing pore enlargement.***

Step Four: Aloe Activator. Experience has taught me that *people with extremely sensitive skin* probably get enough Aloe Vera in the other products to produce a healthy, vibrant complexion and therefore *might do well to omit this step*. But those with normal skin will find this a very important step indeed, since Aloe Activator with its incredible penetrating ability goes deep into clean skin and softens and stimulates it, helping to fight bacteria and fungus, slough dead skin, and increase cell reproduction — a profound level of activity which seems to contribute to overall skin health.

Because the FLP Aloe Activator is so deeply penetrative, it is absolutely essential that the skin be clean before the Activator is applied. It is also important to stress that *no other Aloe Vera gel or supposedly "stabilized" Aloe Vera gel will work in this process. There is no substitute for the FLP Aloe Activator.*

Step Five: Moisturizing. No matter what the skin type, it will need moisture. Moisturizers keep the skin soft, prevent drying, and help maintain that delicate balance in the sensitive areas around the T-zone of the face. Moisturizers also help facilitate the smooth blending of make-up and other cosmetics, providing a stabilizing ingredient that helps them last all day. For this moisturizing step Forever Living Products offers an *Aloe Moisturizing Lotion* specially formulated by Aloe Vera of America to help keep the skin fresh, healthy, and wrinkle-free.

Step Six: Protection. Once the skin has been cared for and rejuvenated with the first five steps, we add a sixth — protection. This is a never ending process, because the skin must be *protected,* cared for, and — yes — pampered to keep it from succumbing to neglect, aging, and abuse. This step can best be facilitated through a conscientiously applied program using the first five steps plus an application of proper foundation make-ups formulated for the individual skin type.

In all these applications, I appear to have emphasized the face. This is by no means an intentional slight of the body. The same practical kind of regimen may be applied to the body using Forever Living Products' *Aloe Body Toning Kit* and some variations in routines of application. But I must again point out that the pH needs of the body and those of the facial skin are different. You should not try to use body products on the face unless it is a prescribed part of your program. And — except in unusual cases — the body does not generally demand the intense regimen of step-by-step application required by the face.

Whereas the Aloe Activator and the special applications of Stabilized* Aloe Vera are specified for the face area, Aloe Vera Gelly and other products might work quite will for general body needs. In each case, I encourage you to work with your consultant for the properly prescribed skin care program for you.

The two problematic skin conditions mentioned earlier are **acne** and **sensitive skin.** Acne is certainly a problematic condition. Sensitive skin is perhaps less problematic than it is complex, but problems can arise out of that very complexity, especially when skin sensitivity is ignored.

Acne, in simple terms, is a disease just as measles or chicken pox is a disease. But this disease is more perplexing because its cause

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***Facial masques should be used two to seven times a week, depending upon the individual's needs and type of skin.

is something of a mystery. In some instances, it is believed to be to be an hereditary condition caused by increased hormone levels (especially during adolescence), or other hormonal imbalances. Certainly improper diet can exacerbate the situation.

Because the sources are potentially manifold, dermatologists frequently recommend a complete program of treatment — topical skin, hair, and scalp treatments, dietary restrictions, hormones, and frequently antibiotics or steroids.

Although the specific source of acne may not always be known, one area that plays an evident role in its perpetuation is the area of the body known as the sebaceous glands. These are oil glands; and overactive oil glands are natural trouble-makers. The largest and most numerous sebaceous glands are found in the scalp, around the nose, forehead, shoulders, and across the chin. Each gland is attached to a hair follicle and is principally responsible for the production of sebum, the oily substance which helps keep the skin soft, smooth, and pliable. In proper balance, the sebum functions beneficially, but a little bit of sebum goes a long way. And whenever the sebaceous glands get overactive, they produce too much oil, clogging the pores of the outer layer (epidermis). When too much clogging takes place, infection follows. That infection is known as acne.

Acne manifests itself in four common forms:

(1) **Blackheads.** Blackheads are pores that are clogged with residue and oil which have become discolored through exposure to the environment. These are the least critical forms, but are significant in that they set the stage for complications.

(2) **Whiteheads.** Whiteheads are clogged pores that are covered by a thin layer of skin.

(3) **Pimples.** Pimples are blocked and/or clogged pores that have become inflamed, irritated, or infected.

(4) **Cysts and Nodules.** Cysts and nodules are more severe forms of pimples, whiteheads, or blackheads that swell, fester, and can leave disfiguring scars. This is what dermatologists commonly refer to as acne vulgaris.

Because oily skin and overactive sebaceous glands are known sources of acne, one must also be extremely mindful of the hair and scalp. Oily skin is often accompanied by oily hair and scalp, and if that oil is transferred to the face, acne will become more acute. On the other hand, there are also instances in which the hair may be dry and the scalp flaking. This sedimentation is as detrimental as oil and must be specially cleansed, along with the skin, of the invisible impurities that are constantly settling. In all cases, extra care must be taken to keep hair and scalp clean.

A prescriptive skin care routine is a vital element in alleviating acne. At Aloe Vera of America, Incorporated we have vast experience in working with that pervasive problem, and we have found our Aloe Vera Products and related cosmetics extremely successful in helping those with acne.

Your prescriptive skin care consultant can recommend a sound acne aid program for you based on Stabilized* Aloe Vera cleansers which draw out inner impurities and help dry out the infection without drying out the skin around it. The deep penetrating power of the Stabilized* Aloe Vera helps dissolve both exterior and interior impurities. And I cannot stress strongly enough that for Aloe Vera of America's products to work their wonders, a consistent program of applications must be diligently adhered to.

One of the best aids to acne and problem skin is to keep the skin surface dry. Other acne products might be able to do this, but reactions to them are severe in that they dry and age the skin in the process. Aloe Vera of America's Stabilized* Aloe Vera products can keep the surface skin dry by normalizing it while they work underneath the skin surface to moisturize and aid in the rebuilding of healthy tissue, thus enabling the dermis and hypodermis to fulfill their roles as the storehouses for the skin's natural nutrients.

I also want to emphasize that *there is a*

point when the condition will appear to worsen. It is not getting worse. It's getting better. At this point, the impurities are making what amounts to a last ditch stand. It is at this time that the diligent applications of Stabilized* Aloe Vera must be continued because improvement is just around the corner.

Using our Stabilized Aloe Vera products alone, however, is not the sole answer. There are some basic steps you should take independently every day that will help care for the condition. Any dermatologist will recommend the same things, and really, all it means is applying a little common sense.

First, clean the skin thoroughly and regularly, preferrably with a Stabilized* Aloe Vera cleanser. This will remove as much oil and bacteria as possible. Second, keep hair brushes and combs absolutely clean at all times. Third, get plenty of sleep and rest, and maintain a well balanced diet, omitting specific foods such as sweets, greasy dishes, and colored colas. General body health has an effect on acne, and so does diet. Specifically avoid rich foods and junk food. Given the proper skin type, it becomes almost axiomatic — junk food begets junk complexions. Fourth, don't squeeze or touch acne blemishes. This pushes the infection deeper into the skin which may lead to bruising and scarring. And fifth, keep your hands away from your face. Stroking or wiping can spread bacteria to other portions of the skin.

Acne is a complex and unfortunate problem, and I often receive letters from people who have been helped by our products after years of frustration with unsuccessful medical treatment. It is from those people who tell of finding relief for a particularly difficult condition that I draw the greatest sense of satisfaction. To be sure, the problem cases make interesting and informative reading, and I direct you to some of those letters in Appendix B, but I also want to remind you of a frequently overlooked fact: dermatologists work very hard to cure or at least arrest skin problems in their patients — and with considerable success.

During my more than fourteen years as a practicing pharmacist, I worked closely with dermatologists who often asked me to formulate custom prescriptions for specific problems; and over the years, with the help and advice of doctors, I developed combinations of ingredients that have since found their way into Aloe Vera of America's products. It is no exaggeration to say that I owe much of the success of our skin care products to the interest and time that doctors gave — and still give — to test products, make suggestions, and provide reports of patient progress. Doctors such as Meyerson, Miller, Speegle, Russell, and White have provided records of hundreds of cases of acne vulgaris treated with Aloe 99 Gel, and our special lotions and creams — with superior results and no contraindications. In a very real way, Aloe Vera of America has collaborated with doctors from the very beginning to find successful aids for skin problems, and I am grateful for that collaboration.

It should also come as no surprise that ance is not the only problem skin condition helped by Aloe Vera. Excessive dryness, liver spots, cracks, wrinkles, mottling, drooping skin, circles, and all other signs of aging skin are well served by a consistent program of prescriptive skin care. Other perennially problematic conditions such as razor burns, rashes, allergic blemishes, flaking, cosmetic reactions, and more have been helped remarkably.

Even though normal skin can use the majority of cosmetics without fear of side effects, it does not mean that problems cannot develop later, and it certainly does not mean that the normal skin is receiving the skin care provided by Stabilized* Aloe Vera, for truly it is the normal skin that stands to benefit greatly by using prescriptive skin care products by Aloe Vera of America, Incorporated.

Many of the problems we have just cited might be no more than the results of normal use and abuse by time and environment, or by constant exposure to the "junk" cosmetic products that proliferate on today's market.

Usually, however, when these problems persist where normalized skin would recover, it may be because the individual has sensitive skin.

Unlike acne, which is generally a product of oily skin, sensitive skin may be oily, dry, normal, or combination skin. It virtually defies classification, and so must be put in a class by itself that needs special skin care and attention from the outset.

Sensitive skin needs to be spared direct exposure to the harsh chemicals found in many cosmetics, astringents, colognes, aftershaves, and deodorants. Appliques which contain large percentages of ethyl alcohol, formaldehyde, and various cosmetic perfumes should be minimized or eliminated entirely. We have already learned the comedogenic potentials of fatty acids and harsh lanolin substitutes and what they can do to an even relatively normalized skin. Those too should be eliminated entirely from prescriptive skin use. And they are eliminated from all Aloe Vera of America's facial product lines.

In many cases, consultants inherit conditions that are already problematic. In those cases, there is no better way to help remedy the condition than with Aloe Activator and the products specially formulated for this purpose. The record of Aloe Vera of America's success in helping problematic skin conditions is statistical at this point in physicians' reports, laboratory findings, clinical data, and stacks of letters from the field.

Yet it might be said that in all the letters we receive from people who have been helped by Aloe Vera that the most consistent pattern is the one that begins with our Aloe products being used to aid a specific problem and end with broad spectrum uses for the entire family. One such letter came from Vonda J. Thorpe of Brigham City, Utah:

> We have used them [Aloe 99 products] to get rid of what I would call a skin cancer — Aloe 99 Creme over a period of 2 years, and it has entirely disappeared. Ulcers are taken care of, and a mole I have is slowly but surely fading away. We've used it for bites and anything that itches — it's tremendous! Burns, incisions, hang nails, etc. . . . And the same goes for whoever tries it on their problems.[172]

Whether the uses of Stabilized* Aloe Vera are broad spectrum or extend no farther than the problem to which it was originally addressed, the important point is that it works for most types of problem skin, whether it is a bizarre or an ordinary problem. In the former category, this letter provides us with an example of classically dramatic results:

> My entire skin was characterized by extremely dry, scaly composition with cracking, painful skin tissue all over the body. Underlying layers and infection set in. After a lifetime of NOTHING WORKING except momentarily, I used Aloe 99 topically. It has given more relief than any other treatment. Cracking has been eliminated. After healing, I'm now using the complete cosmetics and skin care and feel, for the first time in my life, like a normal person. If it will do this for me, it will work miracles for both normal and troubled skin.[173]
>
> H. P.
> Richardson, Texas

Miracles are relative to need. When nothing else works or has ever worked on a condition such as the one we have just mentioned, the effectiveness of our Aloe products must indeed seem miraculous. We would like to give real hope to thousands of those whose problems by comparison may seem more ordinary:

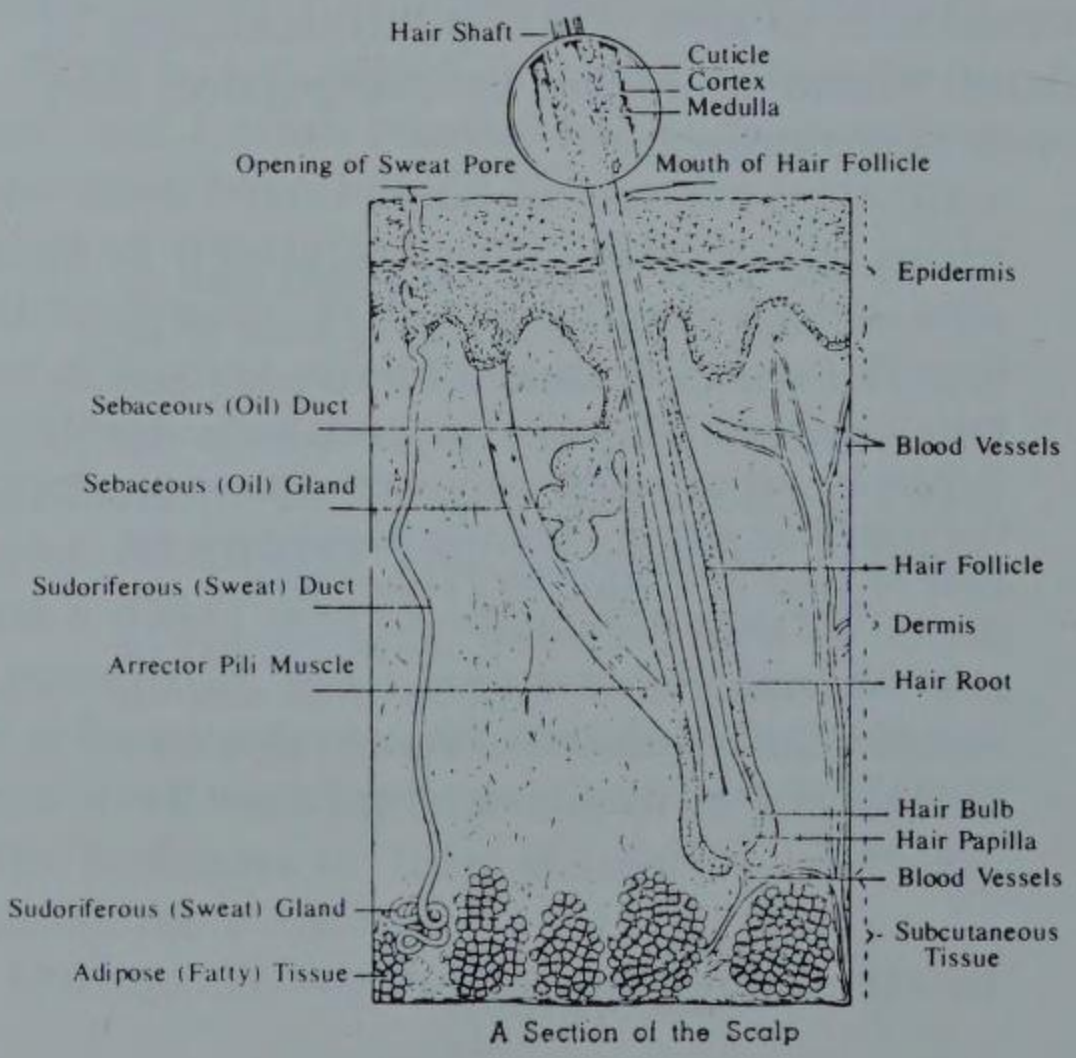
> For several years I have had a skin rash on my hand, due either to detergent burn or allergy. I have tried all kinds of creams and even consulted the only skin specialist in the Bahamas, all of which only served to make the condition worse. Then someone gave me a jar of your 75% Aloe 99 Creme. Within one month, my hand cleared up and stayed free of rash for sometime. It appears from time to time after I have come into contact with very strong foods, but the Creme takes care of it in short order.[174]
>
> R.E.S.
> Nassau, Bahamas

It might be redundant to point to the fact that these letters are indicative of hundreds we receive annually: but in some instances redundancy is a virtue. Whether we like it or not, force of numbers tend to spawn credibility. And if we have one main objective here it is to establish the credibility of Stabilized* Aloe Vera, especially in benefitting the human skin.

Yet, as the battle for credibility seems ongoing, so too does the list of indications in which Aloe Vera is applicable. And just as we have given considerable time and attention to the importance of Stabilized* Aloe Vera in the area of prescriptive skin care, we must now extend that attention to include at least a comparable study of the human hair, its analysis, problem conditions, and prescriptive care.

As the arm is an appendage to the body, the hair is an appendage to the skin, dependent upon the main but also interacting with it. It is actually a threadlike outgrowth of the skin and scalp. Its chief purpose is conservation of heat and protection. Adornment is also very important. What is of primary importance concerning the hair is grooming that leads to healthy hair. That is not always a simple matter.

The composition of the hair is in its way as complex as the composition of the skin. It varies with different races, hair color, and the individuals themselves. Keratin is the hair's major constituent. It is made up of amino acids and also contains such chemical elements as carbon, oxygen, with some presence of hydrogen, nitrogen, and sulfur.



A Section of the Scalp

The individual hair comes in two parts — the hair root and the hair shaft. The hair root is that portion beneath the skin and is its source of growth. The hair shaft is the visible portion extending above the surface.

The hair root is comprised of three parts — the hair follicle, the hair bulb, and the hair papilla. The hair follicle is a tubelike depression enveloping the root. The hair bulb is a club-shaped structure forming the lower part of the root. The hair papilla is a small cone-shaped elevation at the bottom of the hair follicle.

Additionally, the hair is composed of three layers. The medulla is the center, pith, or marrow of the hair shaft. The cortex is the middle layer which contains the color/pigment. The cuticle is the outside layer which overlaps like scales to give it strength and elasticity.

Healthy hair grows an average one half inch per month. The material for hair growth comes from the papilla, and as long as the papilla is not destroyed hair will grow; even if hair is pulled out from its roots it will be replaced with a new growth.

In humans, the hair has a cycle of death and replacement. Since there is no feeling in the hair, it is not a painful process. When the dead hair is to be replaced by healthy new hair, a multiplication of cells takes place in the region of the old papilla. From this source, new hair is formed growing under or to one side of the hair it replaces. If the supply of blood to the papilla is strong, the new hair will grow strong. If it is weak, the new hair produced will also be weak, dry, and thin in structure.

The overall condition of the hair is determined by texture, porosity, and elasticity. Texture, whether it is coarse or fine, is generally a matter of genetics. It is not, however, a measure of its durability as is be-

lieved in some quarters. Porosity is its ability to absorb moisture and relates to its ability to hold that moisture. Hair that is not sufficiently porous will become dry and brittle. Nutrition is a factor in porosity. Elasticity deals with the ability of the hair to stretch and return to its original form without breaking. Hair with normal elasticity is springy and gives a lustrous appearance and will spring back when released.

Generally, it may be said that as the scalp goes, so goes the hair. A healthy scalp, however, does not necessarily predetermine the health of the hair. Diet, nutrition, and hair treatment are influential factors as well, not to mention genetic traits that produce problems inherent to the hair fiber. On the other hand, an unhealthy scalp will not produce healthy hair and can destroy the replacement cycle. The reason is simple — the hair is merely an extension from the scalp. The scalp gives the hair life and is its fluid source. If that skin undergoes a trauma or imbalance, the hair will be affected.

There are many problem conditions that affect the scalp and hair and merit attention. Among them, two are the most common — **seborrhea sicca** (dandruff), and **alopecia** (baldness).

Seborrhea is a skin condition that results from excessive secretions from the sebaceous glands (or oil glands). An oily condition of the scalp, nose, and forehead are good indications of this problem. It is found in two primary forms: **seborrhea oleosa** is the oily form; seborrhea sicca is the dry form, which is more popularly known as dandruff. Dandruff is evidenced by small white scales on the scalp and hair. Generally speaking, it is caused by several things. One is an excessive shedding of the epithelial cells which causes scales to accumulate on the scalp rather than falling off naturally. (In the natural process of new skin replacing the old, some shedding of scales is going to take place on the scalp. This natural process unnecessarily alarms many people who mistake it for a dandruff condition.) Another cause is believed to be a sluggish condition of the scalp caused by poor circulation, improper diet, and uncleanliness. Strong shampoos and insufficient rinsing are also believed to take their toll. Many dermatologists also diagnose what we might consider dandruff as simply dry scalp, a prevailing body condition for some people.

One thing that has been established is that dandruff is probably our most visible and best known form of hair and scalp disorders. Literally tens of millions of dollars are spent each year advertising and marketing dandruff shampoos and dandruff scalp "treatments," most of which work only on a limited basis with a high potential for side-effects that prompt allergies and other problem skin conditions.

Basically, there are two principal types of dandruff. One is dry dandruff, characterized by an itchy scalp and masses of small white scales attached to the scalp or loose in the hair. The second type is waxy or greasy dandruff. This is a scaliness of the scalp mixed with sebum causing it to stick. If the greasy scales are torn off, bleeding or oozing may develop. The former condition is the best known. The latter is the most serious and generally requires professional medical attention.

The second common scalp problem is known clinically as **alopecia** and commonly as baldness. Although the common beliefs for the causes of baldness are held to be heredity and sex hormone production, these are not necessarily the cases in all manifestations of alopecia. **Alopecia prematura** (premature balding) is a slow thinning process that commonly begins around middle age. Often, however, it may begin much sooner than that and may be the result of poor circulation and improper vitamin/nutrient intake. It is an increasing trend to attribute much of balding to a lack of proper nutrition. Many vitamin programs are being set up to treat this condition, and some successes have been reported.

Alopecia areata is characterized by sudden falling out of the hair in patches. This can occur because of trauma, injury, or disease.

We know the flow of blood is influenced by the nervous system, and any traumatic effect on that nervous system could easily affect the blood flow to the sensitive head-scalp area. A prolonged or profound interruption could starve the papilla and cause hair to fall.

Though the two conditions we have named are the most prevalent problems found in the hair and scalp, other diseases of the skin such as psoriasis and eczema are also found quite commonly in the scalp.

Just as we know that these conditions medically present considerable problems, we have found in the many reportings we have received from physicians and laymen that Stabilized* Aloe Vera works successfully in ameliorating all of them.

In recent years, Aloe Vera of America has formulated both a shampoo and hair conditioner which have netted superb results. Both contain Stabilized* Aloe Vera in combination with other nutrients to help kill infection, slough dead skin cells, and rebuild healthy new tissue in both the hair and scalp. One of those nutrients is the oil essence from the bean of the now widely heralded jojoba plant. Although, like Aloe Vera itself, not enough is yet known to unlock all the mysteries of jojoba, of this much the experts are certain: Jojoba exhibits an uncanny ability to replenish lost moisture and nutrients to both the skin and hair. And, especially in shampoos and treatments for the hair, jojoba adds more body because it is able to remove hardened sebum from the hair while it gives pronounced evidence of refortifying the hair shaft and hair ends. It is another of those remarkable plants that seems to complement perfectly the needs of the human body. Sound familiar?

When you think about it, (and especially when you combine its profound synergy with that of other acknowledged nutrients) Stabilized* Aloe Vera is the perfect aid for troubled hair and scalp for a number of reasons:

(1) It is bactericidal and fungicidal. Many forms of both dandruff and seborrhea are formed primarily because fungus infections grow in a base of squalid sebum.

(2) Its proteolytic enzymatic activity helps slough off and dissolve dead cells setting the stage for the restoration of healthy tissue.

(3) The healthy tissue is aided to restoration by the action of the amino acids present. The nearly complete amino acid complex present in the native Aloe Vera is the same complex that is natural to the healthy papilla and follicles of the hair.

(4) Its deep penetrating action cleanses and brings needed nutrients into the hair body and scalp itself.

(5) It is anti-pruritic and stops the itching that accompanies these conditions.

(6) The saponins present are natural sudsing agents which supply both the cleansing needed and the natural fortifiers to give hair new life and body.

(7) The deep penetrating abilities of Stabilized* Aloe Vera get down into the scalp beneath the surface to help work out the infections and revitalize tissue. All these results are accomplished with no known contraindications or measureable side-effects, a statement that can be made of few other dandruff or seborrhea aids in the world.

(8) Combine this with the superb nutrient qualities of jojoba — which rids the hair follicles of hardened sebum and, at the same time, helps refortify them — and you have a product ideally formulated not only to combat and prevent the various forms of seborrhea and other conditions that befall the hair but also to restore hair to its health and lustre in normal day to day use.

Though there are historical indications that point to the fact that Aloe Vera in context with herbs, wines, and other additives has been used to treat baldness and restore hair growth, alopecia presents challenges of its own. To be sure, Stabilized* Aloe Vera contains the necessary ingredients and tissue

building potentials to restore health to conditions of traumatic baldness or alopecia areata. And I have also received some correspondence to the effect that our Stabilized* Aloe Vera products have been used to restore hair growth. To date, however, there has been no clinical proof or physicians' reports to back up any of those claims. And though I'd love to offer unqualified hope to the millions of men in the world who suffer premature baldness, I have to be realistic and recognize that much research and development still remains to be done in this field. What I can state is that our Stabilized* Aloe Vera products for the hair and scalp contain many of the ingredients capable of fortifying the known deficiencies in alopecia conditions. However, so much is dependent upon the needs and responses of the individual system that the question remains open, at least until we can gather more medical and scientific evidence.

The one hope I can give you is if the hair roots are not dead, the Stabilized* Aloe Vera products exhibit the ability to penetrate deeply into the root system and may help stimulate new growth when nothing else has worked before. Research in this area using Stabilized* Aloe Vera is presently being undertaken both in the U.S. and the Philippines.

Summary

Earlier I referred to our skin care program as prescriptive skin care, but not because our approach is more thorough and our active ingredient — Stabilized* Aloe Vera more effective, but because our overall viewpoint is more comprehensive, our standards more stringent, and our background more soundly medical than any other company in the business of producing Aloe Vera products for cosmetic use.

When standards are higher, the product is better. When you have vast experience in working with physicians on such traumatic dermatological conditions as scleroderma, contact dermatitis, acute third degree burns, psoriasis, and countless other problems, helping millions of people with the maintenance of normal skin health seems not only an inevitable extension, it seems a moral obligation as well.

The cosmetic applications of Stabilized* Aloe Vera by dermatologists and plastic surgeons are increasing in both breadth and depth of use. Today, many plastic surgeons use Aloe Vera of America's products post-surgically. Packs saturated in Aloe 99 Gel have been reported to help keep down infection, relieve pain, and stimulate healing. One plastic surgeon from Dallas attempted six skin grafts on a patient, but none of the grafts held. In the seventh grafting operation, he used Aloe 99 Gel post-surgically; all grafts held.

In another instance of cosmetic surgery, the same plastic surgeon was experiencing considerable difficulty with post-surgical problems involving the rejection of silicone packs in the breasts of a patient. Having seen the remarkable results achieved with Aloe 99 Gel in working with skin grafts and other surgical uses, the surgeon decided to take an innovative step. Surgically removing the silicone packs from his patient, he saturated them in Aloe 99 Gel, rinsed the cavity with the Gel, and then replaced the silicone packs. Now, several months later, there has been no rejection. The breasts have normalized. He has since started routinely using the Gel as a post-surgical healing agent in other breast operations.

Another physician, Dr. Robert L. Elliot, who specializes in treating breast cancer patients wrote us of his faith in Aloe Vera of America products and of his success in using them in the treatment of post-surgical scars. His letter is reproduced in full in Appendix A. Letters from physicians like Dr. Elliot are important because they not only give credibility to our claims, they also open new avenues of potential use for others and reinforce that potential by reporting on case experiences. Still, perhaps nothing is more gratifying than hearing from individuals who were treated and helped, people like C.B. of

Oklahoma City, who wrote me in the summer of '79.

> Last summer I was in a very bad automobile wreck and a friend gave me an 8 ounce jar of Aloe 99 Lotion to be used where my scars were on my face. It is unbelievable, but I don't have noticeable scars one year later, and they thought I would have to have extensive plastic surgery.[175]

Doctors' testimonies and physicians' reports are wonderful to be sure, and essential by all means, but nothing is quite as fulfilling as receiving a letter from someone saved from surgery and potential disfugurement. In Appendix B, we have produced letters from people recounting the help they have received from our products. Perhaps more than anything else such letters provide a basis of faith and hope for those who have health challenges of their own to cope with — because dramatic cures for the few mean normalized, beneficial uses for the many.

One letter from a woman like C.B. can help lead others to the wonders of Aloe Vera and to Aloe Vera of America Inc.'s distinctive skin care programs — can lead people to skin care that begins in skin health and ends in skin health and beauty.

10

Aloe Futures/A Footnote

The nature of this chapter can only be adequately defined as mutable. Were we to write it twelve times in as many months, it would never be the same — that's how quickly the scenario for Stabilized* Aloe Vera grows and progresses. Even as this section is being put together, new data pours in daily verifying Aloe Vera's remarkable potentials through letters of documentation, professional examinations into new uses, and new experiments both by practicing professionals and by laboratory research analysts. All of these — as they have in the past — will help achieve even broader bases of credibility for this Silent Healer.

Earlier in this work I mentioned the importance of double-blind studies for any drug or substance if it is to maintain its credibility not only among practicing physicians but also certified medical bodies. Ever aware of the importance of these studies, we have been working diligently with qualified physicians who are preeminent in their respective fields to set up these examinations.

One of the physicians is familiar to all who have had occasion to work with the marketing of cosmetics, skin care products, or related fields. He is James E. Fulton, M.D., PhD. Dr. Fulton — you will recall from Chapter 9 — is the world renowned dermatologist who, in 1973, exposed the comedogenicity (or acne-causing potentials) of many of the world's leading lines of cosmetics. Now, head of the thirteen Acne Health Care Centers across the nation, Dr. Fulton recently agreed to conduct a series of double-blind studies in which he and his staff will apply Stabilized* Aloe Vera to several volunteer dermabrasion patients.

Initially, Dr. Fulton was sufficiently impressed with the clinical data he saw presented from Aloe Vera of America to have called upon me to help him determine the best way to evaluate the Forever Living Products currently in use. Upon meeting, we determined that double-blind studies with dermabrasion (or dermal abrasion) patients would be an extremely effective method of determining the efficacy of these products.

Dermabrasion is a means of removing scars from acne patients by using high speed brushes literally to scrape away the scar tissue and allow the skin to rebuild. In Dr. Fulton's clinics, patients are treated with the most modern high speed drills and diamonds bits in the brushes which — he had found — work to remove scar tissue with the greatest speed and a minimum amount of discomfort. Nevertheless, even under the most ideal conditions, dermabrasion is a painful process, and healing is notoriously slow.

Ordinarily in dermabrasion, the attending physician will rely heavily on antibiotics, often administering a double dose: orally, in the form of a broad spectrum antibiotic to prevent infection, and locally to kill any foreign bacteria that might try to invade the healing tissue. In his initial applications, Dr. Fulton found the Stabilized* Aloe Vera products from Aloe Vera of America ap-

peared to work to much greater effect than the antibiotics. And in subsequent applications, I overheard him tell his head nurse that he would use no antibiotics, that the Aloe Vera should be able to fill both requirements.

Currently, Dr. Fulton is conducting his experimentation on both sides of the face — one side with Forever Living Products' Aloe Vera Gel (the FLP plain drinking gel, not the Aloe Activator). On the other side, he is applying the FLP Aloe Vera Gelly. In both instances the enzymes in the Stabilized* Aloe Vera work exceedingly well in breaking down scab formation. And as any dermatologist will attest, it is scab formation that slows the healing process. To this point, Dr. Fulton has been sufficiently satisfied with the results obtained to agree to undertake the double-blind studies on the dermabrasion patients. Following the anticipated positive outcome of those tests, he has then agreed to work with me to help formulate a complete line of cosmetics that will be hypoallergenic, non-comedogenic, highly nutritive, and specifically designed for Forever Living Products.

Another eminent physician who has taken Stabilized* Aloe Vera to the core of his practice has been Harry J. Silver, M.D. Dr. Silver, one of the nation's most highly regarded gerontologists and medical director of more than thirty convalescent homes in the Los Angeles area, was in the beginning — as are so many — a skeptic.

Originally, when he came to attend a lecture I was giving, he was rife with disbelief. "I don't know why I'm here," he said. "I'm so drug oriented, I can't believe this (Aloe Vera) stuff works at all."

By the time I'd finished my lecture and disclosed some of the data we'd compiled, Dr. Silver came to me.

"If this stuff can do everything you say it can," he told me, "I'll use it in all my clinics. Because it can bring help to a lot of people."

One area of discussion which particularly impressed Dr. Silver involved the numerous successes physicians had recorded using Stabilized* Aloe Vera to help heal decubitous ulcers. Since decubitous ulcers are a perennial problem with the bedridden elderly, this had been one area against which Dr. Silver had exerted a great deal of energy and had amassed a volume of data.

In dermatological circles there are four classifications for decubitous ulcers:

Class 1. The initial stages when the skin is beginning to crack.

Class 2. Ulcers extending to the dermis with some bleeding visible.

Class 3. Extreme ulceration extending deep into the endoderm, accompanied by prolific draining and bleeding (see example on page 101).

Class 4. Critical stages when the ulcers have penetrated all the way to the bone.

According to Dr. Silver's survey, a Class 3 decubitous ulcer costs an average of $5,000 to clear up. And a Class 4 — if it can be cleared up at all — costs an average of $15,000.

Although there has been no specific cost evaluation set for ulcers treated in the past with Stabilized* Aloe Vera, I know that the Class 3 ulcers shown in the "Dramatis Curae" chapter of this book were cleared up, using Stabilized* Aloe Vera, for less than five hundred dollars ($500).

Knowledge of that kind of success ratio peaked Dr. Silver's interest to the extent that he was willing to try the treatment on residents in his homes.

Beginning early this summer, he is setting up comparison tests of one hundred decubitous ulcer patients. With fifty patients he will use an Aloe Activator spray application followed by gauze pads saturated with Aloe Vera Gelly. This tandem will be applied to the first test group three times daily for ninety days. To the second group, he will make tri-daily applications of the best modality currently in use, for the same period. At the end of that ninety days, he will report the results of his findings. We anxiously await those conclusions.

A third set of studies, double-blind studies to determine the anti-inflammatory at-

tributes of Stabilized* Aloe Vera, is now in the process of being set up. Those are being conducted by Dr. David O'Carroll, M.D. of Glenellyn, Illinois. Dr. O'Carroll, a noted podiatrist, specializes in treating foot injuries, especially among athletes. In his double-blind studies on one hundred patients, he will treat fifty patients with a tandem application of Forever Living Products' Aloe Activator and Aloe Lotion. On a second group of fifty patients, he will use a placebo. As in the other studies, he will report the findings after ninety days of application.

If it seems, at this point, that we are placing a great deal of emphasis on double-blind studies in both dermatological and orthopedic uses, we are. The reason for it is simple: No tests made in a laboratory or reports of patient treatment made by physicians carry more credibility than studies such as these conducted by qualified experts. Double-blind studies are often the only criteria upon which certain governing bodies base their decisions regarding acceptability. It is a game by whose rules we must play if we're ever going to achieve the full recognition for Aloe Vera of America's products that they justly deserve. It is a challenge we not only accept but also welcome.

But Aloe futures for Forever Living Products made by Aloe Vera of America do not simply rest in testings and approvals for existing products. They lie on new horizons for new products and in broadened vistas for new fields of medical treatment. In both these areas, the challenge is being met.

One of the most outstanding areas of development and successful marketing in recent months has been in the area of dental care — the introduction of *Forever Bright*/ Aloe Vera toothgel. Prior to 1983, accounts of successes by physicians and dentists using Stabilized* Aloe Vera have been legion. Both in Chapter 7 in our section on Dentistry and Periodontics and in Appendix A, we find literally hundreds of cases of mouth lesions, dental surgical and post surgical applications, periodontal uses, and other forms of oral treatment all aided remarkably by the introduction of Stabilized* Aloe Vera in its various presentations. We also reported the fascinating results of Dr. Ruth Setterstrom's findings that Aloe Vera — when introduced to test tubes containing *Strept mutans* — caused those strept mutans to drop to the bottom of the test tube.

Simply stated, *Streptococcus mutans* are the bacteria from which plaque is formed. They are powerful bacteria and persistent. Arresting them is about the best that can be hoped for in any oral hygiene process. Yet, in Dr. Setterstrom's tests, Stabilized* Aloe Vera rendered them inert in just a few hours time.

Following this line of study in 1980, I engaged the services of BioSearch Labs, and achieved markedly similar results. In an in vitro study — an aerobic plate count — an Aloe Vera toothpaste and Aloe 99 Gel were exposed to a *Streptococcus mutans* suspension of 24,000 organisms per milliliter (a highly concentrated dose). After four weeks of exposure, the aerobic plate count for both showed less than 10 per gram. In other words both the toothpaste and the Aloe 99 gel proved highly effective in inhibiting the survival of the strept mutans — they proved highly effective as plaque destroyers.

In June, 1983, Aloe Vera of America formulated a toothpaste gel with a base of Stabilized* Aloe Vera and submitted it to a similar test. Working with Professionsal Service Industries, Inc./Analytical Services Division, the research staff at Aloe Vera of America submitted forty (40) grams of product for exposure to a known concentration of stept mutans. After a four-week period during which that batch — one gram at a time — was inoculated with 1,050,000 strept mutans organisms per gram, the aerobic plate count showed a *post inoculum* aerobic plate count of less than ten (10) organisms per gram of product. (For your examination, the results of this test have been reproduced in Appendix A.)

Since ten is the minimum amount that can be measured, the sample product exhibited virtually no incidence of hostile organisms.

In terms of its impact against the *strept mutans* organisms, it could receive no higher rating.[176]

Another area in which *Forever Bright*/ Aloe Vera toothgel has received extremely high marks is in *dentin abrasion* tests. All major brands of toothpaste are graded on two levels: dentin abrasion and ability to clean, which are not necessarily correlative.** In dentin abrasion where several product samples are tested against a set of teeth closely approximating those of a set of human teeth, scores of 110 to 130 are considered the average, and many toothpastes score as high as 150 and upwards. In other words they are highly abrasive and, therefore, hard on tooth enamel. In these tests, a score of ninety (90) is considered ideal—just the right balance of polishing and abrading.

On the average testing of eight separate batches, *Forever Bright/sparkling Aloe Vera toothgel* compiled a corrected mean score of 90.55, nearly an ideal balance between the polishing and abrading of teeth.[177] (These results have also been reproduced in Appendix A.)

Using the product tested as the production matrix, Forever Living Products, Inc. successfully launched *Forever Bright/sparkling Aloe Vera toothgel* in 1984. Thus far, the reports from the field are strikingly positive and promise to add yet another success story to the expanding repertoire of Stabilized* Aloe Vera.

It would be easy to continue this seemingly endless journal for Stabilized* Aloe Vera until it became too voluminous for anyone to carry. Believe me, the temptation to do so is strong. If I could add one more item that would help one more person find hope from the Silent Healer, I would. But, for the moment, I must be satisfied that we have done our best to cover all areas of discussion.

Nevertheless, I cannot resist the impulse to close strongly and — in that strength — resort to one last set of examples which graphically illustrate the gift of this plant. As promised, they fall under the category of veterinary medicine. And they depict some of the most dramatic breakthroughs brought about via the use of Stabilized* Aloe Vera products.

They were revealed to me recently through the work of a forerunner veterinarian from Minnesota, Richard E. Holland, D.V.M. Convinced that much of modern medicine has been too narrowly focused on the effects of disease, Dr. Holland began, in 1979, an intense study of newer approaches to veterinary medicine — holistic approaches. This path eventually led him to look to Forever Living Products as effective healing modalities to be used in his practice. Having almost immediately seen the potentials for FLP products, Dr. Holland now uses them daily in his practice and has even gone a step farther: He has documented some of his findings in a photographic journal called *Veterinary Uses of Aloe Vera*. In this ring bound journal Dr. Holland has recorded some highly dramatic case histories of cures in which Forever Living Products were used on every conceivable kind of animal pathology — from ear mites in rabbits to everted uteruses of cows. Most, if not all, have been documented in pictures. We refer you to both picture and story of one of them, here.

It involves the healing of a gunshot wound that nearly tore off the leg of a dog named "Rusty." The dog was shot in the right front leg (probably with a large calibre pistol). The bullet fractured the ulna, the thin bone in the back of the leg extending from the elbow to the wrist. As is often the case when animals are wounded, Rusty disappeared and did not return for three days. When he did return his owner brought him immediately to Dr. Holland. By then, however, the dog's leg muscles had shredded and blackened, and the wound was grossly contaminated with grass and dirt.

Ordinarily for a wound of this sort amputations would be an almost certain preamble

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** At the time of this test, *Forever Bright* /sparkling Aloe Vera toothgel was not being tested for its ability to clean. Those tests are currently underway.

Rusty's leg three days after he was shot. Note how the muscles are badly shredded and black. The wound was grossly contaminated and filled with grass and debris. Amputation seemed imminent.

Rusty's leg four days after the surgery was performed and the Aloe Activator/Aloe Vera Gelly tandem were applied. The paw swelling is gone, and he is able to place his foot on the ground.

Two weeks after the operation, the wound is healing speedily. The sole treatment has been daily cleaning the wound with Aloe Activator followed by application of Aloe Vera Gelly under a telfa pad.

After thirty six (36) days of Stabilized Aloe Vera treatment, the medial wound is nearly covered.*

Rusty's leg after sixty days treatment with Stabilized Aloe Vera. The wound is completely healed with minimal scarring and nearly complete mobility.*

to saving the dog's life, but in this case Doctor Holland believed the leg could be healed through effective surgical debridement and treatment with Stabilized* Aloe Vera. He immediately operated on Rusty to remove the debris and dead tissue from his leg. Even after the surgery was complete, Dr. Holland was not at all certain he wouldn't have to amputate, but the owner wanted so desperately to save Rusty's leg, he knew he would try everything in his power to save it.

In what may be a surprising move to some experts, Dr. Holland's sole means of post operative treatment involved daily applica-

tions of Forever Living Products' Aloe Activator and Aloe Vera Gelly. First, he would clean the wound with Aloe Activator. Then, he would apply the gelly under a telfa pad bandage and would change the dressing once a day.

In two weeks time, it had become apparent that Rusty's leg was going to heal. In sixty days, the leg had healed completely. Amazingly, there was minimal scar formation. And the muscles of the dog's leg had joined together well enough to give him nearly a complete range of normal use. Now, Rusty is fully recovered and has normal use of his leg. There's no need to comment further, really. The healing — under normal circumstances — would have been called miraculous. The photos say it all.[178]

Rusty's story, though dramatic, is far from being an isolated case. There are many other accounts in word and picture in Dr. Holland's journal. In fact, I was personally so impressed with this man's work that I saw in it the opportunity to pursue a desire I have long held and, at the same time, respond to a myriad of requests I have received over the years — to write a comprehensive and complete book on Aloe Vera in its applications in veterinary medicine. I approached Dr. Holland with the possibility of collaborating toward such an end, and he has agreed to join me. We plan to release the book in the beginning of 1985.

For now, I am in the process of completing a whirlwind tour of sixty-five cities in five countries — the U.S., Canada, Japan, Malaysia, and Australia — trying to help people gain a better understanding of what these products can do. In each city, in every place I lecture, I never cease to be amazed at the burning desire people have to know about Stabilized* Aloe Vera. I hope this book has helped. It has always been my dream to bring the wonders of Aloe Vera to everyone in the world who can benefit from using it. It always will be.

Appendix A

Physicians' Reports

Physicians' Letters

MEMORIAL HOSPITAL
of Garland

2300 MARIE CURIE • GARLAND, TEXAS 75042

Telephone 276-9511

BOARD OF DIRECTORS

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ADMINISTRATOR
JOHN M. SHAW

ASSISTANT ADMINISTRATOR
TERRY R. ANDRIS

July 26, 1978

Aloe Vera of America, Incorporated
802 Easy Street
Garland, Texas 75042

Gentlemen:

Recently I was introduced to your Aloe Action creme while visiting the Dallas Cowboys Training Camp in Thousand Oaks, California. The trainers often use this product for multiple abrasive injuries, infections, fissures, and skin irritations.

Please notify me where I can obtain some of this very fine product, as it is also very useful for herpes simplex eruptions.

Very sincerely yours,

M. A. Aboussie, Jr., M.D.

MAA/se

RECEIVED JUL 28 1978

LINDA L. ALSTON, M. D.
3094 WEST MARKET
FAIRLAWN MEDICAL CENTER, SUITE 205
AKRON, OHIO 44313

TELEPHONE 836-0201

December 13, 1978

Aloe Vera of America Inc.
802 Eazy Street
Garland, Texas 75042

Dear Sirs:

While recently at the American Academy of Dermatology, I had a small sample of your Aloe--99 Cream and a sample of your hydrostat lotion. The detail man there stated that the Aloe--99 cream was beneficial as anti-inflammatory agent for herpes simplex sufferers. Needless to say I was quite skeptical, but on the evening of that day, my mother who was visiting in San Francisco also, began to develop a herpes lesion. She has suffered with them for years. I gave her my sample of Aloe--99 cream and she used it every two or three hours for the first 48 hours. It certainly helped the discomfort of her lesions and the vesicles never really materialized as usual. Under that one single isolated instance, it certainly seemed helpful. I would like to try it on many other patients, and could you please be kind enough to send me about a dozen of the little ½ ounce jars of the Aloe--99 cream and also some more samples of the hydrostat gel. I did have a herpes patient in today and I did not have any more samples of the Aloe--99 cream, so I gave him the sample the hydrostat gel and I will see how it works for him. If you do not have the samples, I will be glad to pay for the small jars and tubes of these as I would like to evaluate them. Thank you.

Sincerely,

Linda L. Alston, M.D.

Linda L. Alston, M.D.

LLA:mrf

ROBERT W. ALLEN, M. D.

Office Phone: 278-3511

3110 LAMESA (Kingsley & Lamesa) GARLAND, TEXAS

For To whom, I May Concern

Address Date 6/7/74

℞

MARK AS SUCH

I recommend Aloe 99
to my patients for
Sun burn, Shingles, Burns
Simplex & Some fungus Cond.

BNDD AA2182664

Paul W. Allen M. D.

REPT. UT. DICT.. 1 2 3 4 TIMES. P.R.N. REP. [ ]

PHYSICIAN EXPERIENCE REPORT
with
AVA TOPICAL STABILIZED ALOE VERA GEL PRODUCTS

I. ACUTE INJURY TO MUSCLES, JOINTS AND TENDONS; THE ARTHRITIDES	Abrasions	Contusions	Lacerations	Fractures	Sprains	Strains	Dislocations	Hemorrhage	Tendonitis	Bursitis	Arthritis	Muscle Spasm	Myositis	Surgical Proc	Secondary Inf.	REMARKS
Approximate number cases treated in each catagory	10	3	10		30				15	12						
Dosage Form(s) used:																
Gel - (G)		G	G		G											
Lotion - (L)	L															
Creme - (C)																
Liniment - (Ln)									Ln	Ln						
Approximate number years experience with treatment	3	3	2		1				3	3						

RATINGS: "G" - Observed good results
"E" - Results equal to any other available product
"S" - Results superior to any other available product

Penetration -	S	E	E		G				S	S						
Reduction of swelling -	E	G	S		S				E	E						
Relief of pain -	G	G	G		G				G	G						
Anti-inflammatory -	G	E	S		S				G	G						
Improved mobility -	E	E	E		G				E	E						
Healing acceleration -	G	G	G		G				E	E						
Antiseptic -	E	S	S		G				G	G						
Toxicity Observed (Approx. % of cases)	0	0	0		0				0	0						

Robert W. Allen, M.D.
Physician

5 yrs
Number years experience using AVA Stabilized Aloe Vera products

3110 Lamesa Garland, Tx.
Address

FP
Type practice

17 yrs
Number years

Robert W. Allen, M.D.
Signature

Robert W. Allen, M.D.
3110 Lamesa (Kingsley Clinic)
Garland, Tx.
Family Practice - 17 years
Experience with A/V - 5 years

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II. BURNS -	THERMAL	RADIATION	CHEMICAL	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked	50	0	10	20	
Approximate number years treatment used in condition	5 yrs		5 yrs	5 yrs	
Dosage Form(s) Used: Vaginal Creme (VC)					
Oral Solution (OS)					
Gel (G)			G	G	
Lotion (L)					
Creme (C)	C				
Liniment - (Ln)					

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Relief of pain -	G		G	G	
Anti-inflammatory	G		S	-	
Blister inhibition -	G		S	S	
Healing acceleration -	E		S	G	
Anti-pruritic -	E		S	G	
Enzymatic debridement -	S		G	-	
Hemostatic -	G		G	G	
Moisturizing -	S		S	S	
Penetration -	S		S	S	
Antiseptic -	G		E	E	
Toxicity Observed (Approx. % of cases)	0		0	0	

Ralph A. Allen, MD
Physician

5 yrs
Number years experience using AVA Stabilized Aloe Vera products

3110 Lamego A Carlsbad Tel
Address

FP — 17
Type Practice — No. Years

Ralph A. Allen
Signature

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III. INFECTIONS -

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -		5					25	-	100		25			200		25									100				
Approx. Yrs. Tr. used																													
Dosage Forms Used: Gel (G)																													
Lotion (L)																													
Creme (C)		C					C	C	C		C			C											C				
Liniment (Ln)																													
Oral Soln. (OS)																													
Vag. Creme (VC)																VC													
Vag. Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -		G				-	S	S	S		S	E												S				
Anti-inflammatory -						G	S	S	S		S	E												S				
Enzymatic debridement		S				E					S	E												S				
Penetration -		S				S	S	S		S	S													S				
Bactericidal -		G				G	S	G	C																				
Virucidal -																													
Trichomacidal -												G																	
Fungicidal -																													
Reduction of swelling -		G				G	S	E	E		S	G												S				
Anti-pruritic -		G				G	S	E	E		S	S												S				
Healing acceleration -		E				E	S	S	S		S	E												S				
Hemostatic -		G																											
Toxicity Observed - (Approx) % of cases)		0				0	0	0	0		0	0												0				

Physician

Address

Type Practice

No. Years

Number years experience using AVA Stabilized Aloe Vera products.

Signature

IV. ALLERGY & MISCELLANEOUS

	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema	Tonsillectomy	Gingivectomy	REMARKS
Approx. No. Cases:	58	0	0	0	0	0	36							
Approx. Yrs. Tr. Used:	5													
Dosage Form(s) Oral Soln. (OS)														
Gel (G)	G													
Lotion (L)														
Creme (C)														
Liniment (Ln)							5							
RATINGS: "G", "E", "S" -- (Good - Equal - Superior - to other available products)														
Penetration -	S						E							
Relief of pain -	S						S							
Reduction of swelling -	S						E							
Anti-inflammatory -	S						E							
Anti-pruritic effect -	S						G							
Healing acceleration -	E						G							
Anti-edema effect -	S						E							
Antiseptic -	S						G							
Toxicity Observed (Approx. % of cases)	0						0							

Ronald A. Allen MD
Physician

5 yrs
Number years experience using AVA Stabilized Aloe Vera Products

5110 Commerce Blvd Ste
Address

FP
Type Practice

17
No. Years

Ronald A. Allen MD
Signature

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RECEIVED OCT 12 1977

III. INFECTIONS -

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -								18																					
Approx. Yrs. Tr. used			Treating						With			Aloe			9½		Products						8	5½	9	7½	4		
Dosage Forms Used: Gel (G)												C													C				
Lotion (L)																													
Creme (C)														C															
Liniment (Ln)																													
Oral Soln. (OS)								S			S	S																	
Vag. Creme (VC)																													
Vag. Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -							S		S	S	S													S				
Anti-inflammatory -							S		S	S	S													S				
Enzymatic debridement							E		E	E	E													s				
Penetration -							S		S	S	S													S				
Bactericidal -							S		S	S	S																	
Virucidal -																								S				
Trichomacidal -																													
Fungicidal -																													
Reduction of swelling -							S		E	E	E													E				
Anti-pruritic -																													
Healing acceleration -							S		S	S	S													S				
Hemostatic -																													
Toxicity Observed - (Approx. % of cases)							O		O	O	O													D				

J. Thomas Bell, D.D.S.
10405 E. NW Hgwy. Dallas, Tx
General Dentistry -25 yrs.
Experience with A/V - 8 yrs

J. Thomas Bell D.D.S.
Physician

10405 E N.W. Hiway Dallas, Tex
Address

General Dentistry
Type Practice

25
No. Years

8 to 9 yrs.
Number years experience using AVA Stabilized Aloe Vera products.

J Thomas Bell DDS
Signature

PHYSICIAN EXPERIENCE REPORT
with
AVA TOPICAL STABILIZED ALOE VERA GEL PRODUCTS

I. ACUTE INJURY TO MUSCLES, JOINTS AND TENDONS; - THE ARTHRITIDES	Abrasions	Contusions	Lacerations	Fractures	Sprains	Strains	Dislocations	Hemorrhage	Tendonitis	Bursitis	Arthritis	Muscle Spasm	Myositis	Surgical Proc	Secondary Inf.	REMARKS
Approximate number cases treated in each catagory	30	75	15	14	50	9	5	0	32	40	152	100	130	25	9	
Dosage Form(s) used:																
Gel - (G)		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	
Lotion - (L)																
Creme - (C)	✓	✓														
Liniment - (Ln)					✓	✓	✓		✓	✓	✓	✓	✓			
Approximate number years experience with treatment																8 years

RATINGS: "G" - Observed good results
"E" - Results equal to any other available product
"S" - Results superior to any other available product

Penetration -	G	E	G	E	S	S	S		S	S	S	S	S	S	E	
Reduction of swelling -	E	E	E	E	S	S	S							E		
Relief of pain -	S	S	S	E	S	S	S		S	S	S	S	S	S	E	
Anti-inflammatory -	S	S	S	S	S	S	S		S	S	S		S	S	S	
Improved mobility -	G	S	E		S	S	S		S	S	S			S		
Healing acceleration -	S	S	S		S	S	S		S	S	S			S	S	
Antiseptic -	S	S	S												E	
Toxicity Observed (Approx. % of cases)	0	0	0	0	0	0	0		0	0	0	0	0	0	0	

Robert C. Burns DO
Physician

5009 University Lubbock, Texas 79413
Address

General 21
Type practice Number years

8 years
Number years experience using AVA Stabilized Aloe Vera products

Robert C. Burns
Signature

Robert C. Burns, D.O.
5009 University
Lubbock, Tx. 79413
General Practice - 21 years
Experience with A/V - 8 years

166

II. BURNS -	THERMAL	RADIATION	CHEMICAL	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked	50	0	2		
Approximate number years treatment used in condition					
Dosage Form(s) Used: Vaginal Creme (VC)	45	8			
Oral Solution (OS)		0			
Gel (G)	1	0			
Lotion (L)		0	2		
Creme (C)	1	0			
Liniment - (Lm)		0			

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Relief of pain -	G		E	S	
Anti-inflammatory	E		E	S	
Blister inhibition -	S		E	E	
Healing acceleration -	G		E	G	
Anti-pruritic -	E		G	G	
Enzymatic debridement -	G		G	E	
Hemostatic -	G		G	S	
Moisturizing -	G		E	E	
Penetration -	E		E	S	
Antiseptic -	E		E	S	
Toxicity Observed (Approx. % of cases)	0		0	0	

Robt. C. Burnett
Physician

5909 University
Address

Dental
Type Practice

21
No. Years

6 yrs
Number years experience using AVA Stabilized Aloe Vera products

Robt. C. Burnett
Signature

167

III. INFECTIONS -

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -	0	10	5	0	4	0	5	5	0	0	0	0	3	5	3	6	3	4	5	0	0	0	0	3	5	2	0		4
Approx. Yrs. Tr. used																													
Dosage Forms Used: Gel (G)						E							E		S	S	S	S						E	S	S			E
Lotion (L)																													
Creme (C)		G	S				S	S						S															
Liniment (Ln)																													
Oral Soln. (OS)																													
Vag. Creme (VC)																E		S											
Vag. Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -		E	E		E		E	E					E	S	E	S	G	G	S					E	E	E			G
Anti-inflammatory -		S	E		S		S	E					S	E	E	S	G	G	S					S	S	G			S
Enzymatic debridement		E	S		E		S	S					E	E	S	G	S	G	S					G	E	F			G
Penetration -		S	E		S		S	S					S	E	S	G	S	S	G					G	S	G			G
Bactericidal -		S	S		S		S	S					S	S	S	G	G	S	G					G	E	G			G
Virucidal -		E	E		E		E	E					S	S	E	G	G	S	G					G	E	E			G
Trichomacidal -		S	E		E		S	O					O	O	O	G	S	S	G					O	O	G			O
Fungicidal -		S	E		E		E	E					O	O	E	S	G	S	G					O	O	O			O
Reduction of swelling -		E	G		E		E	E					S	S	S	G	G	G	E					S	G	E			G
Anti-pruritic -		E	S		E		E	S					O	E	S	G	G	G	S					G	G	E			G
Healing acceleration -		S	E		E		E	S					S	S	S	G	S	G	S					G	G	G			S
Hemostatic -		E	E		E		E	E					E	E	E	G	G	G	E					G	E	E			E
Toxicity Observed - (Approx) % of cases)		O	O		O		O	O					O	O	O	O	O	O	O					O	O	O			O

Robert C. Burnett
Physician

5809 University Lubbock Texas 79413
Address

Dental Practice
Type Practice

14
No. Years

8
Number years experience using AVA Stabilized Aloe Vera products.

Robert C. Burnett
Signature

168

IV. ALLERGY & MISCELLANEOUS	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv.	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema		Tonsillectomy	Gingivectomy	REMARKS
Approx. No. Cases:	1	10	0	10	10	0	5	5	0	0	10		0	0	
Approx. Yrs. Tr. Used:															
Dosage Form(s) Oral Soln. (OS)															
Gel (G)			■												
Lotion (L)		L													
Creme (C)	C			C			C	C							
Liniment (Ln)															
RATINGS: "G", "E", "S" -- (Good - Equal - Superior - to other available products)															
Penetration.-	E	S		G			G	S							
Relief of pain -	G	G		E			S	G							
Reduction of swelling -	E	G		G			S	G							
Anti-inflammatory -	G	S		G			S	G							
Anti-pruritic effect -	G	S		S			G	G							
Healing acceleration -	G	G		S			G	G							
Anti-edema effect -	G	G		B			G	G							
Antiseptic -	G	G		G			G	G							
Toxicity Observed (Approx. % of cases)	0	0		0			0	0							

ROBERT C. BURNS DO
Physician

5009 UNIVERSITY LUBBOCK TEXAS 79413
Address

General Practice
Type Practice

11
No. Years

8
Number years experience using AVA Stabilized Aloe Vera Products

Robt. C. Burns DO
Signature

169

II. BURNS -	THERMAL	RADIATION	CHEMICAL	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked	18				Minor Burns of
Approximate number years treatment used in condition	1 week ± to completely Heal				Small areas of Body
Dosage Form(s) Used: Vaginal Creme (VC)					
Oral Solution (OS)	10				
Gel (G)	8				
Lotion (L)					
Creme (C)					
Liniment - (Lm)					

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Relief of pain -	S				
Anti-inflammatory	S				
Blister inhibition -	S				
Healing acceleration -	S				
Anti-pruritic -	E				
Enzymatic debridement -	—				
Hemostatic -	—				
Moisturizing -	E				
Penetration -	S				
Antiseptic -	S				
Toxicity Observed (Approx. % of cases)	0				

Paul B Carrington DDS, BSD
Physician

12 years +
Number years experience using AVA Stabilized Aloe Vera products

10405 East NW Hwy
Address

Dallas 75238

23
No. Years

Dr Paul B Carrington
Signature

Periodontics
Type Practice

Paul B. Carrington, D.D.S.
10405 E. NW Hgwy. Dallas, Tx
Periodontics - 23
Experience w A/V - 12 years

180

III. INFECTIONS -

* We see over 200 New Periodontitis Patients yearly and use it routinely on every patient.

	Sclerodema	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -								50	2600+																100				
Approx. Yrs. Tr. used								12 years	12 years	+																			
Dosage Forms Used: Gel (G)																													
Lotion (L)																													
Creme (C)																													
Liniment (Ln)																									E				
Oral Soln. (OS)								OS	OS	OS	OS														AS				
Vag. Creme (VC)																													
Vag. Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -								S	S	S	S														S				
Anti-inflammatory -								S	S	S	S														S				
Enzymatic debridement								E	E	E	E														E				
Penetration -								S	S	S	S														S				
Bactericidal -								S	S	S	S																		
Virucidal -								S																	S				
Trichomacidal -								?																					
Fungicidal -																													
Reduction of swelling -								S	S	S	S														S				
Anti-pruritic -																													
Healing acceleration -								S	S	S	S														S				
Hemostatic -								S	S	S	S														E				
Toxicity Observed - (Approx. % of cases)								0	0	0															0				

Paul B Carrington DDS, BSD
Physician

10405 East NW Hwy
Address

Dallas 75238
Type Practice: Periodontics

23 yrs
No. Years

13 years +
Number years experience using AVA Stabilized Aloe Vera products.

Dr Paul B Carrington
Signature

181

IV. ALLERGY & MISCELLANEOUS	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv.	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema	Tonsillectomy	Gingivectomy					REMARKS
Approx. No. Cases:													2000+					
Approx. Yrs. Tr. Used:						12 years+							12 years+					
Dosage Form(s) Oral Soln. (OS)																		
Gel (G)																		
Lotion (L)																		
Creme (C)																		
Liment (Ln)																		
RATINGS: "G", "E", "S" -- (Good - Equal - Superior - to other available products)																		
Penetration -													S					
Relief of pain -													S					
Reduction of swelling -													S					
Anti-inflammatory -													S					
Anti-pruritic effect -													S					
Healing acceleration -													S					
Anti-edema effect -													S					
Antiseptic -													S					
Toxicity Observed (Approx. % of cases)													0					

Paul B Cavington DDS, BSD
Physician

10405 East NW Hwy
Address

Dallas 75238
Type Practice

23
No. Years

Periodontics

12 years+
Number years experience using AVA Stabilized Aloe Vera Products

Dr Paul B Cavington
Signature

182

PHYSICIAN EXPERIENCE REPORT
with
AVA TOPICAL STABILIZED ALOE VERA GEL PRODUCTS

I. ACUTE INJURY TO MUSCLES, JOINTS AND TENDONS; THE ARTHRITIDES	Abrasions	Contusions	Lacerations	Fractures	Sprains	Strains	Dislocations	Hemorrhage	Tendonitis	Bursitis	Arthritis	Muscle Spasm	Myositis	Surgical Proc	Secondary Inf.	REMARKS
Approximate number cases treated in each catagory	100's	100's			100's	100's										
Dosage Form(s) used:																
Gel - (G)																
Lotion - (L)																
Creme - (C)	C	C			L	L										
Liniment - (Ln)																
Approximate number years experience with treatment	8	8			8	8										

RATINGS: "G" - Observed good results
"E" - Results equal to any other available product
"S" - Results superior to any other available product

Penetration -	S	S			S	S										
Reduction of swelling -	S	S			S	S										
Relief of pain -	S	S			S	S										
Anti-inflammatory -	S	S														
Improved mobility -	S				S	S										
Healing acceleration -	S	S			S	S										
Antiseptic -	S	S			S	S										
Toxicity Observed (Approx. % of cases)	0	0			0	0										

H. NORMAN CHANDLER, M.D.
Physician

8
Number years experience using AVA Stabilized Aloe Vera products

10405 E. NW Highway
Address

PEDIATRICS
Type practice

26
Number years

H. Norman Chandler M.D.
Signature

H. Normal Chandler, M.D.
10405 E. Northwest Hgwy.
Dallas, Tx. 75238
Pediatrics - 26 Years
Experience with A/V - 8 years

188

II. BURNS -	THERMAL	RADIATION	CHEMICAL	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked			100's	100's	
Approximate number years treatment used in condition			8	8	
Dosage Form(s) Used: Vaginal Creme (VC)					
Oral Solution (OS)					
Gel (G)					
Lotion (L)			L		
Creme (C)			C	C	
Liniment - (Ln)					

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Relief of pain -			S	S
Anti-inflammatory			S	S
Blister inhibition -			S	
Healing acceleration -			S	S
Anti-pruritic -			S	S
Enzymatic debridement -			S	S
Hemostatic -			S	
Moisturizing -			S	S
Penetration -			S	S
Antiseptic -			S	S
Toxicity Observed (Approx. % of cases)			0	0

H. NORMAN CHANDLER M.D.
Physician

8
Number years experience using AVA Stabilized Aloe Vera products

10405 E. NW Highway
Address

PEDIATRICS
Type Practice

26
No. Years

H. Norman Chandler
Signature

183

III. INFECTIONS -

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -							Not						Not						Not	Not					Not				
Approx. Yrs. Tr. used							8							8						8	8				8				
Dosage Forms Used: Gel (G)																													
Lotion (L)							L													L	L				L				
Creme (C)							C							C						C					C				
Liniment (Ln)																													
Oral Soln. (OS)																													
Vag. Creme (VC)																													
Vag. Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -													S												S				
Anti-inflammatory -							S						S						S						S				
Enzymatic debridement																													
Penetration -							S						S						S						S				
Bactericidal -							S																						
Virucidal -																									S				
Trichomacidal -																													
Fungicidal -																			S										
Reduction of swelling -													S												S				
Anti-pruritic -							S												S										
Healing acceleration -							S						S												S				
Hemostatic -																													
Toxicity Observed - (Approx. % of cases)							0						0						0						0				

H. Norman Chandler M.D.
Physician

1405 S. Dixie Highway
Address

Pediatrics
Type Practice

8
No. Years

Number years experience using AVA Stabilized Aloe Vera products.

H. Norman Chandler M.D.
Signature

190

IV. ALLERGY & MISCELLANEOUS

	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema	Tonsillectomy	Gingivectomy	REMARKS
Approx. No. Cases:	5	5	5	5										
Approx Yrs. Tr. Used:	8	8	8	8										
Dosage Form(s) — Oral Soln. (OS)														
Gel (G)														
Lotion (L)	L		L											
Creme (C)	C		C	C										
Liniment (Ln)														

RATINGS: "G", "E", "S" -- (Good - Equal - Superior - to other available products)

Penetration -	S		S	S											
Relief of pain -	S			S											
Reduction of swelling -	S														
Anti-inflammatory -	S		S	S											
Anti-pruritic effect -			S	S											
Healing acceleration -	S		S	S											
Anti-edema effect -	S			S											
Antiseptic -															
Toxicity Observed (Approx. % of cases)	0	0	0	0											

H. NORMAN CHANDLER M.D.
Physician

1040 S. E. NW Highway
Address

Psychiatric
Type Practice

8
No. Years

8
Number years experience using AVA Stabilized Aloe Vera Products

H. Norman Chandler M.D.
Signature

191

ALBERT IRVING CLARK, M.D.
PHYSICIAN AND SURGEON
SUITE 415, MEDICAL ARTS BUILDING
SHREVEPORT, LOUISIANA 71101

328 Ricou-Brewster Bldg.
(425 Milam St.)

4 Jan. 78

Mr. Coats --
AVA Corporation,
802 Easy St.,
Garland, Texas 75402

Dear Mr. Coats: --

RE: HAYNER, J./Monte, Jr.

My experience with Aloe Vera is in one case and this case is horrendous. Mr. Hayner was seen by me about seven or eight years ago with bilateral Sclerderma involving both lower extremities, which was extremely painful. Then he developed ulcerations; these were extremely extensive going up from the ankle to within three inches of his knee. They kept getting worse and worse and worse regardless of what we tried. The entire gamut of therapy from wet casts, honey, Biozyme, granulex, gold leaf, and everything that could be thought of proved unavailing. I called a number of professors of Dermatology throughout the country and no one could fill me in with any suggestions or offer me any hope or therapy that would aid this individual. The ulcers were extended almost to the bone. In fact, I was very muchly concerned about the potentiality of suicide in this man because of the exquisite pain he was suffering. Regardless of what was attempted, the ulcerations increased. I had sent him to another Dermatologist here in Shreveport, hoping he might come up with something, but nothing occurred. The ulcerations were very painful and deep. I tried Collogenese (by Noel) and again there was no improvement of any type. In July '76 he came to me and stated that someone had spoken to him of the use of Aloe Vera for treatment of ulcerations. Frankly, at the time, I felt we were dealing (more or less) with a hopeless problem and would have used anything (even manure) if I thought it would help this man. He was hospitalized in July '76 so that we could use Aloe Vera by drip for eight hours a day, by cream for the remainder of the day, also Aloe Vera by mouth. I kept him in the hospital from 13 July to 27 Sept. My notes reveal when he was in my office 27 Sept. he stated that healing was going at a very rapid pace and that he was walking well. Healing continued through October, November; my notes showed the ulcers were better but still had a long way to go. On 9 Dec. 76 the ulcers were healing rapidly and there was only two areas involved that were unhealed, but these had gradually reduced in size.

It was also found this man was suffering from Rheumatoid Arthritis and Diabetes, and that he also had a cholesterol problem with elevated Triglycerides. Treatment with Aloe Vera continued throughout 1977. On 17 Jan. my notes show that the right leg completely healed and the left leg showed two ulcers which were not very deep. On 1 Feb. 77 the remaining ulcers were healing and and were smaller and pains were definitely less but still did occur. The Sclerderma seems to have improved somewhat but not too much. On 15 April the ulcers almost healed but ½ inch by ¼inch also remained. The healing during 1977 on the left leg continued but one ulcer continued to be present although it was definitely smaller and the area underneath was elevated. 19 Sept. the ulcer is flatter and healing and the area underneath is definitely less. At the present time, there is a very superficial ulcer that is approximately ½ the size of a dime.

ALBERT IRVING CLARK, M.D.
PHYSICIAN AND SURGEON
SUITE 418, MEDICAL ARTS BUILDING
SHREVEPORT, LOUISIANA 71101

328 Ricou-Brewster Bldg.
(425 Milam St.)

4 Jan. 78

Mr. Coats, AVA Corp., Garland, Texas 75402 (RE: HAYNER,J.M.,Jr.

\- - - - - -

I have been very muchly impressed with the value of Aloe Vera. in this case, when I consider the numerous modalities used prior to Aloe Vera without any results; when I consider the fact that other Dermatologists to whom I have sent him did nothing for him; and when I consider the fact that everyone I have spoken to offered me no hope. I can only say that the use of Aloe Vera has cured this man of the severe ulcerations that went with his bilateral Sclerderma. When I consider the man also has Diabetes, Hypertension, elevated cholesterol, and Rheumatoid Arthritis as concommitant diseases, I can wholeheartedly state without any equivocation that the only thing that healed extensive ulcerations of both lower extremities was the use of Aloe Vera. We followed this case from the very beginning with pictures, and I am completely satisfied that it was Aloe Vera supplied by the AVA Corporation which cured this man of the severe pains of the Sclerderma.

I will be very glad to be interviewed by anyone from the FDA on down on the value of Aloe Vera in this particular case.

Very truly yours,

Albert Irving Clark, M.D.

AIC/eh

Albert Irving Clark, M. D.

A Medical Corporation

THE BREAST CLINIC

ROBERT L. ELLIOTT, M. D.

DIPLOMAT AMERICAN BOARD OF SURGERY
DISEASES AND CANCER OF THE BREAST

3385 CONVENTION ST.
BATON ROUGE, LA., 70806

OFF.: 34
RES.: 29

August 12, 1976

To Whom It May Concern:

I am writing this letter in earnest to let others know that I, as a physician, highly recommend Ava Cosmetics.

In my practice of breast surgery, I have found that the use of these cosmetics on incisional scars helps in the aid of healing the scar, helps to fade the scar, and also it softens the skin around the scar.

I have been recommending Ava Cosmetics to many of my surgical patients, also to non-surgical patients for nearly two years now and they report to me that they are very excited about the cosmetic results.

I am sure these cosmetics would work wonders for those who have not had any surgery in the care of most any skin condition as I have seen what it can do for my patients.

Sincerely,

Robert L. Elliott, M.D.

RLE/vb

TELEPHONE 276-8358

JAMES H. FRANCIS, M.D.,P.A.
325 N. SHILOH
GARLAND, TEXAS 75042

June 7, 1974

TO WHOM IT MAY CONCERN:

Ir my opinion, Aloe 99 products are excellent and I recommend them to my patients for sunburn, minor burns, fever blisters and for many other things.

James H. Francis, M.D.

James H. Francis, M.D.

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RECEIVED OCT 17 1977

PHYSICIAN EXPERIENCE REPORT
with
AVA TOPICAL STABILIZED ALOE VERA GEL PRODUCTS

I. ACUTE INJURY TO MUSCLES, JOINTS AND TENDONS; THE ARTHRITIDES	Abrasions	Contusions	Lacerations	Fractures	Sprains	Strains	Dislocations	Hemorrhage	Tendonitis	Bursitis	Arthritis	Muscle Spasm	Myositis	Surgical Proc	Secondary Inf.	REMARKS
Approximate number cases treated in each catagory																
Dosage Form(s) used:																
Gel - (G)																
Lotion - (L)									11			20				
Creme - (C)																
Liniment - (Ln)																
Approximate number years experience with treatment									1			1				

RATINGS: "G" - Observed good results
"E" - Results equal to any other available product
"S" - Results superior to any other available product

Penetration -									S			S				
Reduction of swelling -									G			-				
Relief of pain -									S			S				
Anti-inflammatory -									E			E				
Improved mobility -									S			S				
Healing acceleration -									S			S				
Antiseptic -									S			S				
Toxicity Observed (Approx. % of cases)									0			0				

Larry Gardner, L.P.T.
Physician

9262 Forest Lane
Address

Therapist — 15
Type practice — Number

8
Number years experience using AVA Stabilized Aloe Vera products

Larry Gardner
Signature

Larry Gardner, L.P.T.
9262 Forest Lane
Dallas, Texas
Therapist - 15 years
Experience w A/V - 8 yrs.

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RECEIVED OCT 17 1977

III. INFECTIONS & RELATED CONDITIONS

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral) PLANTAR		Secondary Infections
Approx. No. Cases -																											-		
Approx. Yrs. Tr. used																											1/6		
Dosage Forms Used: Hydrostat (H)																													
Gel (G)																											2		
Lotion (L)																													
Creme (C)																													
Liniment (Ln)																													
Oral Soln. (OS)																													
Vag. Creme (VC)																													
Vag Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -																											S		
Anti-inflammatory -																											-		
Enzymatic debridement																											-		
Penetration -																											S		
Bactericidal -																											-		
Virucidal -																											S		
Trichomacidal -																											-		
Fungicidal -																											-		
Reduction of swelling -																											S		
Anti-pruritic -																											-		
Healing acceleration -																											S		
Moisturizer -																											S		
Toxicity Observed - (Approx. % of cases)																											0		

Larry Gardner L.R.A.
Physician

9262 Honest Lane
Address

Therapist 15
Type Practice No. Years

8
Number years experience using AVA Stabilized Aloe Vera products.

Larry Gardner 1-96
Signature

LEOPOLD G. GILBERT M.D.
[illegible]
DALLAS, TEXAS [illegible]

[illegible]

11/24/72

Mr. Bill Coates
Ava, Inc.
Garland, Texas

Dear Mr. Coates,

I have used Aloe 99 creme in my practice since 1969 on hundreds of cases. The result s were more than often dramatic.

I have found that Aloe 99 creme is a fungicide specific in the treatment of dermatophytosis due to tricophyton (ringworm) and is far superior to tolnaftate or zinc undeclynate ointment. Pruritus subsides on first application. It is also, antipruritic and antiedematous on insect bites (except chiggers).

Dandrex the Aloe 99 hair lotion proved 100% permanent cure of dandruf due to trichophyton rubrum within 7 days.

The creme acts dramatically on eczema due to monilia. Itching and sores clear up rapidly.

Pain of second degree burns is relieved instantly and when applied early, after being burned the creme will prevent the formation of blisters.

Summarizing the Aloe 99 creme is antifungicidal, antipruritic, antiedematous and anti-inflammatory.

I never encountered any sensitization or untoward side effects.

Sincerely,

[illegible]

Dr. L. G. Gilbert, M. D.
LGG/pp

LEOPOLD C. GILBERT, M.D.
[illegible] DOUGLAS AVE.
DALLAS, TEXAS 75225
—
[illegible]

I was left with cosmetic samples for trial and test for allergy. These samples, I was informed, contained extracts of Liliaceae or Aloevera (50 to 70%).

I handed the samples to patients who praised the product as a cosmetic but also have pointed out to me its remarkable therapeutic properties. The findings were as follows:

Hand and body cream: 100% effective in tinea pedis (athlete's foot), tinea corporis, tinea barbae and tinea of the hands (intertriginous eczema) due to dermatophytes. Itching subsides with the first application. Eczema subsides rapidly.

Hair lotion: 90% effective in dandruff due to fungi. Itching ceases at first application. The scalp clears of scales permanently when applied twice daily within four days.

Handcream and body lotion provides immediate disappearance of pain on contact, on first and second degree burns and blisters dry up in 24 hours or earlier.

Body lotion prevents sunburn, but no suntanning. Body lotion applied to sunburn procures instantaneous relief.

Handcream applied to insect bites suppresses itching and swelling.

Both cream and body lotions have definite anti-edematous and anti-inflammatory properties.

Pain of sores inside the mouth of children subsided, completely and permanently, on one contact of rubbed in cream. Pain and blisters due to shingles disappears rapidly.

I have encountered no allergies from the use of these products.

III. INFECTIONS -

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -																													
Approx. Yrs. Tr. used																													
Dosage Forms Used: Gel (G)																													
Lotion (L)																													
Creme (C)																													
Liniment (Ln)																													
Oral Soln. (OS)																													
Vag. Creme (VC)																													
Vag. Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -	S
Anti-inflammatory -	S
Enzymatic debridement	S
Penetration -	S
Bactericidal -	S
Virucidal -	
Trichomacidal -	
Fungicidal -	
Reduction of swelling -	G
Anti-pruritic -	S
Healing acceleration -	S
Hemostatic -	
Toxicity Observed - (Approx. % of cases)	0

J. M. Hanchey, D.V.M.
12035 Beamer, Houston, Tx.
Veterinarian - 5 years
Experience w A/V - 6 mos.

J M Hanchey, DVM
Physician

6 mos
Number years experience using AVA Stabilized Aloe Vera products.

12035 Beamer, Houston, Tx 77089
Address

Dr J M Hanchey
Signature

Veterinary Small animal practice
Type Practice

2
No. Years

199

owner of practice
5 yrs practice experience

IV. ALLERGY & MISCELLANEOUS

	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema	Tonsillectomy	Gingivectomy	Trauma	Trauma & Severe	Dog-	REMARKS
Approx. No. Cases:														2			This represents 3 cases of severe tissue destruction on a limb by trauma - 2 were cats, one, a dog All 3 were injuri of only one limb, no control could be run.
Approx Yrs. Tr. Used:														cats			
Dosage Form(s) — Oral Soln. (OS)																	
Gel (G)														✓	✓		
Lotion (L)														✓	✓		
Creme (C)																	
Liniment (Ln)																	

RATINGS: "G", "E", "S" -- (Good - Equal - Superior - to other available products)

Penetration -														S	S		
Relief of pain -														S	S		
Reduction of swelling -														S	S		
Anti-inflammatory -														S	S		
Anti-pruritic effect -															S		
Healing acceleration -														S	S		
Anti-edema effect -														S	S		
Antiseptic -														S	S		
Toxicity Observed (Approx. % of cases)														0%			

J M Hanley, DVM
Physician

1/2
Number years experience using AVA Stabilized Aloe Vera Products

12035 Beamer, Houston TX 77089
Address

Dr J M Hanley
Signature

Veterinary small animal practice
Type Practice

2 owner
No. Years

5 yrs practice experience

200

KINGSLEY MEDICAL CLINIC
3110 LAMESA
GARLAND, TEXAS

RICHARD B. HARTIN, M.D.
JAMES W. HENRY, M.D.

WILLIAM N.HARKNESS, M.D.
ROBERT W. ALLEN, M.D.

December 1, 1966

To whom it may concern:

My personal experience with the use of aloe vera was in 1944. I had received a radiation burn to my fingers from a field unit x-ray machine while serving in the Army. Aloe vera leaves were sent by air, and the crude jelly was used on the fingers.

The burned areas healed after about three weeks leaving some scars but to this date there has been no ulceration or cancer to develop.

Recently, I have used the stabilized form of aloe vera, put out by Lakeland Laboratories, on herpes simplex and some burns. I have found it to be most helpful in relieving pain, preventing infection and promoting healing.

Richard B Hartin

Richard B. Hartin, M. D.

PHYSICIAN EXPERIENCE REPORT
with
AVA TOPICAL STABILIZED ALOE VERA GEL PRODUCTS

I. ACUTE INJURY TO MUSCLES, JOINTS AND TENDONS; THE ARTHRITIDES	Abrasions	Contusions	Lacerations	Fractures	Sprains	Strains	Dislocations	Hemorrhage	Tendonitis	Bursitis	Arthritis	Muscle Spasm	Myositis	Surgical Proc Secondary Inf.	REMARKS
Approximate number cases treated in each catagory					50	50									
Dosage Form(s) used:															
Gel - (G)															
Lotion - (L)															
Creme - (C)															
Liniment - (Ln)					✓	✓									
Approximate number years experience with treatment															

RATINGS: "G" - Observed good results
"E" - Results equal to any other available product
"S" - Results superior to any other available product

Penetration -					G	G									
Reduction of swelling -					G	G									
Relief of pain -					G	G									
Anti-inflammatory -					G	G									
Improved mobility -					E	E									
Healing acceleration -					G	G									
Antiseptic -															
Toxicity Observed (Approx. % of cases)					0	0									Richard B. Hartin, M.D. 3110 Lamesa (Kindsley Clinic Garland, Texas Family Practice - 30 years Experience w A/V - 5 years

Richard B Hartin MD
Physician

3110 Lamesa Garland Texas 75041
Address

FP
Type practice

30
Number years

5
Number years experience using AVA Stabilized Aloe Vera products

Richard B Hartin MD
Signature

207

II. BURNS -	THERMAL	RADIATION	CHEMICAL	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked	10	1			
Approximate number years treatment used in condition	5				
Dosage Form(s) Used: Vaginal Creme (VC)					
Oral Solution (OS)					
Gel (G)					
Lotion (L)					
Creme (C)	C	C			
Liniment - (Ln)					

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Relief of pain -	G	G			
Anti-inflammatory	G	G			
Blister inhibition -	G	G			
Healing acceleration -	G	G			
Anti-pruritic -					
Enzymatic debridement -	G	G			
Hemostatic -					
Moisturizing -					
Penetration -	G	G			
Antiseptic -					
Toxicity Observed (Approx. % of cases)	0	0			

Richard B. Hartin, M.D.
Physician
3110 Lamesa, Garland, TX 75041
Address

FP — Type Practice
30 — No. Years

5
Number years experience using AVA Stabilized Aloe Vera products

Richard B Hartin MD
Signature

208

III. INFECTIONS & RELATED CONDITIONS

III. INFECTIONS & RELATED CONDITIONS	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -																									100				
Approx. Yrs. Tr. used																									5				
Dosage Forms Used: Hydrostat (H)																													
Gel (G)																													
Lotion (L)																													
Creme (C)																									C				
Liniment (Ln)																													
Oral Soln. (OS)																													
Vag. Creme (VC)																													
Vag. Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Relief of pain -																									G				
Anti-inflammatory -																									G				
Enzymatic debridement																													
Penetration -																									G				
Bactericidal -																									G				
Virucidal -																													
Trichomacidal -																													
Fungicidal -																													
Reduction of swelling -																													
Anti-pruritic -																													
Healing acceleration -																													
Moisturizer -																													
Toxicity Observed - (Approx. % of cases)																									0				

Richard B. Hartin, M.D.
Physician

3100 Lamesa, Garland, TX 75041
Address

FP
Type Practice

30
No. Years

5
Number years experience using AVA Stabilized Aloe Vera products.

Richard B Hartin MD
Signature

J. J. JEROME, M.D.
3232 BROADWAY
GARLAND, TEXAS 75041

June 6, 1974

To Whom It May Concern:

I consider Aloe 99 to be good products and prescribe them for my patients. I consider Aloe 99 cream to be an effective medication for sunburn and recommend it to my patients.

Sincerely,

J. J. Jerome, M.D.

JJJ/gy

II. BURNS -	THERMAL	RADIATION	CHEMICAL	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked	50		25	30	
Approximate number years treatment used in condition	4		4	4	
Dosage Form(s) Used: Vaginal Creme (VC)					
Oral Solution (OS)					
Gel (G)					
Lotion (L)	L,C		L,C	L,C	
Creme (C)					
Liniment - (Ln)					

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Relief of pain -	G		G	G	
Anti-inflammatory	G		G	G	
Blister inhibition -					
Healing acceleration -	G		G	G	
Anti-pruritic -	G		G	G	
Enzymatic debridement -					
Hemostatic -					
Moisturizing -					
Penetration -					
Antiseptic -	G		G	G	
Toxicity Observed (Approx. % of cases)					

J. J. Jerome, MD
Physician

3232 Broadway
Address

Family Practice — 20
Type Practice — No. Years

5-6 yrs
Number years experience using AVA Stabilized Aloe Vera products

Signature

J. J. Jerome, M.D.
3232 Broadway
Garland, Texas
Family Practice - 20 years
Experience w A/V - 6 years

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III. INFECTIONS & RELATED CONDITIONS

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -		5	5									10			5	5		5							5				
Approx. Yrs. Tr. used																													
Dosage Forms Used: Hydrostat (H)																													
Gel (G)																													
Lotion (L)																													
Creme (C)		C	C																										
Liniment (Ln)												S																	
Oral Soln. (OS)																								S					
Vag. Creme (VC)														VC	VC	VC	VC												
Vag. Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -		G	G									G													G				
Anti-inflammatory -																													
Enzymatic debridement																													
Penetration -																													
Bactericidal -																													
Virucidal -																													
Trichomacidal -														O	O		O												
Fungicidal -														O	O		O												
Reduction of swelling -		G	G									G													G				
Anti-pruritic -		G	G									G		G	G		G												
Healing acceleration -																													
Moisturizer -																													
Toxicity Observed - (Approx. % of cases)																													

J. J. Jerome, M.D.
Physician
3232 Broadway Blvd.
Address
Family Practice — 20
Type Practice — No. Years

5-6
Number years experience using AVA Stabilized Aloe Vera products.

J. J. Jerome, MD
Signature

213

IV. ALLERGY & MISCELLANEOUS

	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema		Tonsillectomy	Gingivectomy						REMARKS
Approx. No. Cases:	75	10	10	10																
Approx. Yrs. Tr. Used:																				
Dosage Form(s) — Oral Soln. (OS)																				
Gel (G)																				
Lotion (L)																				
Creme (C)	C	C	C	C																
Liniment (Ln)																				
RATINGS: "G", "E", "S" -- (Good - Equal - Superior - to other available products)																				
Penetration -	G	G	G	G																
Relief of pain -	G	G	G	G																
Reduction of swelling -	G	G	G	G																
Anti-inflammatory -	G	G	G	G																
Anti-pruritic effect -	G	G	G	G																
Healing acceleration -	G	G	G	G																
Anti-edema effect -	G	G	G	G																
Antiseptic -																				
Toxicity Observed (Approx. % of cases)																				

J. J. Jerome, M.D.
Physician

3232 Broadway Blvd.
Address

Family Practice — 20
Type Practice — No. Years

Number years experience using AVA Stabilized Aloe Vera Products

J. J. Jerome, MD
Signature

211

PHYSICIAN EXPERIENCE REPORT
with
AVA TOPICAL STABILIZED ALOE VERA GEL PRODUCTS

I. ACUTE INJURY TO MUSCLES, JOINTS AND TENDONS; THE ARTHRITIDES	Abrasions	Contusions	Lacerations	Fractures	Sprains	Strains	Dislocations	Hemorrhage	Tendonitis	Bursitis	Arthritis	Muscle Spasm	Myositis	Surgical Proc	Secondary Inf.	REMARKS
Approximate number cases treated in each catagory	20		10					20	12	20			40	9		# 2 cases over 12 mo period Good relief of pain in muscle conditions
Dosage Form(s) used: Gel - (G)			G					G	Ln	Ln			Ln	C		✓ results Reduce bleeding + in lacerations minor drug (2 years) N
Lotion - (L)																
Creme - (C)																
Liniment - (Ln)																
Approximate number years experience with treatment																5 yrs.

RATINGS: "G" - Observed good results
"E" - Results equal to any other available product
"S" - Results superior to any other available product

Penetration -	Excellent
Reduction of swelling -	good
Relief of pain -	Excellent
Anti-inflammatory -	good
Improved mobility -	good
Healing acceleration -	good
Antiseptic -	—
Toxicity Observed (Approx. % of cases)	Zero toxicity

L. A. Kregel III
Physician

5
Number years experience using AVA Stabilized Aloe Vera products

7777 Forest Lane
Address

Gen. Surg
Type practice

30
Number years

L. A. Kregel
Signature

L. A. Kregel, M.D.
7777 Forest Ln., Dallas Tx
General Surgery - 30 yrs.
Experience w A/V - 5 years

215

RECEIVED NOV 03 1977

II. BURNS -	THERMAL	RADIATION	CHEMICAL	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked	10		10		
Approximate number years treatment used in condition					
Dosage Form(s) Used: Vaginal Creme (VC)					
Oral Solution (OS)					
Gel (G)	✓		✓		
Lotion (L)					
Creme (C)					
Liniment - (Ln)					

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Relief of pain -					Excellent
Anti-inflammatory					Good
Blister inhibition -					—
Healing acceleration -					Good to Excellent
Anti-pruritic -					Excellent
Enzymatic debridement -					Good
Hemostatic -					Good
Moisturizing -					—
Penetration -					—
Antiseptic -					Good
Toxicity Observed (Approx. % of cases)	0		0		

K. A. Krueger
Physician

7777 Louis Lane
Address

Family
Type Practice

30
No. Years

5
Number years experience using AVA Stabilized Aloe Vera products

K. A. Krueger
Signature

216

RECEIVED

III. INFECTIONS & RELATED CONDITIONS	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -		4	13																										
Approx. Yrs. Tr. used																													
Dosage Forms Used: Hydrostat (H)																													
Gel (G)																													
Lotion (L)																													
Creme (C)																													
Liniment (Ln)																													
Oral Soln. (OS)																													
Vag. Creme (VC)																													
Vag. Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -																													
Anti-inflammatory -		G	G																										
Enzymatic debridement		E	E																										
Penetration -																													
Bactericidal -																													
Virucidal -																													
Trichomacidal -																													
Fungicidal -																													
Reduction of swelling -																													
Anti-pruritic -																													
Healing acceleration -																													
Moisturizer -																													
Toxicity Observed - (Approx. % of cases)																													

[signature]
Physician

7777 Forest Lane
Address

Gen. Surg.
Type Practice

30
No. Years

5
Number years experience using AVA Stabilized Aloe Vera products.

[signature]
Signature

217

IV. ALLERGY & MISCELLANEOUS	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv.	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema		Tonsillectomy	Gingivectomy									REMARKS
Approx. No. Cases:							50	12															
Approx. Yrs. Tr. Used:																							
Dosage Form(s) Oral Soln. (OS)																							
Gel (G)							✓	✓															
Lotion (L)																							
Creme (C)							✓	✓															
Liniment (Ln)																							
RATINGS: "G", "E", "S" -- (Good - Equal - Superior - to other available products)																							
Penetration -																							
Relief of pain -							G	G															
Reduction of swelling -							S	S															
Anti-inflammatory -							S	S															
Anti-pruritic effect -							S	S															
Healing acceleration -																							
Anti-edema effect -																							
Antiseptic -																							
Toxicity Observed (Approx. % of cases)																							

R. A. Kregel
Physician

7777 Fourth Ave.
Address

Dentistry
Type Practice

30
No. Years

15
Number years experience using AVA Stabilized Aloe Vera Products

R. A. Kregel
Signature

218

W. J. LANGLEY, M. D.
GENERAL PRACTICE
10611 GARLAND ROAD
DALLAS TEXAS 75218

STUDIES PERFORMED FOR THE TEXAS FDA:

I was asked by Mr. Bill Coats of Aloe Vera of America, Inc. to perform clinical studies and evaluate the results of Vagistat vaginal creme. Clinical studies were conducted on 25 female patients of various age groups.

The perimeters to observe were as follows:

1. Anti-inflammatory effect
2. Anti-pruric effect
3. Trichomonacidal effect
4. Fungicidal effect
5. Bacterialcidal effect
6. Soothing, healing
7. Enzymatic activity
8. Aid in restoration of healthy epithelia cells

My findings were as follows:

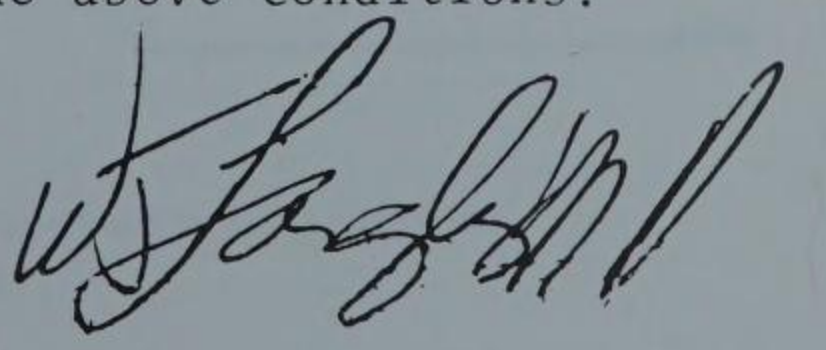
The killing power toward organisms encountered were as great, if not more so, than the other products previously used. It did not seem to matter if the condition was bacteria, fungal or trichomonal in origin. The patients were asked to return to the office for a recheck in 14 and 30 day intervals. The results were excellent in 14 days, therefore creating a problem getting the girls back at the end of 30 days to see if the condition recurred. This was very encouraging due to the fact that if a girl does not return, she is likely not having problems.

The major plus I could give Vagistat Creme is the rapid onset of the antipruric effect and the anti-inflammatory relief. These two conditions were relieved with no apparent side effects. The only side effect I observed was that in two cases the girls complained of burning upon application of the creme. In these two particular cases however, I believe any substance would have given the same reaction due to the extreme inflammation existing.

The drug seemed to aid the restoration of healthy epithelia cells. This was observed between the first visit and at the end of 14 days.

The greatest plus factor with Vagistat vaginal creme is receiving all the forementioned results with no apparent side effects or condrindications such as antibiotics and steriods cause.

I recommend the use of Vagistat creme for the above conditions.



Self Medication

Aloe Vera

CLINICAL RESEARCH CASE REPORT FORM

PLEASE RETURN TO
MEDICAL DEPARTMENT
LAKELAND LABORATORY
DALLAS, TEXAS

LEASE TYPE OR USE BLACK INK

INVESTIGATOR:	ADDRESS:		
PATIENT'S NAME OR NO.: Langley. W. J. Mg		AGE: 40	SEX: M
CASE SETTING: MENTAL HOSP. ☐ GEN'L HOSP. ☐ CLINIC ☐ PRIVATE PRACTICE ☑		DURATION OF ILLNESS: 30 minutes	
DIAGNOSIS: Painful sprain left ankle	SECONDARY DIAGNOSIS:		
PREVIOUS THERAPY: None			
PRESENT THERAPY: Aloe Vera only			

IMPROVEMENT

PLEASE INDICATE BELOW THE PATIENT'S MAJOR SYMPTOMS OR COMPLAINTS AND THE IMPROVEMENT NOTICED WHILE ON THERAPY.

MAJOR SYMPTOMS OR COMPLAINTS	DEGREE OF IMPROVEMENT		
	MARK.	MOD.	NONE
Pain & swelling beneath lat. mal.	in 5 min		

DOSAGE SCHEDULE

HOW ADMINISTERED	TIMES PER DAY	DURATION
Oint		

SIDE EFFECTS

ONLY WHEN DEFINITELY DRUG RELATED	DOSAGE AT INCIDENCE
None	

NO SIDE EFFECTS: ☑

OVERALL CLINICAL JUDGEMENT OF RESPONSE: MARKED ☑ MODERATE ☐ MILD ☐ NONE ☐

COMMENTS: All pain gone within 10 minutes marked relief in 5 minutes. No tenderness, swelling or pain left ankle.

DATE _____ SIGNATURE W. J. Langley M.D.

USE OTHER SIDE FOR FULL DISCUSSION OF ANY SIDE EFFECTS OR TO MAKE ADDITIONAL COMMENTS.

Robert D. Londeree, Jr., D.D.S.
William E. Litle, D.D.S.
Oral Surgery

6140 SHERRY LANE
DALLAS, TEXAS 75225
EMerson 3-6415

June 5, 1968

To Whom It May Concern:

I have been familiar with the gel of the aloe vera plant for the past one and a half years. I have used it experimentally in my practice for the past six months with good results in the following:

1. Facial Edema-from trauma; reducing edema rapidly.
2. Immediate Denture-ointment placed in denture at time of surgery and reapplied when dentures removed by the patient for cleaning; relieves pain and accelerates healing.
3. Trismus-applied both externally and intra-orally as a mouth rinse; relieves pain and rapid return to normal function.
4. Herpetic Lesions-mouth rinse relieves pain and accelerates healing.

I am presently working with the stabilized Aloe-99, (aloe vera plant), with 3rd molar surgery. Results are incomplete at this time. In my own personal use I have had good results in the following areas:

Burns-sunburn and other burns with ointment applied directly to the area, giving relief and prevention of blisters.
Muscle Spasm-ointment applied to area giving relief of pain and freedom of movement.
Arthritic Joints-ointment giving relief and pain.
Insect Bites-ointment giving relief of pain.
Plant Irritation-(bull nettle, poison ivy); relief of itching.
Skin Blemishes-ointment applied to face.
Stomach Ulcers-liquid gel, 1 tablespoon four times a day before meals; relieves pain and promotes healins.

Sincerely,

Wm. E. Litle D.D.S

William E. Litle, D.D.S.

III. INFECTIONS & RELATED CONDITIONS

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -												>100													>3				
Approx. Yrs. Tr. used																													

Dosage Forms Used:																													
Hydrostat (H)																													
Gel (G)																													
Lotion (L)																													
Creme (C)																													
Liniment (Ln)																													
Oral Soln. (OS)																													
Vag. Creme (VC)																													
Vag. Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Relief of pain -												D													D				
Anti-inflammatory -																													
Enzymatic debridement																													
Penetration -																													
Bactericidal -																													
Virucidal -												D													D				
Trichomacidal -																													
Fungicidal -																													
Reduction of swelling -																													
Anti-pruritic -																													
Healing acceleration -												D													D				
Moisturizer -																													
Toxicity Observed - (Approx. % of cases)												0													0				

Wm. E. [signature] DDS
Physician

6140 [illegible]
Address

Oral Surgery
Type Practice

14
No. Years

7
Number years experience using AVA Stabilized Aloe Vera products

Wm. E. [signature] DDS
Signature

226

RECEIVED OCT 12 1977

IV. ALLERGY & MISCELLANEOUS	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv.	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema		Tonsillectomy	Gingivectomy	Surgical Procedure						REMARKS
Approx. No. Cases:	5																				
Approx. Yrs. Tr. Used:	1																				
Dosage Form(s) Oral Soln. (OS)																					
Dosage Form(s) Gel (G)																					
Dosage Form(s) Lotion (L)																					
Dosage Form(s) Creme (C)	2																				
Dosage Form(s) Liniment (Ln)																					
RATINGS: "G", "E", "S" -- (Good - Equal - Superior - to other available products)																					
Penetration -																					
Relief of pain -																					
Reduction of swelling -	D																				
Anti-inflammatory -	D																				
Anti-pruritic effect -																					
Healing acceleration -	D																				
Anti-edema effect -																					
Antiseptic -																					
Toxicity Observed (Approx. % of cases)																					

Wm. P. Little DDS
Physician

6140 Sherry Lane Dallas
Address

Gal Surg
Type Practice

14
No. Years

7
Number years experience using AVA Stabilized Aloe Vera Products

Wm E. Little DDS
Signature

227

III. INFECTIONS & RELATED CONDITIONS	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -																								100					
Approx. Yrs. Tr. used																								1					
Dosage Forms Used: Hydrostat (H)																								H					
Gel (G)																													
Lotion (L)																													
Creme (C)																													
Liniment (Ln)																													
Oral Soln. (OS)																													
Vag. Creme (VC)																													
Vag. Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Relief of pain -																													
Anti-inflammatory -																								S					
Enzymatic debridement																													
Penetration -																													
Bactericidal -																													
Virucidal -																													
Trichomacidal -																													
Fungicidal -																													
Reduction of swelling -																													
Anti-pruritic -																								S					
Healing acceleration -																													
Moisturizer -																								S					
Toxicity Observed - (Approx. % of cases)																								0					

L. Meyerson, M.D.
2015 Westpark Drive
Irving, Tx.
Dermatologist - 6 years
Experience with A/V - 1 year

L. MEYERSON M.D.
Physician

2015 WESTPARK DR.
Address

DERM.
Type Practice

6
No. Years

1
Number years experience using AVA Stabilized Aloe Vera products.

L. Meyerson MD
Signature

229

PHYSICIAN EXPERIENCE REPORT
with
AVA TOPICAL STABILIZED ALOE VERA GEL PRODUCTS

I. ACUTE INJURY TO MUSCLES, JOINTS AND TENDONS; THE ARTHRITIDES	Abrasions	Contusions	Lacerations	Fractures	Sprains	Strains	Dislocations	Hemorrhage	Tendonitis	Bursitis	Arthritis	Muscle Spasm	Myositis	Surgical Proc	Secondary Inf.	REMARKS
Approximate number cases treated in each catagory	1250	1000	500	100	500	250	100	50	75	100	50	100		500	50	
Dosage Form(s) used:																
Gel - (G)				✓	✓	✓		✓	✓			✓		✓	✓	
Lotion - (L)	✓		✓													
Creme - (C)	✓		✓	✓	✓	✓	✓			✓	✓			✓	✓	
Liniment - (Ln)				✓	✓	✓	✓			✓	✓	✓				
Approximate number years experience with treatment	←			4		½		2	2	5		→		→		

RATINGS: "G" - Observed good results
"E" - Results equal to any other available product
"S" - Results superior to any other available product

Penetration -	S	S	S	G	E	E	G	G	E	E	G	G		E	E	
Reduction of swelling -	G	E	S	E	G	E	E	G	E	E	G	G		G	E	
Relief of pain -	G	G	E	G	G	E	G	G	E	G	G	G		G	E	
Anti-inflammatory -	G	G	G	G	E	E	E	G	E	G	G	G		G	E	
Improved mobility -	E	E	G	E	E	E	G	G	E	G	G	G		G	E	
Healing acceleration -	E	E	E	E	E	E	E	G	E	G	G	G		G	E	
Antiseptic -	E	S	S	E	E	E	E	G	E	G	G	G		E	E	
Toxicity Observed (Approx. % of cases)	None															

Head Athletic Trainer
~~Physician~~
the University of Texas
Address
Athletics 34
Type practice Number years

4
Number years experience using AVA Stabilized Aloe Vera products

Frank Medina
Signature
Head trainer

Frank Medina, Head Trainer
Athletic Department
University of Texas
Austin, Texas
Athletic Trainer - 34 years
Experience with A/V- 4 year

II. BURNS -	THERMAL	RADIATION	CHEMICAL	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked	150				
Approximate number years treatment used in condition	4				
Dosage Form(s) Used: Vaginal Creme (VC)					
Oral Solution (OS)					
Gel (G)					
Lotion (L)	✓				
Creme (C)	✓				
Liniment - (Ln)					

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Relief of pain -	G				
Anti-inflammatory	E				
Blister inhibition -	S				
Healing acceleration -	E				
Anti-pruritic -	G				
Enzymatic debridement -	E				
Hemostatic -	E				
Moisturizing -	E				
Penetration -	E				
Antiseptic -	S				
Toxicity Observed (Approx. % of cases)	None				

Physician

Address

Type Practice — No. Years

Number years experience using AVA Stabilized Aloe Vera products

Frank Medina

Signature

232

III. INFECTIONS -

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -																			5										
Approx. Yrs. Tr. used																			10										
Dosage Forms Used: Gel (G)																													
Lotion (L)																													
Creme (C)																													
Liniment (Ln)																													
Oral Soln. (OS)																													
Vag. Creme (VC)																													
Vag. Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -	
Anti-inflammatory -	G
Enzymatic debridement	G
Penetration -	
Bactericidal -	
Virucidal -	
Trichomacidal -	
Fungicidal -	E
Reduction of swelling -	
Anti-pruritic -	E
Healing acceleration -	S
Hemostatic -	
Toxicity Observed - (Approx. % of cases)	

Physician

Address

Type Practice No. Years

Number years experience using AVA Stabilized Aloe Vera products.

Frank Gradisar 233

Signature

ED CROW MILLER, M. D.
DISEASES OF THE SKIN
410 DOUGLAS PLAZA
8226 DOUGLAS AVENUE
DALLAS, TEXAS 75225

August 2, 1977

To Whom It May Concern:

I have used aloe vera cream in conjunction with steroid creams and ointments, and have found it effective in treating chronic eczemas. Patient acceptance has been excellent.

Sincerely,

Ed Crow Miller, M.D.

ECM:gb

IV. ALLERGY & MISCELLANEOUS

	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema	Tonsillectomy	Gingivectomy	REMARKS
Approx. No. Cases:			2	5	5					25				also - have used aloe creme in association w steroid creams
Approx Yrs Tr. Used:			1	1	1					1				
Dosage Form(s) Oral Soln. (OS)														
Gel (G)														
Lotion (L)														
Creme (C)			C	C	C					C				
Liniment (Ln)														
RATINGS: "G", "E", "S" -- (Good - Equal - Superior - to other available products)														
Penetration -			E	E	E					E				
Relief of pain -														
Reduction of swelling -														
Anti-inflammatory -			S	S	S					S				
Anti-pruritic effect -			S	S	S					S				
Healing acceleration -			E	E	E					E				
Anti-edema effect -														
Antiseptic -														
Toxicity Observed (Approx. % of cases)		0	0	0						0				

Ed Crow Miller, M.D.
Physician

8226 Douglas Dallas Texas 75225
Address

Dermatology
Type Practice

1
No. Years

one
Number years experience using AVA Stabilized Aloe Vera Products

Ed Crow Miller
Signature

Ed Crow Miller, M.D.
410 Douglas Plaza
8226 Douglas Ave., Dallas, Tx. 75225
Dermatologist - 23 years
Experience with A/V - 1 year

235

III. INFECTIONS & RELATED CONDITIONS

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)	Secondary Infections
Approx. No. Cases -																												
Approx. Yrs. Tr. used																												
Dosage Forms Used: Hydrostat (H)																												
Gel (G)																												
Lotion (L)																												
Creme (C)																												
Liniment (Ln)																												
Oral Soln. (OS)																												
Vag. Creme (VC)																												
Vag Douche (D)																												

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -																													
Anti-inflammatory -																			S										
Enzymatic debridement																													
Penetration -																													
Bactericidal -																													
Virucidal -																													
Trichomacidal -																													
Fungicidal -																													
Reduction of swelling -																													
Anti-pruritic -																				S									
Healing acceleration -																													
Moisturizer -																													
Toxicity Observed - (Approx. % of cases)																				d				S					

Ed Lamar Miller M.D.
Physician

8226 Douglas Dallas, Texas
Address

Dermatology
Type Practice

23
No. Years

one
Number years experience using AVA Stabilized Aloe Vera products.

Ed Lamar Miller, M.D.
Signature

RECEIVED OCT 18 1977

PHYSICIAN EXPERIENCE REPORT
with
AVA TOPICAL STABILIZED ALOE VERA GEL PRODUCTS

I. ACUTE INJURY TO MUSCLES, JOINTS AND TENDONS; THE ARTHRITIDES	Abrasions	Contusions	Lacerations	Fractures	Sprains	Strains	Dislocations	Hemorrhage	Tendonitis	Bursitis	Arthritis	Muscle Spasm	Myositis	Surgical Proc Secondary Inf.	REMARKS
Approximate number cases treated in each catagory	50				75				80	40	20				
Dosage Form(s) used:															
Gel - (G)	G								X	X	X				
Lotion - (L)					X						X				
Creme - (C)															
Liniment - (Ln)					X				X	X					
Approximate number years experience with treatment	5				5				5	5					

RATINGS: "G" - Observed good results
"E" - Results equal to any other available product
"S" - Results superior to any other available product

Penetration -	E			S				S	S	E					
Reduction of swelling -	S			S				S	S	E					
Relief of pain -	E			S				S	S	E					
Anti-inflammatory -	E			S				S	S	E					
Improved mobility -	E			S				S	S	E					
Healing acceleration -	S			S				S	S						
Antiseptic -															
Toxicity Observed (Approx. % of cases)	0			0				0	0	0					

KENDALL H. MOORE, M. D.
10611 GARLAND ROAD
DALLAS, TEXAS 75218
Physician

6.P.
Type practice

Address

25
Number years

5
Number years experience using AVA Stabilized Aloe Vera products

Kendall H. Moore M.D.
Signature

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RECEIVED OCT 18 1977

II. BURNS -	THERMAL	RADIATION	CHEMICAL	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked	10		4		
Approximate number years treatment used in condition	5		5		
Dosage Form(s) Used: Vaginal Creme (VC)					
Oral Solution (OS)					
Gel (G)	X		X		
Lotion (L)					
Creme (C)					
Liniment - (Ln)					

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Relief of pain -	E		E		
Anti-inflammatory	E		E		
Blister inhibition -	E		E		
Healing acceleration -	E		E		
Anti-pruritic -					
Enzymatic debridement -	E		E		
Hemostatic -					
Moisturizing -					
Penetration -	E		E		
Antiseptic -					
Toxicity Observed (Approx. % of cases)	0		0		

KENDALL H. MOORE, M. D.
10611 GARLAND ROAD
~~DALLAS, TEXAS 75218~~
Physician

Address

G.P. — Type Practice

25 — No. Years

5 — Number years experience using AVA Stabilized Aloe Vera products

Kendall H. Moore M.D. — Signature

238

RECEIVED

III. INFECTIONS & RELATED CONDITIONS

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph.-Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -			10					8	3							18	8	12											
Approx. Yrs. Tr. used			5					5	5							5	5	5											
Dosage Forms Used: Hydrostat (H)																													
Gel (G)			X																										
Lotion (L)																													
Creme (C)																													
Liniment (Ln)																													
Oral Soln. (OS)								X	X																				
Vag. Creme (VC)																X	X												
Vag. Douche (D)																X	X												

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -			E																										
Anti-inflammatory -			E																										
Enzymatic debridement			S					E	E							S	S												
Penetration -			S					S	S							S	S												
Bactericidal -			S					E	E																				
Virucidal -																													
Trichomacidal -																S	S												
Fungicidal -																S	S												
Reduction of swelling -			S					S	S																				
Anti-pruritic -			S						S	S						S	S												
Healing acceleration -			S						S	S						S	S												
Moisturizer -																S	S												
Toxicity Observed - (Approx. % of cases)			0						0	0						0	0												

KENDALL H. MOORE, M. D.
~~10611 GARLAND (75218)~~
Physician
DALLAS, TEXAS 75218
Address

G.P.
Type Practice

25
No. Years

5
Number years experience using AVA Stabilized Aloe Vera products.

Kendall H Moore MD
Signature

234

RECEIVED OCT 18 1977

IV. ALLERGY & MISCELLANEOUS	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema	Tonsillectomy	Gingivectomy	REMARKS
Approx. No. Cases:	50			8	50					8				
Approx. Yrs. Tr. Used:	5			5	5					5				
Dosage Form(s) — Oral Soln. (OS)														
Gel (G)				X	X					X				
Lotion (L)	X			X	X					X				
Creme (C)														
Liniment (Ln)														
RATINGS: "G", "E", "S" -- (Good - Equal - Superior - to other available products)														
Penetration -														
Relief of pain -	E			E	E					E				
Reduction of swelling -	S			S	S					S				
Anti-inflammatory -	S			S	S					S				
Anti-pruritic effect -	S			S	S					S				
Healing acceleration -	S			S	S					S				
Anti-edema effect -	S			S	S					S				
Antiseptic -														
Toxicity Observed (Approx. % of cases)	0			0	0					0				

KENDALL H. MOORE, M. D.
10611 GARLAND ROAD
DALLAS, TEXAS 75218

Physician

Address

G.P.
Type Practice

25
No. Years

15
Number years experience using AVA Stabilized Aloe Vera Products

Kendall H. Moore M.D.
Signature

experimental use of ALOE VERA EXTRACT in clinical practice

Robert B. Northway, D.V.M.
Pacific Scientific Research
Star Route Highway 140
Catheys Valley, California 95306

FOR MORE than 3500 years the aloe vera plant has been reputed to have healing properties, being mentioned in the Bible and Columbus' journals. Until recently, however, a sterile, stable extract could not be obtained. Such a product, said to have bactericidal, fungicidal and anti-inflammatory properties and to contain proteolytic enzyme activity, is now available for experimental use from Aloe Vera of America, Inc., Garland, Texas 75042.

The product, in three forms, was used topically in my practice to treat a variety of infections in a total of 76 animals (42 dogs, 28 cats, 4 horses). The forms used were: 1) 100% aloe vera gel (Aloe 99 Gel); 75% aloe vera gel in a creme (Aloe 99 Creme); and 3) 82% aloe vera gel in a lotion (Aloe 99 Lotion). The active ingredient is derived from the mature 4-year-old leaves of the aloe vera plant.

Treatment was continued from one to four weeks depending on the condition. Except in the case of abscesses, treatment consisted of thoroughly rubbing the medication into the lesion two to four times daily. Abscesses were infused with medication twice daily. In otitis externa the ear was cleansed once a day and the medication applied and worked into the canal twice daily. The medication was worked into the staphyloma four times a day for one month.

Results are summarized in Table 1.

The products appeared to retard exuberant granulation tissue. Pain and itching were relieved promptly. Although no firm conclusion can be drawn from treatment of 76 patients and a study involving no controls, my observation is that response of fungal infections and local allergic reactions to aloe vera therapy is excellent and that good response is achieved in treatment of mixed bacterial infections caused by susceptible organisms. No toxic reactions or other adverse side effects were seen in any of my patients. ■

TABLE 1—Results of Aloe Vera Therapy

Condition Treated	No. of Animals	Species			Response*			
		Dog	Cat	Other	E	G	P	N
Ringworm**	14	4	10		4	10		
Atopy (allergy)	12	10	2		6	6		
Abscess	12	1	11			12		
Otitis externa	11	8	3			9		2
Hot spots	11	9	2			10	1	
Misc. fungal infections	9	7	1	1 (rodent)	2	7		
Lacerations***	4			4 (horses)		4		
Lip fold dermatitis	1	1					1	
Inflamed cyst	1	1				1		
Staphyloma	1	1				1		

*E = Excellent (better than other drugs on the market)
G = Good (equal to the best of other drugs on the market)
P = Poor (not as good as other drugs on the market)
N = No response
**Fluorescent under ultraviolet light
***Exuberant granulation tissue removed surgically in 2 horses, then Aloe Vera Gel applied. Only Aloe Vera Gel used on the two remaining horses.

MESQUITE MEDICAL CENTER
A PROFESSIONAL CORPORATION
200 W. KEARNEY
MESQUITE, TEXAS 75149

RICHARD R. RUSSELL, M. D.
DIPLOMATE AMERICAN BOARD OF FAMILY PRACTICE
FELLOW AMERICAN ACADEMY OF FAMILY PHYSICIANS

September 21, 1979

Narrative Summary:

This 57 year old white female was seen by me on February 18, 1979 with complaints oflow grade abdominal pain associated with five loose watery stools per day with some nocturnal diarrhea and weight loss. The diarrhea had occured for approximately 18 months prior to admission. She had had a proctosigmoidoscopic examination in the office which showed some generalized redness and inflammatory reaction of the lower rectum. Patient was hospitalized and had consultation by Dr. Paul Zopolsky. A number of laboratory tests were done and were normal. She did have chest x-ray which showed some degenerative lipping of the lower thoracic spine but was otherwise normal. Sedimentation rate was 35. The stools were positive for occult blood but there were no ova and parasites. The SMAC was within normal limits. Proctosigmoidoscopic examination by Dr. Zoplosky was done on 2-21-79 and it showed the first 5 cms. of the rectal mucosa to be relatively normal but above this there was erythema with minimal friability but no definite ulcerations. A biopsy of this area was taken and reported by the pathologist as showing ulcerative colitis. She was started on Azulfidine in low dosage and this was gradually increased to 2mgs. per day. She tolerated this well and had no diarrhea at the time of discharge. She was given 1,000 mgs.of Azulfidine four times a day. On 2-22-79 she failed to improve however and was seen again by Dr. Zopolsky. She was readmitted to the hospital on 3-29-79. She had been having 2-3 loose bowel movements per day at that time but no blood had been noted. She also had been started on Prednisone 60mg per day prior to the second admisssion but was not improving. In the hospital, a serum potassium was 4.5, electrocardiogram was normal and KUB of abdomen was negative. She was treated with a low residue diet and intravenous Solu-Cortef 100mg intravenously every 8 hours. She seemed to respond to this fairly well and improved. Her abdomen was not as tender as before and the diarrhea stopped at that time. She was put back on Prednisone 60mg per day and was discharged on this medication along with a low residue diet. She was also given multivitamins and continued on Premarin and thyroid medications which she had previously taken.

The patient was seen again by Dr. Zopolsky with recurrent diarrhea a few days later and was seen by me on 5-9-79. A proctosigmoidoscopy at that time showed no single lesions but there was still marked granular tissue of the rectum. It was suggested that she try Aloe Vera Gel and the patient did talk to Mr. Bill Coats of the Aloe Vera of America Inc. Co. . She started using 4 oz. of Aloe Vera Gel as an enema per day along with 1 oz. of Cello gel orally 4 times per day. Three days after she began this medication she began to improve markedly and the pain disappeared. She no longer had any diarrhea and she stated

that she began to feel much better. After about three months the enemas were discontinued and she continued on taking the cello gel. She was seen again on 5-30-79 at which time a proctosigmoidoscopy was done. The granulation tissue of the rectum had greatly improved. There was still minimal hyperemia but most of the previous areas of granulation appeared cleared. The patient stated that she felt much better without abdominal pain and she continued on the oral Aloe Vera. She also continued the multi-vitamins and the thyroid medication.

I talked to her again on 8-29-79. She reported that she felt great and had had no particular problems with her stomach in several weeks. She reported that she had taken the enemas daily for three months and then discontinued them. She had been and is continueing to take loz. of aloe gel daily. She stated that after she started the enemas and the aloe vera gel orally that she felt somewhat better within 2 to 3 days and much better after three weeks. Within 3 months she said that all of her symptoms had completely cleared. She went on a trip at that time and had no particular problems. She is still on a diet avoiding tomatoes, enchiladas and strawberries, which tend to cause some trouble, but she has had no diarrhea and has had no blood. She is continuing on the cello gel orally twice a day and is fully active without any problems at the present time.

Very truly yours

Richard R. Russell, M.D.

RRR/daw

MESQUITE MEDICAL CENTER
200 WEST KEARNEY
MESQUITE, TEXAS
AT 5-6349

R. H. RUSSELL, M. D.

For the last few months I have been using Aloe Vera which had been stabilized and flavored as a mouthwash in treating ulcerative lesions of the mouth. The lesions are cleared in a few days and the product gives almost immediate relief of pain. This preparation has also been used in gingivitis and stomatitis with similar results.

One of the major uses of Aloe Vera has been its application in surgery in which the wound is left open or partially open. Excellant relief of pain and absence of swelling was noted when the wound was packed with gauze saturated with Aloe Vera gel in such comittio s as removal of part of the toenail and nail bed for cronic ingrown toenail, hemorrhoidectomy and pilonidal cystectomy.

I have lately begun to try the unflavored Aloe Vera gel in cases of vaginitis in which there is severe pain and rawness. The gel is mixed one to one with water and instilled into the vagina and left for three to five minutes. Pain relief has been excellent and the condition has cleared in a few days. I understand that Aloe Vera has been shown to be moniliocidal in the laboratory.

There are many other applications of Aloe Vera that have been tried or considered. It seems to be of value in most conditions in which there is pain either in or under the skin. It has antibacterial effect in that no infections have occurred in cases that I have treated with Aloe Vera.

I plan to treat other conditions such as otitis externa, hemorrhoids and herpes zoster in the near future. I understand that these conditions have been treated by other physicians with good results.

In conditions which I have treated with Aloe Vera, I have been pleased with the results. I feel that Aloe Vera is a valuable addition to our medicinal armamentarium and will certainly become much more widely used.

R. R. Russell, M.D.

MESQUITE MEDICAL CENTER
200 WEST KEARNEY
MESQUITE, TEXAS

AT 5-6349

R. R. RUSSELL, M. D.

July 5, 1968

NARRATIVE SUMMARY: Re: ALOE VERA

To Whom It May Concern:

I have been using a stabilized form of Aloe Vera extract in my practice over the past two years. I was first introduced to Aloe Vera by Mr. Billy C. Coats and Dr. Roland L. White in a discussion approximately two years ago. At first I was rather skeptical of the claims made for this preparation but because of the results which have been obtained I requested samples from Mr. Coats for evaluation.

Since that time I have used the stabilized Aloe Vera preparations supplied by Mr. Coats on a variety of conditions. I have used this on a number of burns both major and minor and have found it to be very useful in the treatment of all types of burns. It seems to relieve the pain within a very short while and has a very good effect on healing. None of the burned areas has become infected after using Aloe Vera although extensive debridement was carried out when indicated. On many occasions after scalding type burns, application of the Aloe Vera resulted in a rather normal appearing skin on the following day without blister formation. The speed of recovery of burned areas appears to be increased over that treated with other preparations.

I have also used Aloe Vera preparations on a variety of other conditions and found it to be very useful in the treatment of fever blisters. On one occasion, the patient with severe swelling of the lips which had been occurring for approximately 10 days, was seen and given a solution of Aloe Vera to apply approximately every two hours. By the following day this swelling had greatly decreased and by the next day the process had essentially cleared. Preparations of Aloe Vera have also been used on poison ivy without a great deal of success.

One of the most useful applications of Aloe Vera that I have found, is in the treatment of open surgical wounds, especially in the resection of part of the nail and nail bed of the toes for ingrown toe nails. I have done this on approximately eight

occasions and have packed the toe with a sponge containing Aloe Vera resulting in minimal pain through the next twenty-four hours. Generally patients with this type surgery have excruciating pain during this time.

Aloe Vera was used on patients undergoing hemorrhoidectomy and fistula operations and it seemed to greatly decrease the amount of pain and speeded healing. This has been used on a number of tonsillectomy patients and although it is difficult to evaluate in children, it has been found to be rather useful and the healing time has been decreased some and the amount of pain is less. Adults that have had tonsillectomys in which this was packed in the tonsillar fossa seem to have improved considerably and are able to talk and eat in a shorter period of time.

I have never found any patients who showed any form of toxicity to the Aloe Vera. I feel that there is a definite advantage in using it for treatment. I would like to see double blind studies applied which I have not done in an attempt to record differences between Aloe Vera versus placebo and standard treatment.

Sincerely,

R. R. Russell

R. R. Russell, M. D.
200 West Kearney
Mesquite, Texas 7514

RRR:mw

PHYSICIAN EXPERIENCE REPORT
with
AVA TOPICAL STABILIZED ALOE VERA GEL PRODUCTS

I. ACUTE INJURY TO MUSCLES, JOINTS AND TENDONS; THE ARTHRITIDES	Abrasions	Contusions	Lacerations	Fractures	Sprains	Strains	Dislocations	Hemorrhage	Tendonitis	Bursitis	Arthritis	Muscle Spasm	Myositis	Surgical Proc	Secondary Inf.	REMARKS
Approximate number cases treated in each catagory	5	5	0	0	20	5	0	0	10	10	15	20	10	15	0	
Dosage Form(s) used:																
Gel - (G)	✓													✓		
Lotion - (L)												✓	✓			
Creme - (C)		✓			✓	✓			✓	✓	✓					
Liniment - (Ln)																
Approximate number years experience with treatment	3	3			5	5			3	5	5	3	5	10		

RATINGS: "G" - Observed good results
"E" - Results equal to any other available product
"S" - Results superior to any other available product

Penetration -	S	S			S	S			S	S	S	S	S	S		Penetrates through skin & rubbing 4-5 minutes
Reduction of swelling -	S	S			S	S			E	S	S	S	S	S		Swelling subsides
Relief of pain -	S	S			S	S			S	S	S	S	S	S		Rapid relief of pain
Anti-inflammatory -	S	S			S	S			S	S	S	S	S	S		
Improved mobility -	E	S			S	S			S	S	S	S	S	S		Stops pain & resultant increase in motion
Healing acceleration -	S	S			S	S			S	S	S	S	S	S		Wounds seem to heal faster
Antiseptic -	S	S			E	E			E	S	E	E	E	S		I have never had any infections develop when Aloe Vera used primarily
Toxicity Observed (Approx. % of cases)	0	0			0	0			0	0	0	0	0	0		No toxicity ever observed

Physician

200 W. Kearney Mesquite, Texas 75149
Address

Family Practice — Type practice
17 — Number years

10
Number years experience using AVA Stabilized Aloe Vera products

Signature

Richard R. Russell, M.D.
200 W. Kearney
Mesquite, Tx. 75149
Family Practice - 17 years
Experience with A/V - 10 yea

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II. BURNS -	THERMAL	RADIATION	CHEMICAL	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked	200	0	20	10	Infections not treated at first with Aloe Vera
Approximate number years treatment used in condition	10		10	10	
Dosage Form(s) Used: Vaginal Creme (VC)					
Oral Solution (OS)					
Gel (G)	G		G	G	
Lotion (L)					
Creme (C)	C		C	C	
Liniment - (Ln)					

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Relief of pain -	S		S	S	
Anti-inflammatory	S		S	S	
Blister inhibition -	S		S	S	
Healing acceleration -	S		S	S	
Anti-pruritic -	S		S	S	
Enzymatic debridement -	S	≠	S	S	
Hemostatic -	S		S	S	
Moisturizing -	S		S	S	
Penetration -	S		S	S	
Antiseptic -	S		S	S	
Toxicity Observed (Approx. % of cases)	0%		0%	0%	No toxicity ever seen

R. R. Russell MD
Physician

200 W. Kearney, Mesquite
Address

Family Practice — 17
Type Practice — No. Years

10
Number years experience using AVA Stabilized Aloe Vera products

R R Russell M.D.
Signature

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III. INFECTIONS & RELATED CONDITIONS

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -	0	25	25	0	0	5	5	0	10	0	5	0	0	5	0	25	0	10	10	0	0	0	0	25	5	5	0		25
Approx. Yrs. Tr. used		10	10			2	2		3		3			3		5		5	3					4	3	3			10
Dosage Forms Used: Hydrostat (H)																													
Gel (G)																													
Lotion (L)		L	L			L	L							L										L	L	L			
Creme (C)		C	C			C	C												B					C	C	C			C
Liniment (Ln)																													
Oral Soln. (OS)									OS		OS																		
Vag. Creme (VC)																VC		VC											
Vag Douche (D)																VD		VD											
RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products																													
Relief of pain -		S	S			S	S		S		S			S	S	S							S	E	E			S
Anti-inflammatory -		S	S			S	S		S		S			E	S	S							S	S	E			S
Enzymatic debridement		E	E			E	E		S		S			E	S	S							S	-	-			S
Penetration -		S	S			S	S		S		S			S	S	S							S	S	S			S
Bactericidal -		S	S			S	S		S		S			E	S	-							S	-	-			S
Virucidal -		S	S			-			S		S			E	-	-							-	E	E			S
Trichomacidal -						+			-		-			-	-	S							-	-	-			-
Fungicidal -		S	S			+			-		-			-	S	-							-	-	-			-
Reduction of swelling -		S	S			S	S		S		S			S	S	S							S	S	S			S
Anti-pruritic -		S	S			S	S		S		S			S	S	S							S	S	E			S
Healing acceleration -		S	S			S	S		S		S			S	S	S							S	E	E			S
Moisturizer -		E	E			E	E		S		S			E	S	S							E	E	E			S
Toxicity Observed - (Approx. % of cases)		0	0			0	0		0		0			0	0	0							0	0	0			0

K. R. Russell MD
Physician

200 W. Kearney, Mesquite
Address

Family Practice
Type Practice

17
No. Years

10
Number years experience using AVA Stabilized Aloe Vera products.

K. R. Russell MD 281
Signature

IV. ALLERGY & MISCELLANEOUS	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema	Tonsillectomy	Gingivectomy	Circumcision & Varicose Veins	REMARKS
Approx. No. Cases:	50	10	15	15	10	10	5	0	5	10	0	10	0	20	
Approx. Yrs. Tr. Used:	10	3	3	3	3	10	2		2	2		10		8	
Dosage Form(s): Oral Soln. (OS)															
Gel (G)	G	G	G			G	G			G		G		G	
Lotion (L)	L														
Creme (C)	C	C	C	C	C		C		C	C					
Liniment (Ln)															
RATINGS: "G", "E", "S" -- (Good - Equal - Superior - to other available products)															
Penetration -	S	S	S	S	S	S	S		S	S		S		S	Rapid penetration
Relief of pain -	S	S	S	S	S	S	S		-	S		S		S	Decreased requirement for pain medication
Reduction of swelling -	S	S	S	S	S	S	S		-	S		E		S	
Anti-inflammatory -	S	S	S	S	S	S	S		-	S		E		S	
Anti-pruritic effect -	S	S	S	S	S	S	S		-	S		S		S	Rapid relief of itching
Healing acceleration -	S	S	S	S	S	S	S		-	S		E		S	Wounds heal more rapidly
Anti-edema effect -	S	S	S	S	S	S	S		-	S		S		S	
Antiseptic -	S	S	S	S	S	S	S		-	S		S		S	No infections ever seen
Toxicity Observed (Approx. % of cases)															No toxicity ever observed

R. R. Russell MD
Physician

200 W. Kearney, Mesquite Tx
Address

Family Practice — 17
Type Practice — No. Years

10
Number years experience using AVA Stabilized Aloe Vera Products

R R Russell MD
Signature

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RECEIVED OCT 12 1977

II. BURNS -	THERMAL	RADIATION	CHEMICAL	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked					
Approximate number years treatment used in condition					
Dosage Form(s) Used: Vaginal Creme (VC)					Use for apthous ulcers oral cavity. Do supers at relief of pain and reduction inflamatio
Oral Solution (OS)				✓	
Gel (G)					
Lotion (L)					
Creme (C)			✓		
Liniment - (Lm)					
Relief of pain -			S	S	
Anti-inflammatory			S	S	
Blister inhibition -	—	—	—	—	
Healing acceleration -			E		
Anti-pruritic -	—	—	—	—	
Enzymatic debridement -	—	—	—	—	
Hemostatic -	—	—	—	—	
Moisturizing -	—	—	—	—	
Penetration -				E	
Antiseptic -			E		
Toxicity Observed (Approx. % of cases)			O	O	

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Dr. Robert Scott

Physician
10405 E. Northwest Highway

Address

Derm. — Type Practice — No. Years

5

Number years experience using AVA Stabilized Aloe Vera products

Robert W. Scott M.D.

Signature

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Robert E. Speegle, M. D.

GARLAND CLINIC & HOSPITAL
GARLAND, TEXAS 75040

PHONE 276-1126

1002 MARION

For To Whom It May Concern Reg. No.

Address Date 6/7/74

℞

I recommend Aloe-99 products for my patient routinely for skin cracks, Dry skin, Fungus of the skin, Eczema, Herpes Simplex & shingles.

Thanks,

R E Speegle

M. D.

Rep. UT. Dict.
1 2 3 4 Times
P. R. N. ☐ Non-Rep. ☐

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1002 MARION DRIVE
GARLAND, TEXAS 75042

JANUARY 2, 1972

TO WHOM IT MAY CONCERN:

At the request of Mr. Bill Coats, the following is a brief general summary of my experience with stabilized aloe vera gel clinically:

Diagnosis:	Treatment:	Results:
Sunburn, 1st°	aloe vera gel, locally, t.i.d.	Excellent: Total clearing in 24 hours; not even erythema left.
Contact dermatitis with and without secondary bacterial infection	aloe vera gel for noninfected: aloe vera gel couple with antibiotics for those secondarily infected (aloe vera gel - topically, antibiotics - orally)	Spectacular clearing of skin lesion - at least one-half the usual time expected even with steroids. Pain relief on the first two heading within 20-30 minutes of application of medication.
Burns, 1st, 2nd. degree	Open air treatment with exception of application of aloe vera gel topically, t.i.d.	Relief of pain within 20-30-minutes after application; healing time reduced by at least 50% from customary treatment. Much less percentage of secondary infection.
Herpes Simplex & ulcers of mouth	Application of aloe vera t.i.d.	Relief of pain within 20-30 minutes after application, greatly diminished healing time.
Acne vulgaris both pustular and non-pustular	Application of aloe vera gel coupled with reduction in aggravating foods	Rapid clearing of the complexion. I say unequivocally that this is the best results I have ever found in acne vulgaris. Relief of pain and itching, subsiding of infection, far less scar tissue formation.
Insect bites	Application of Aloe Vera Gel.	Relief of pain in 20-30 minutes; all swelling gone in 2 - 4 hours.
A Topic dermatitis, particularly in the young	Application of aloe vera gel	Relief of pain and itching 20-30 minutes after application; greatly diminishes healing time of specific lesion.

Toxicity:
I have found no toxicity of any kind.

I heartily recommend the use of stabilized aloe vera gel in the treatment of these conditions and would be very happy to participate in statistically significant clinical investigations.

Sincerely yours,

RES:dwp

R.E. Speegle, M.D

PHYSICIAN EXPERIENCE REPORT

with

AVA TOPICAL STABILIZED ALOE VERA GEL PRODUCTS

I. ACUTE INJURY TO MUSCLES, JOINTS AND TENDONS; THE ARTHRITIDES	Abrasions	Contusions	Lacerations - Surg. Enf. Fr.	Fractures	Sprains	Strains	Dislocations	Hemorrhage (HEMATOMA)	Tendonitis	Bursitis	Arthritis	Muscle Spasm	Myositis	Surgical Proc - 3rd Enf.	Secondary Inf.	REMARKS
Approximate number cases treated in each catagory	100's	100's	200's		100's	100's		100's	100's	100's	100's	20's	100's	50's	100's	
Dosage Form(s) used: Gel - (G)	G		G	+			+							G	G	
Lotion - (L)		L		+	L	L	+	L	L	L	L		L			
Creme - (C)				+			+				C					
Liniment - (Ln)				+								Ln				
Approximate number years experience with treatment	10	10	10	100	10	10	00	10	10	10	10	2	10	10	10	

RATINGS: "G" - Observed good results
"E" - Results equal to any other available product Topicals 1/4
"S" - Results superior to any other available product Topicals 1/4

Penetration -	S	S	S	+	S	S	+	S	S	S	S	S	S	S	S	
Reduction of swelling -	S	S	S	+	S	S	+	S	S	S	S	E	S	S	S	
Relief of pain -	S	S	S	+	S	S	+	S	S	S	S	E	S	S	S	
Anti-inflammatory -	S	S	S	+	S	S	+	S	S	S	S	G	S	S	S	
Improved mobility -	N/A	S	N/A	+	S	S	+	S	S	S	S	E	S	N/A	N/A	
Healing acceleration -	S	S	S	+	S	S	+	S	S	S	N/A	S	S	S	S	
Antiseptic -	S	N/A	S	+	N/A	N/A	+	S	S	S	N/A	N/A	N/A	S	S	
Toxicity Observed (Approx. % of cases)	0	0	0	+	0	0	+	0	0	0	0	0	0	0	0	

[redacted]
Physician

Address

FAMILY PRACTICE — Type practice

25 — Number years

SINCE 1967
Number years experience using AVA Stabilized Aloe Vera products

R. E. Speegle, M.D.

R. E. Speegle, M.D.
200 King Ln., Suite 287A
Garland, Tx. 75042
Family Practice 25years
Experience with A/V- 10 yrs

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* 100's - HUNDREDS OF CASES

RECEIVED ... 1977

II. BURNS -	THERMAL (Burns due to contact to hot objects)	RADIATION (Sunburn (Texas))	CHEMICAL (contact)	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked	100's	1000's	100's	100's	
Approximate number years treatment used in condition	10	10	10	10	
Dosage Form(s) Used: Vaginal Creme (VC)					
Oral Solution (OS)					
Gel (G)	G		G		
Lotion (L)		L		L	
Creme (C)					
Liniment - (Ln)					

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Relief of pain -	S	S	S	S	
Anti-inflammatory	S	S	S	S	
Blister inhibition -	S	S	S	S	
Healing acceleration -	S	S	S	S	
Anti-pruritic -	S	S	S	S	
Enzymatic debridement -	S	S	S	S	
Hemostatic -	N/A	N/A	N/A	N/A	
Moisturizing -	S	S	S	S	
Penetration -	S	S	S	S	
Antiseptic -	S	S	S	S	
Toxicity Observed (Approx. % of cases)	0	0	ONE CASE **	0	

ROBERT E. SPEEDLE, M.D.
[redacted]
Physician

Since 1967
Number years experience using AVA Stabilized Aloe Vera products

Address

FAMILY PRACTICE — Type Practice

25 — No. Years

R E Speedle M.D. — Signature

292

* - 100's - HUNDREDS
** ONE CASE OF CONTACT DERMATITIS OF FACE + HANDS (CHEMICAL) - MEDICATION STOPPED BECAUSE OF "STINGING SENSATION" - 2ndary TO ALCOHOL CONTE. OF AVAGEL - NO SEQUELLAE

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III. INFECTIONS -

☆ 100's - HUNDREDS
1000's - THOUSANDS

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers (Sunburn) - TEXAS	Staph. Viridans > NOT	Staph. Aureus >	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis - REFER TO DENTIST	Stomatitis	Aphthous ulcers	Tonsillitis - ANTIBIOTICS (GARGLE)	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -	0	50	+0	100's	1	1	100's	100's	100's		500	100's	100's	100's	100's	100's	100's	100's	100's	100's	100's	100's		100's	100's	50	26		18
Approx. Yrs. Tr. used		10	10	10	1	1	10	10	10		10	10	10	10	6	6	6	6	10	10	10	10		10	10	10	10		10
Dosage Forms Used: Gel (G)		G																		G	G	G		G					G
Lotion (L)			L	L			L							L	L				L	L	L			L	L	L	L		L
Creme (C)				C			C								C				C	C	C			C	C	C			C
Liniment (Ln)																													
Oral Soln. (OS)								OS	OS		OS	OS	OS		OS														
Vag. Creme (VC)															VC	VC	VC	VC											
Vag. Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -		S	S	S			S	S	S		S	S	G	S	S	S	N/A	S	S	S	S	S	N/A	S	S	FAIR	S		S
Anti-inflammatory -		S	S	S			S	S	S		S	S	S	S	S	S	S	S	S	S	S	S		S	S	FAIR	S		S
Enzymatic debridement		S	S	S			S	S	S		S	S	S	S	S	S	S	S	S	S	S	S		S	S	FAIR	S		S
Penetration -		S	S	S			S	S	S		S	S	G	S	S	S	S	S	S	S	S	S		S	S	S	S		S
Bactericidal -		S	S	N/A			S	S	S		S	S	S	N/A	N/A	S	S	N/A	S	N/A	S	N/A		S	N/A	N/A	N/A		S
Virucidal -		N/A	N/A	N/A			N/A	N/A	S		S	S	N/A	S	N/A	S	S	N/A	S	N/A	N/A	N/A		N/A	S	FAIR	S		N/A
Trichomacidal -		N/A	N/A	N/A			N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	S	S	S	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A		N/A
Fungicidal - MONILIAL, ETC.		N/A	N/A	N/A			N/A	N/A	S		S	S	N/A	N/A	S	S	S	N/A	S	S	S	S		N/A	N/A	N/A	N/A		N/A
Reduction of swelling -		S	S	S			S	S	S		S	S	S	S	S	S	S	S	S	S	S	S		S	S	FAIR	S		S
Anti-pruritic -		S	S	S			S	N/A	N/A		N/A	N/A	N/A	N/A	S	S	N/A	S	S	S	S	S		S	S	S	S		S
Healing acceleration -		S	S	S			S	S	S		S	S	S	S	S	S	S	S	S	S	S	S		S	S	FAIR	S		S
Hemostatic -		N/A	N/A	N/A			N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A		N/A
Toxicity Observed - (Approx. % of cases)		0	0	0			0	0	0		0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0		0

ROBERT E. SPEEGLE, M.D.
200 KING LANE, STE. 287A
GARLAND, TEX. 75042

Physician

FAMILY PRACTICE
Type Practice

25
No. Years

SINCE 1967
Number years experience using AVA Stabilized Aloe Vera products.

293

R E Speegle
Signature

RECEIVED

IV. ALLERGY & MISCELLANEOUS

	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema	Tonsillectomy	Gingivectomy	REMARKS
Approx. No. Cases:	100's	100's	100's	100's	100's	100's	100's	100's	100's	10	100's	0	0	
Approx. Yrs. Tr. Used:	10	10	10	10	10	10	10	10	10	10	10			
Dosage Form(s) — Oral Soln. (OS)														
Gel (G)		G	G			G		G						
Lotion (L)	L	L	L	L			L		L	L	L			
Creme (C)		C	C		C									
Liniment (Ln)														
RATINGS: "G", "E", "S" -- (Good - Equal - Superior - to other available products)														
Penetration -	S	S	S	S	S	S	S	S	S	D	S			
Relief of pain -	S	S	S	S	S	S	S	S	N/A	N/A	S			
Reduction of swelling -	S	S	S	S	S	S	S	S	N/A	G	S			
Anti-inflammatory -	S	S	S	S	S	S	S	S	N/A	S	S			
Anti-pruritic effect -	S	S	S	S	S	S	S	S	N/A	S	S			
Healing acceleration -	S	S	S	S	S	S	S	S	N/A	G	S			
Anti-edema effect -	S	S	S	S	S	S	S	S	N/A	G	S			
Antiseptic -	S	S	S	S	S	S	S	S	N/A	S	S			
									REMINDS ↑ PIGMENTATION					
									ADJUNCTIVE RX CANCER					
Toxicity Observed (Approx. % of cases)	0	ONE ★ CASE ★★	0	0	0	0	0	0	0	0	0			

ROBERT E. SPEEGLE, M.D.
200 IOWA LANE, STE. 200A
CARLSBAD, TEX. Physician

10 yrs SINCE 1967
Number years experience using AVA Stabilized Aloe Vera Products

FAMILY PRACTICE
Type Practice

25
No. Years

R E Speegle M.D.
Signature

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★ 100's - HUNDREDS
1000's - THOUSANDS
★★ ONE CASE OF CONTACT DERMATITIS OF FACE + HANDS (CHEMICAL) - MEDICATION STOPPED BECAUSE OF "STINGING SENSATION" - 2ndary TO ALCOHOL CONTENT OF AVA-GEL - NO SEQUELLE

225

Lynn H. Tenney Jr. D. D. S.

DA 7-0321
Suite 106

Dentistry
East Lake Medical Bldg.

10611 Garland Road
Dallas, Texas 75218

June 13, 1968

To whom it may concern:

I have been using stabilized aloe vera for approximately two years. During this time I have used it under the following conditions with varying results:

Approximately twenty ginginvectomies with good to excellent results. It accelerates healing, reduces or eliminates pain and reduces swelling.

Forty to fifty extraction cases; single and full mouth. On single and double extractions, I could see little or no difference with aloe vera. On multiple or full mouth extractions, the results were good to excellent.

Used as palative mouth wash for canker sores and stomatitis, the symptoms were relieved or eliminated and in some cases healing seemed to be accelerated.

Over all I have been extremely impressed with the pain relieving and healing properties of stabilized aloe vera.

Lynn H. Tenney, Jr. D.D.S.

Stuart S. Wallace, Jr., D.D.S.

General Dentistry

Suite 308
Northlake Doctors Building
10405 East Northwest Highway
Dallas, Texas 75238
DIamond 8-0290

To Whom it may concern:

I have been using stablized Aloe Vera liquid and cream for the past two years.

I have used this drug on various herpetic and traumatic lessions of the oral cavity. Breifly my results have been more than excellent. The basic result being of pain, secondary result being the reduction of swelling.

I will not go into specific cases at this time but I will be glad to furnish detailed results on specific cases at a more appropriate time.

Sincerely,

Stuart S. Wallace, Jr., D.D.S.

Stuart S. Wallace, Jr., D.D.S.

Stuart S. Wallace, Jr., D.D.S.

General Dentistry

Suite 308
Northlake Doctors Building
10405 East Northwest Highway
Dallas, Texas 75238
DIamond 8-0290

March 27, 1968

Richard Dinham, D.M.D.
395 Alexander Young Bldg.
Honolulu, Hawaii

Dear Dr. Dinham,

The periodontist at Tripler is my brother-in-law. I will try to give you a brief explanation of the drug and its use.

You indicated interest using the drug under immediate dentures. This is an area where we get some of the most dramatic results, mainly no pain. The cream is applied to the denture, liberally in the surgery area and inserted immediately. We remove the denture in 24 hours and then instruct the patient to use the cream 4 to 6 hours daily. Our experience has been from very little pain to none. Incidently, these patients are on no pain medication.. Sound amazing! It is! Hope you have the same results. I am sending you some additional literature also.

Sincerely,

Stuart S. Wallace, Jr., D.D.S.

III. INFECTIONS & RELATED CONDITIONS

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)		Secondary Infections
Approx. No. Cases -								20	15	20	15	15		100												25			
Approx. Yrs. Tr. used								9	9	9	8	8		8												8			
Dosage Forms Used: Hydrostat (H)																													
Gel (G)																													
Lotion (L)																													
Creme (C)												C		C												C			
Liniment (Ln)																													
Oral Soln. (OS)							OS	OS	OS	OS	OS																		
Vag. Creme (VC)																													
Vag Douche (D)																													

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -							G	G	E	E	G	G																	
Anti-inflammatory -							G	G	G	E	E	G																	
Enzymatic debridement																													
Penetration -																													
Bactericidal -							E	E	E	G	G	G																	
Virucidal -							G	G	G	G	G	G																	
Trichomacidal -																													
Fungicidal -																													
Reduction of swelling -							G	G	G	E	G	G																	
Anti-pruritic -																													
Healing acceleration -							G	G	G	G	E	G																	
Moisturizer -																													
Toxicity Observed - (Approx. % of cases)							0	0	0	0	0	0																	

Stuart S. Wallace, Jr. D.D.S
10405 E. NW Hgwy. Dallas Tx
General Dentistry - 16 year
Experience w Aloe Vera - 8 years

Stuart S. Wallace Jr DDS
Physician

10405 E. Northwest Hwy - Dallas
Address

Gen. Dentist
Type Practice

16
No. Years

8
Number years experience using AVA Stabilized Aloe Vera products.

323

Signature

DAVID R. WEAKLEY, M.D., F.A.C.P.
A Professional Assoc.
7777 FOREST LANE, SUITE 214
DALLAS, TEXAS 75230

661-7460

DISEASES OF THE SKIN

BY APPOINTMENT

August 3, 1977

Mr. Bill Coats
Aloe-Vera Corp.

Dear Mr. Coats:

Derivatives of the aloe vera plant are effective in treating burns. In my experience, they expedite burn-healing and are non-toxic when applied to the skin.

Yours sincerely,

David R Weakley

David R. Weakley, M. D.

DRW:psn

RECEIVED OCT 19 1977

II. BURNS -	THERMAL	RADIATION	CHEMICAL	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked	12+				
Approximate number years treatment used in condition	8				
Dosage Form(s) Used: Vaginal Creme (VC)					
Oral Solution (OS)					
Gel (G)	G				
Lotion (L)	L				
Creme (C)	C				
Liniment - (Ln)					

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Relief of pain -	S	I don't know			
Anti-inflammatory	S				
Blister inhibition -	S				
Healing acceleration -	S				
Anti-pruritic -	S				
Enzymatic debridement -	S				
Hemostatic -	—				
Moisturizing -	S				
Penetration -	S				
Antiseptic -	—				
Toxicity Observed (Approx. % of cases)	0				

DAVID R. WEAKLEY, M. D.
~~A PROFESSIONAL ASSOCIATION~~
Physician
~~7777~~ FOREST LANE
SUITE 214
DALLAS, TEXAS 75230

Dermatology — Type Practice
20 — No. Years

Approximately 8
Number years experience using AVA Stabilized Aloe Vera products

David R. Weakley
Signature

David R. Weakley, M.D.
7777 Forest Ln., Dallas, Tx
Dermatology - 20 years
Experience with Aloe Vera -
8 years

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III. INFECTIONS & RELATED CONDITIONS

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)	Secondary Infections
Approx. No. Cases -														300			2 yrs	1	300	Cases				20	1 yr	1	30	
Approx. Yrs. Tr. used														8											1			
Dosage Forms Used: Hydrostat (H)																												
Gel (G)														G											G			
Lotion (L)																												
Creme (C)														C											C			
Liniment (Ln)																												
Oral Soln. (OS)																												
Vag. Creme (VC)																												
Vag Douche (D)																												

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -														G											G			
Anti-inflammatory -																												
Enzymatic debridement																												
Penetration -														G											G			
Bactericidal -																												
Virucidal -														G											G			
Trichomonacidal -																												
Fungicidal -																												
Reduction of swelling -																												
Anti-pruritic -																												
Healing acceleration -														G											G			
Moisturizer -														½														
Toxicity Observed - (Approx. % of cases)														0											0			

DAVID R. WEAKLEY, M. D.
A PROFESSIONAL ASSOCIATION
Physician
7777 FOREST LANE
SUITE 214
Address
DALLAS, TEXAS 75230

Approximately 8.
Number years experience using AVA Stabilized Aloe Vera products.

Dermatology
Type Practice

20
No. Years

David R. Weakley
Signature

330

Roland L. White, M.D.
INTERNAL MEDICINE & DIAGNOSIS
110 NORTHLAKE DOCTORS BUILDING
10405 EAST NORTHWEST HIGHWAY
DALLAS, TEXAS 75238
214/348-4080

December 2, 1966

TO WHOM IT MAY CONCERN:

Dear Sirs:

As you are, no doubt by now quite well aware, the plant juice derived from Aloe Vera has come into the focus of attention, not only of the public in general, but also of the medical profession at least in the Southwest to an amazing degree during the past several years. This, of course, is a very well known, very ancient drug, if one can call it that, being actually in essence merely the jelly-like substance derived from the interior of the leaves of the Aloe Vera plant, which is a member of the lily family. Its medicinal properties have been known since antiquity; and, as a matter of fact, it has been mentioned several times in the Bible. The ancient Egyptians apparently used it for a number of dermatological problems and perhaps several other indications which can be found in numerous references. The untreated, presumably raw, juice with and without anti-oxidant and other preserving agents added, is being sold commerically by several concerns in the Southwest, and also in California at this time, I understand, and it is being advertised to some extent by those people on television programs and in the newspapers.

The Medical Profession, of course, is beginning to become more interested in this product more recently because of some very interesting claims which have been made for this plant product which at first glance, and upon first hearing these claims, seem well nigh incredible to members of the profession who are naturally somewhat skeptical. Lakeland Laboratories located in Dallas, Texas is becoming interested in this possible product and in an effort to investigate the therapeutic possibilities inherent in this complex substance, has approached a number of local doctors,including myself,in Dallas during the past several months. We have been furnished with the Aloe Vera juice derived from the jelly-like pulp of the leaves and Lakeland Laboratories, through the work of Mr. Henry Cobble, who is their Chemist, has apparently found a way to stabilize the therapeutic activity of the principle components of this complex material such that its activity, biochemically speaking, seems to remain remarkably stable as compared to the untreated, unstabilized juice products which are now being sold abroad. A number of local Doctors of Medicine of the regular school of practice are at the present time engaged in research to determine the actual worth of this material. Based on our preliminary observations with a number of patients with various dermatological conditions, including burns, superficial wounds, insect stings, dermatitis venenata such as that produced by poisor ivy and poison oak, herpes simplex (fever blisters) of the lips, X-ray burns, sunburn, chemical burns, and decubitus ulcers, etc. have been treated with this material and based upon the foregoing work, I would like to make a few general statements regarding clinical effects which have been noted from use of a special form of Aloe Vera juice which has been compounded into a cream, making it somewhat easier to apply and to maintain in place for a time upon these dermatological lesions.

Clinical effects noted -- preliminary report:

1. Relieves local pain and/or itching, regardless of cause in superficial dermatoses and traumatic injuries of the skin, without the initial period of burning sensation invariably noted with all other previous local analgesic products such as Benzocaine, Xylocaine, Procaine, etc. Analgesia persists for one to several hours in most cases.

2. Rapid penetration of the intact skin, without unpleasant surface residue. One is almost reminded of the reputed effect of DMSO in this respect, that is, regarding the rapid penetration of the intact skin. However as I understand it, there is no DMSO to be found in the structure of this complex juice.

3. No keratolysis has been grossly demonstrated even after repeated use by numerous patients who were quite willing and happy to try this cream for their various dermatologicalproblems. In fact, ordinary chapping and dryness of the skin in otherwise normal skin is relieved for several hours, and the skin feels smoother, non-sticky, and there seems to be a slight astringent effect which is probably pleasing to most people and may actually have some tiny therapeutic value in itself ultimately.

4. There seems to be an anti-bacterial effect. It should be noted here that laboratory demonstrations at Lakeland Laboratories and elsewhere, I believe, have repeatedly shown no growth of bacteria in agar plates which have been impregnated with Aloe Vera juice, even after streaking with gram-positive and gram-negative bacteria as well as Monilia Albicans organisms. This effect has been seen by several investigators thus far in the treatment of decubitus ulcers and in old stasis ulcers of the ankles, etc. There seems to be a rapid clearing of cellular debris with the production thereafter of odorless lesion containing only healthy granulation within only a few days as one would hope to obtain with the best antibiotic ointments.

5. Acceleration of healing seems to take place in skin wounds, burns and infections. The mechanism of this activity if it truly exists of course is to be more thoroughly investigated and documented for further communication to you.

6. There seems to be some rather strong anti-inflammatory activity. The mechanism or active principle involved in this activity has not yet been identified but all endeavors will be made to do so.

It should be understood, of course, that the above phenomena have been observed in clinical testing with rabbits and mice and a few interested people thus far, and that thus far there has not come to my attention one single case of local irritation or allergy from this product, and this of course is well nigh incredible. I feel sure, as the rest of us do, of course who are involved in this research, that if enough people are treated with this material long enough of course there will be some cases at least of allergy but thus far none have come to our attention nor have I ever heard of any from any source whatsoever.

In illustration of some of the principles or clinical effects I have given above,I would like to quote three cases recently seen in my own practice to demonstrate these activities;

Case#1 - Mrs. G.W.D. - a middle aged diabetic, obese lady with lymphedema of both legs and a past history of multiple vein strippings, had a four month old stasis ulcer which was gradually enlarging in spite of usual standard treatment for this including bed rest with elevation of the legs, elastic bandage applications and antibiotic ointments, etc. She had made no progress toward healing, and actually the ulcer was enlarging on her ankle in spite of several conventional type medications which had been tried during the preceding four months, including Zinc Oxide ointment, Hydrocortisone combined with Neomycin in an ointment form, Chloresium ointment which contains chlorophyll and which has been seen in the past to have a beneficial effect on decubitus and stasis ulcers repeatedly. Also Vitamin A&D ointment was used in the hope that this would help stimulate epithelization of this ulcer but she was making no progress and was unable to sleep because of continual burning and pain in this area. A tentative trial was made with Aloe Vera Special Formula Cream after four months of more or less continuous suffering and worsening of the condition and within five minutes after this cream was applied the patient smiled and stated that for the first time in nearly four months at least the pain seemed to be disappearing. After four weeks of twice-daily applications of this cream to the ulcer, bed, the ulcer is now almost healed completely; it is odorless, clean, non-infected, dry, and seems to have been automatically debriding itself in the earlier stages of healing but-now is healing quite

cleanly and rapidly with a dry crust which is wothout odor in the center of the crater. There have been no other changes whatsoever in her general treatment or her diabetes, or obesity or activity to account for this sudden rapid turn of events except the application of Aloe Vera Special Formula Cream.

Case #2 - Mr. O.W.L. - a middle-aged gentleman who had suffered some chemical irritation on the face, involving both cheeks and showing swelling, redness, burning sensation and the beginning of tiny vesicle formations due to contact with a solvent product while mixing paints at home. An immediate application of plain Aloe Vera juice (stabilized), before the cream form was available to me, gave amazing relief from the burning and stinging sensation and even the visible redness and swelling of the involved skin of the face, primarily over the cheeks and forehead, disappeared to a large degree, (perhaps 75% or so) within ten minutes. The burning sensation was completely gone within five minutes and the patient reported a cool pleasant sensation in place of the former continuous burning which had not been relieved by any of his over-the-counter medication efforts. A small amount of this stabilized juice was taken home by him for his wife to apply again that night and again the next morning. His wife telephoned me the next morning stating that his face was completely cleared after having had this reaction on his face for four days before this application.

Case #3 - Mrs. R.M. - age 46 - Psoriasis with secondary chemical irritation of psoriatic lesions and secondary infection, right foot and shin and left shin. Rapid clearing, loss of burning and itching and redness within two weeks of twice-daily applications of Aloe Vera Cream, compared with two months of previous treatment with little or no progress, with topical cortisone cream, tar preparations, ultra-violet light and antibiotic ointments under the direction of a Dermatologist and an Internist in another state (Arizona), before coming to Dallas.

In summary, Gentlemen, it would appear that Aloe Vera juice or Aloe Vera Special Formula Cream may have great potential value or at least certainly deserves much further clinical evaluation in the following possible indications.

1. X-ray burns
2. Sunburn
3. Chemical burns
4. First degree burns
5. Traumatized tissue (after normal and regular cleansing)
6. Decubitus ulcers
7. Primary candidal dermatitis
8. Stomal ulcers
9. Herpes simplex
10. Periodontal surgery
11. Insect bites and stings

-continued next page-

12. Irritating plant stings

    a. Bull nettle (colloquial)

    b. Stinging nettle (colloquial)

13. Other minor dermatological manifestations.

Respectfully submitted by:

Roland L. White, M.D.

Roland L. White, M.D.
424 Lochwood Village
Dallas, Texas 75218

RECEIVED JAN 23 1978

PHYSICIAN EXPERIENCE REPORT
with
AVA TOPICAL STABILIZED ALOE VERA GEL PRODUCTS

1. ACUTE INJURY TO MUSCLES, JOINTS AND TENDONS; THE ARTHRITIDES	Abrasions	Contusions	Lacerations	Fractures	Sprains	Strains	Dislocations	Hemorrhage	Tendonitis	Bursitis	Arthritis	Muscle Spasm	Myositis	Surgical Proc Secondary Inf.	REMARKS
Approximate number cases treated in each catagory	150	1								90	200				
Dosage Form(s) used:															
Gel - (G)	G									G	G				
Lotion - (L)	L										L				
Creme - (C)	C									C	C				
Liniment - (Ln)															
Approximate number years experience with treatment	10									10	10				

RATINGS: "G" - Observed good results
"E" - Results equal to any other available product
"S" - Results superior to any other available product

Penetration -	S									S	S				
Reduction of swelling -	S									E	G				
Relief of pain -	S									S	S				
Anti-inflammatory -	S									S	S				
Improved mobility -	S									E	G				
Healing acceleration -	S									E	S				
Antiseptic -	S									—					
Toxicity Observed (Approx. % of cases)	0									0	0				

Roland L. White, M.D.
Physician
10405 E. Nw. Hyw. Dallas, Texas
Address
Internal Medicine — 30 years
Type practice — Number years

10 years
Number years experience using AVA Stabilized Aloe Vera products
Roland L. White, M.D.
Signature

II. BURNS -	THERMAL	RADIATION	CHEMICAL	Secondary Infections	REMARKS
Approx. No. cases treated in each catagory checked	30-50	3	20		
Approximate number years treatment used in condition	10	10	10		
Dosage Form(s) Used: Vaginal Creme (VC)					
Oral Solution (OS)					
Gel (G)	G	G	G		
Lotion (L)	L	L	L		
Creme (C)	C	C	C		
Liniment - (Ln)					

RATINGS: "G", "E", "S" - (Good - Equal - Superior - to other available items)

Relief of pain -	S	S	S		
Anti-inflammatory	S	S	S		
Blister inhibition -	S	S	S		
Healing acceleration -	S	S	S		
Anti-pruritic -					
Enzymatic debridement -	S	-	S		
Hemostatic -	S	-	S		
Moisturizing -	S				
Penetration -	S	S	S		
Antiseptic -	E	E	E		
Toxicity Observed (Approx. % of cases)	0	0	0		

Roland L. White, M.D.
Physician
10405 E. Nw. Hyw. Dallas, Texas 75238
Address

Internal Medicine — Type Practice
30 Years — No. Years

10 years
Number years experience using AVA Stabilized Aloe Vera products

Roland L. White, M.D.
Signature

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III. INFECTIONS -

	Scleroderma	Decubitous ulcers	Leg ulcers	Radiation ulcers	Staph. Viridans	Staph. Aureus	Impetigo (Staph. -Strep)	Trenchmouth	Gingivitis	Periodontitis	Stomatitis	Aphthous ulcers	Tonsillitis	Fever blisters	Candida Albicans	Vaginitis	Cervicitis	Trichomonas Vag.	Dermatitis	Tinea	Seborrhea	Dandruff (fungal)	Alopecia	Acne Vulgaris	Herpes Simplex	Herpes Zoster	Warts (viral)	Secondary Infections
Approx. No. Cases -																												
Approx. Yrs Tr. used		3	2	3				4	15		3				15	15	10	10	20						5			
Dosage Forms Used: Gel (G)																												
Lotion (L)		L	L	L															L									
Crème (C)		C	C	C															C						C			
Liniment (Ln)																												
Oral Soln. (OS)								OS	OS		OS																	
Vag. Creme (VC)															VC	VC	VC	VC										
Vag. Douche (D)															D	D	D	D										

RATINGS: "G", "E", "S" -- Good -- Equal -- Superior to other products

Relief of pain -		S	S	S			S								S	S									S			
Anti-inflammatory -		S	S	S			S								S	S	S	S							S			
Enzymatic debridement		S	S	S			S								S	S	S	-							E			
Penetration -		S	S	S			S								S	S	S	S							S			
Bactericidal -		E	E to S				E									E	E	E										
Virucidal -																									(S)			
Trichomacidal -																E	E											
Fungicidal -															E	E	E											
Reduction of swelling -			S	S			S									S	S	S							S			
Anti-pruritic -			S	S											S	S	S	S							S			
Healing acceleration -			S	S			S								S	S	S	S							S			
Hemostatic -			S				S																					
Toxicity Observed - (Approx. % of cases)																0	0	0							0			

Roland L. White, M.D.
Physician

10405 E. Nw. Hwy. Dallas, Texas 75238
Address

Internal Medicine
Type Practice

30 Years
No. Years

10 years
Number years experience using AVA Stabilized Aloe Vera Products

Roland L. White, M.D.
Signature

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IV. ALLERGY & MISCELLANEOUS

	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv.	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema	Tonsillectomy	Gingivectomy	REMARKS
Approx. No. Cases: -		70+	50+	70+	50+		70+			30+				
Approx. Yrs. Tr. Used:		7	5	7	5		7			3				
Dosage Form(s) — Oral Soln. (OS)														
Gel (G)														
Lotion (L)		L	L	L										
Creme (C)		C	C	C	C		C			C				
Liniment (Ln)														

RATINGS: "G", "E", "S" -- (Good - Equal - Superior - to other available products)

	Insect bites & stings	Contact Derm.	Eczema	Pruritis Ani	Pruritis Vulv.	Open Surg. wnd	Hemorrhoids	Hemorrhoidectomy	"Liver spots"	Psoriasis	Angioneur. edema	Tonsillectomy	Gingivectomy	REMARKS
Penetration -		S	S	S	S		S			S				
Relief of pain -							E							
Reduction of swelling -		S		S	S		S			E				
Anti-inflammatory -		S	S	S	S		S			S				
Anti-pruritic effect -		S	E	S	S		S			S				
Healing acceleration -		S	S	S	S		S			E				
Anti-edema effect -		S	S	S	S		S			S				
Antiseptic -		G	G	G	G					G				
Toxicity Observed (Approx. % of cases)	0	0	0	0	0		0			0				

Roland L. White, M.D.
Physician

10405 E. Nw. Hyw. Dallas, Texas 75238
Address

Internal Medicine — Type Practice
30 Years — No. Years

10 years
Number years experience using AVA Stabilized Aloe Vera Products

Roland L. White, M.D.
Signature

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DR. DON H. WHITED
7603 BELLFORT SUITE 180
HOUSTON, TEXAS 77017

Telephone 644-4466

RECEIVED JUL 31 1974

July 22, 1974

Aloe Vera of America,
Garland, Texas

Dear Sir:

I have been working with your Aloe-99 Gel.
I have been treating apthous ulcers of the mouth.
In the past nothing has relieved the pain of these
ulcers except time. Aloe Vera has, so far,
started to relieve the pain in a few hours.

You once sent me a small case of this gel
several years ago. It has worked for me in
many ways. I suggest it to many of my patients.

Do you provide patient samples?
Do you have a professional price list?

Sincerely,
Don H. Whited D.D.S

RECEIVED OCT 1 1978

GEORGE T. WILSON, M. D.
DERMATOLOGY
MEDICAL PLAZA • B4
1101 WELCH ROAD
PALO ALTO, CALIFORNIA

TELEPHONE 326-3320

10-7-78

A V A Inc

Gentlemen

I am happy to report the
Example of aloe gel cream* has
done what I've expected it to
do - it seems as active as
the gel stripped off the living
plant in reducing inflammation
of burns, blisters from trauma
etc.

I've instructed my pharmacist,
Palo Alto Drug to stock it.
Would it be possible for you
to send a small jar to me
for my personal use?

Thank you

S T Wilson MD

*Same as at the PDA San Diego

BAYLOR UNIVERSITY COLLEGE OF DENTISTRY
800 Hall Street, Dallas, Texas 75226

March 7, 1969

Mr. Billy Coats
Coats Prescription Pharmacy
10405 E. Northwest Highway
Dallas, Texas

Dear Mr. Coats:

Here are the results of the testing of Aloe Vera for its germicidal properties against three bacterial organisms, one fungal and two viral agents. These charts show the results but do not indicate the methods enployed in the testing. Standard laboratory procedures were used for estimating cell counts such as nephelometers, colony counters, etc.

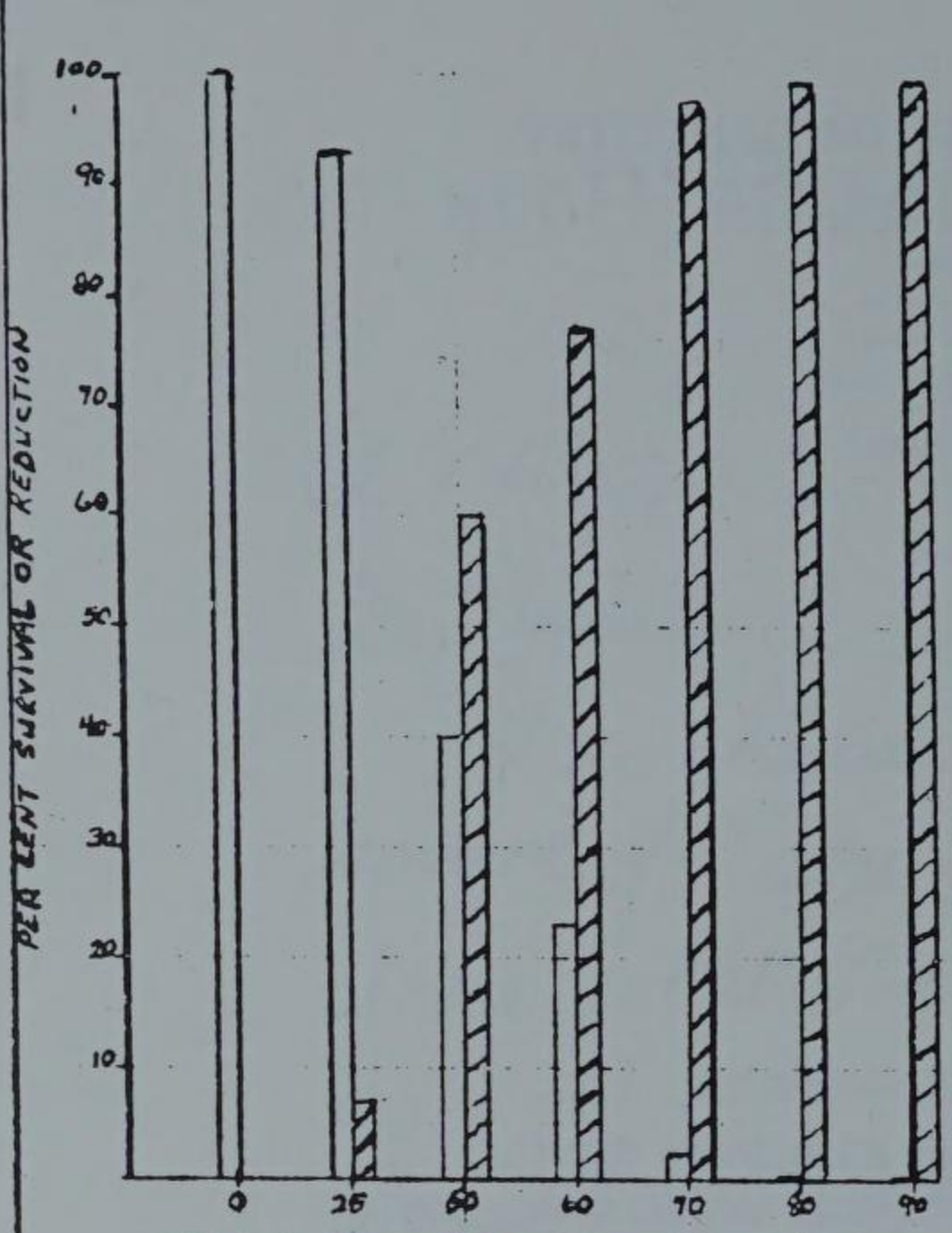
We hope these results will be of value to you.

Sincerely yours,

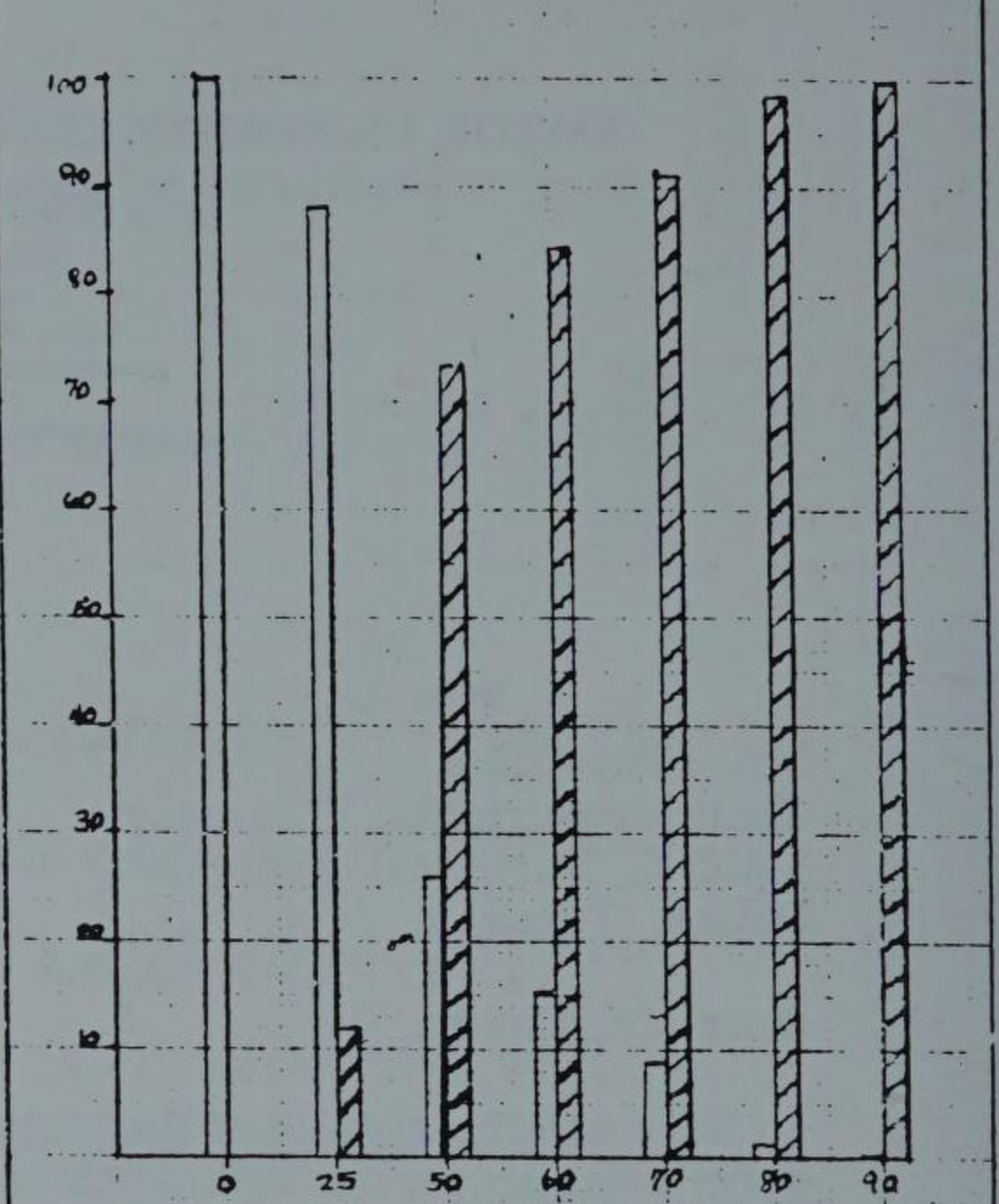
Eugene Zimmermann

Eugene R. Zimmermann, D. D. S., MA.
Acting Chairman, Department of
Microbiology

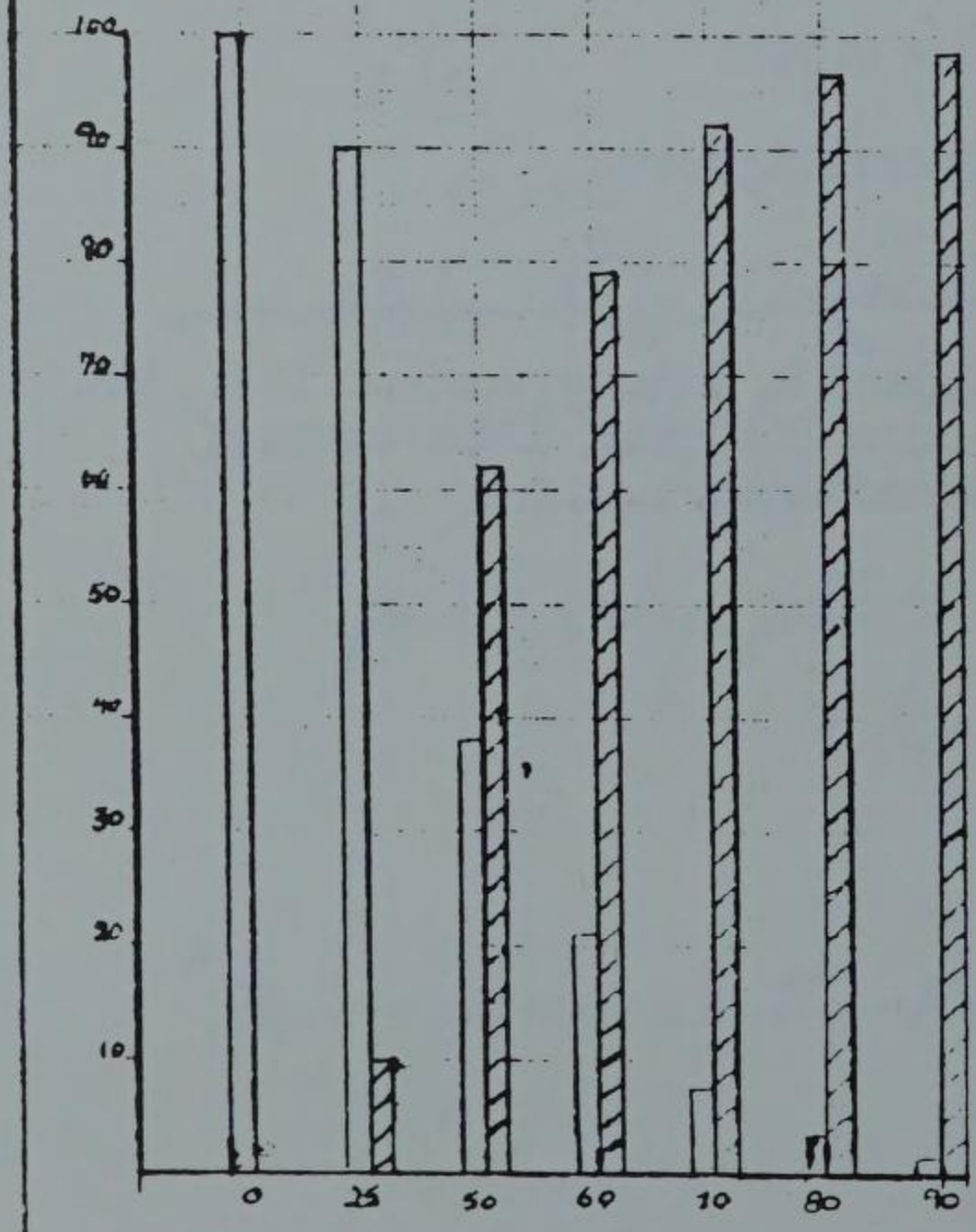
ERZ/az



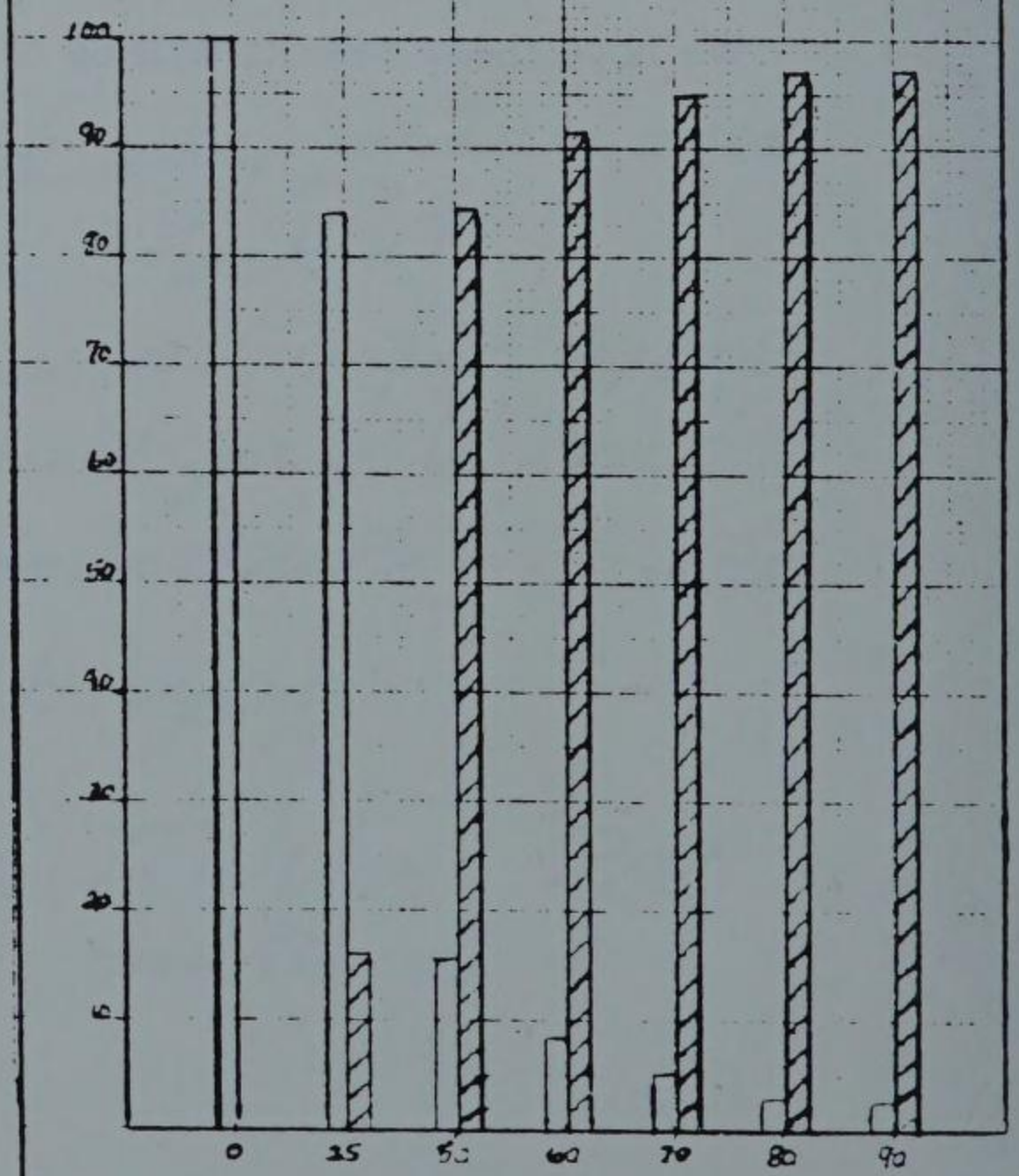
STAPHYLOCOCCUS AUREUS



CORYNEBACTERIUM XEROSIS



STREPTOCOCCUS VIRIDANS



CANDIDA ALBICANS

= PER CENT SURVIVAL OF ORGANISMS

= PER CENT REDUCTION OF ORGANISMS

DALLAS MICROB-ASSAY SERVICE
P. O. BOX 28883
CASA VIEW STATION
DALLAS, TEXAS 75228

Remarks and Conclusions

Aloe Vera gel (stabilized -- 100%) is very effective in killing two virulent strains of vaginal trichomonads. The results show that the longer the exposure time of the organisms to the gel, the more effective is the gel's killing efficiency. The gel was totally effective, even during the shorter periods of exposure (15 min. and 30 min.), against the "light" and "medium" inocula of 250,000 and 500,000 trichomonads, respectively. The gel effectively reduced the count of the "heavy" inoculum (1 million trichomonads) during 15 and 30 min. exposure, and, upon 45 min. exposure, the gel was totally effective against the heavy inoculum.

There appeared to be no significant difference in the results using two different media and two different strains of Trichomonas vaginalis.

The gel at 75% concentration is totally effective against the "light" inoculum (250,000 trichomonads) and is effective in killing organisms in the longer exposure periods (30 and 45 min.) and in reducing the count in the 15 min. period of the "medium" inoculum (500,000 trichomonads).

The gel at 50% concentration is not effective against any of the three inocula of trichomonads used in these tests (i.e., 250,000, 500,000, and 1 million).

Ruth A. Sims, Ph.D.

Eugene R. Zimmermann, D.D.S.,M.A.

In vitro studies: The effect of Aloe Vera on Herpes simplex virus

A Preliminary Report

Purpose: This preliminary study was designed to establish the virucidal action of Aloe Vera on Herpes simplex virus.

In vitro system - Primary hamster kidney monolayer cultures prepared in Falcon plastic petri dished were selected for two reasons:

(1) Herpes simplex virus produces a characteristic cytopathic effect on these cells which is readily reproducible.
(2) A primary culture was chosen to simulate, as closely as possible, a correlation between in vitro and in vivo effects of Aloe Vera

Dilutions used:

(1) Aloe Vera
    a. undiluted (i.e., stock)
    b. 1:2 of the stock
    c. 1:4 of the stock
(2) Virus
    a. 1:100 dilution of stock virus
    b. 1:10,000 dilution of stock virus

Procedure:

(1) Equal portions of undiluted (stock) and diluted Aloe Vera were incubated with the various dilutions of virus for a period of 90 minutes, to allow time for the action of Aloe Vera to take effect.
(2) The various combinations of Aloe Vera and virus were placed on hamster kidney monolayer cultures (5 plates/combination) for 1 hour (the established time necessary for virus adsorption to the cells).
(3) Following the adsorption period, each plate was washed thoroughly to remove any residual virus, etc.
(4) The plates were incubated at 37° C, and, at frequent intervals were observed for signs of CPE (cytopathology)

Final Results:

COMBINATION	CPE* 24 Hrs.	48 hrs.	72 hrs.
Virus only (1:100)	0	2+	4+
Virus only (1:10,000)	0	0	3+
Aloe Vera only (stock)	0	0	0
Aloe Vera only (1:2)	0	0	0
Aloe Vera only (1:4)	0	0	0
Aloe Vera stock plus virus (1:100)	0	2+	4+
Aloe Vera 1:2 plus virus (1:100)	0	2+	4+
Aloe Vera 1:4 plus virus (1:100)	0	2+	4+
Aloe Vera stock plus virus (1:10,000)	0	0	1+
Aloe Vera 1:2 plus virus (1:10,000)	0	0	2+
Aloe Vera 1:4 plus virus (1:10,000)	0	1+	4+

*Cytopathology read as standard testing 0 - no CPE
(Average of 5 plates each)

1+ - 25% cells exhibiting CPE
2+ - 50% cells exhibiting CPE
3+ - 75% cells exhibiting CPE
4+ - 100% cells exhibiting CPE

These results indicate that Aloe Vera is virucidal against 100 tissue culture doses of Herpes simplex virus in the test system used.

BAYLOR UNIVERSITY COLLEGE OF DENTISTRY
800 Hall Street, Dallas, Texas 75226

IN VITRO STUDIES: The Effect of Aloe Vera on Herpesvirus, strain zoster

Test System: Primary Hamster Kidney Tissue Culture (TC)

Virus: Incorporated in TC media at dilutions of 1:100 and 1:10,000

Aloe Vera: Incorporated in TC media at concentrations of undiluted, 1:2, and 1:4

Results:

	Cytopathogenic Changes		
	24hrs	48hrs	72hrs
Virus only(1:100)	0	2+	4+
Virus only(1:10,000)	0	1+	4+
Aloe Vera only(undiluted)	0	0	0
Aloe Vera only(1:2)	0	0	0
Aloe Vera only(1:4)	0	0	0
Aloe Vera(undil.) plus virus(1:100)	0	2+	3+
Aloe Vera(1:2) plus virus(1:100)	0	2+	4+
Aloe Vera(1:4) plus virus(1:100)	0	2+	4+
Aloe Vera(undil) plus virus(1:10,000)	0	0	1+
Aloe Vera(1:2) plus virus(1:10,000)	0	0	2+
Aloe Vera(1:4) plus virus(1:10,000)	0	0	2+

CPE---Cytopathology read as standard testing:
(Average of 5 plates each)

0-- no CPE
1+- 25% cells exhibiting CPE
2+- 50% cells exhibiting CPE
3+- 75% cells exhibiting CPE
4+- 100% cells exhibiting CPE

These results indicate that Aloe Vera is virucidal against 100 TC doses of Herpesvirus, strain zoster, to a slightly greater extent than against Herpesvirus, strain simplex(a study completed at an earlier date).

Summary of Dentin Abrasion Data on
Products Provided by Aloe Vera of America, Inc.

(84-28)

Dentin Specimen Number	Forever Bright
1	67.71
2	79.05
3	87.67
4	81.88
5	74.34
6	75.56
7	65.29
8	78.21
Raw Mean Score	76.21
± S.E.M.	2.57
Self Absorption Correction Factor	1.1881
Corrected Mean Score	90.55
± S.E.M.	3.05

Test performed: 5/21/84
Reference: OHRI Book 251, page 286

Chuck Hickman
5/23/84

BioSearch Laboratories, Inc.

2008 E. Randol Mill Rd. Suite 104 • Arlington, Texas 76011
(817) 261-1651

January 31, 1980

Mr. Bill Coats
Ava, Inc.
802 Easy Street
Garland, Texas

Analysis No. L 368

Streptococcus mutans suspension = 24,000 organisms/ml.

Sample Description: Aloe Brite - Aloe Vera Tooth Paste 90709 25 g. sample

Initial Inoculum 960 organisms/g. sample

Streptococcus mutans	Aerobic Plate Count/Gram
Initial	<10
Week 1	<10
Week 2	<10
Week 3	<10
Week 4	<10

Sample Description: Aloe 99 Gel - Unflavored 16 oz. 4/48 25 ml sample

Initial Inoculum 960 organisms/ml sample

Streptococcus mutans	Aerobic Plate Count/Gram
Inital	<10
Week 1	<10
Week 2	<10
Week 3	<10
Week 4	<10

Conclusion: Both the Aloe Vera Toothpaste and the Aloe 99 Gel appear to be effective in inhibiting the growth or survival of Streptococcus mutans.

Lauri Van Hook

Lauri Van Hook
Senior Technician

Professional Service Industries, Inc.
Analytical Services Division

MICROBIAL LIMITS TEST
(PSI CODE 17155)

TESTED FOR: #33007
Aloe Vera of America
P.O. Box 401428
Dallas, Texas 75240

Attn: Jean Meyer

PROJECT:

DATE: 6/28/83

OUR REPORT NO.: 0003

TEST DATA:

LABORATORY NUMBER: A 510

SAMPLE/CODE NUMBER	TOTAL AEROBIC MICROBIAL COUNT (17030)	SCREEN FOR PATHOGENS (17220)				
		STAPHYLOCOCCUS aureus	ESCHERICHIA coli	PSEUDOMONAS AERUGINOSA	SALMONELLA	
1) Aloe Vera Toothpaste Gel	0	Negative	Negative	Negative	Negative	
#30428						

REMARKS:

Respectfully submitted,
Professional Service Industries, Inc.

Professional Service Industries, Inc.
Analytical Services Division

TESTED FOR: #33007
Aloe Vera of America
P.O. Box 401428
Dallas, Texas 75240

Attn: Jean Meyer

PROJECT:
Laboratory Number: A 510

DATE: 6/29/83

OUR REPORT NO.: 0003

PRESERVATIVE EFFECTIVENESS CHALLENGE

Objective: To determine if the product submitted for challenge is adequately preserved. This is determined by the number of surviving challenge organisms.

Sample: Aloe Vera Toothpaste Gel #30428

Procedure: Forty (40) grams of the product were weighed into a sterile container. That container was inoculated with a known concentration of Streptococcus mutans ATCC 27351. After mixing the sample, the inoculated product was incubated at room temperature to simulate consumer storage conditions.

Each week for 4 weeks, a one gram sample was removed, diluted 1:10 with sterile physiological saline and mixed. Then one milliliter of this dilution was pipetted into a petri dish, poured with Standard Method Agar and incubated for 48 hours at 35°C.

The number of colony forming units (CFU) counted on the 48 hour plate was multiplied by 10 to obtain a count in CFU/gm of product. If greater than 99% of non-sporeforming bacteria are killed within two weeks of inoculation the product is termed adequately preserved. If 90-99% of non-sporeforming bacteria are killed within two weeks of inoculation, the product is termed questionably preserved.

Results: See Chart A

Conclusion: On the basis of the analysis results in Chart A, this product, Aloe Vera Toothpaste Gel #30428 is classified as adequately preserved for Streptococcus mutans ATCC 27351.

If you have any questions concerning this report, please feel free to call.

Respectfully submitted,

Vanna Pongchairerks
Senior Microbiologist

VP/dld

Professional Service Industries, Inc.
Analytical Services Division

TESTED FOR: #33007
Aloe Vera of America
P.O. Box 401428
Dallas, Texas 75240

Attn: Jean Meyer

PROJECT:

Laboratory Number: A 510

DATE: 6/29/83

OUR REPORT NO.: 0003

CHART A

Inoculation Organism	Inoculation Concentration Organism/Gram of Products	Post-Inoculum Aerobic Plate Count Organisms/Gram of Product			
		1 Week	2 Week	3 Week	4 Week
Streptococcus mutans	1,050,000	<10	<10	<10	<10

Appendix B

Letters of Testimony
General Public

Ballarat.. Vic.
3350..

To Whom It May Concern.

As a sufferer of Chronic Rheumatoid Arthritis for the past 11 years and having had many of the usual treatments for this condition ie:- Gold Salts injections, Cortisone injections, Hot Wax therapy and innumerable Tablet doses, with minimal relief only. My general well being has also been less than desirous.

I was introduced to "For Ever Living, Aloe Vera Juice" and consumed 2o mls of juice per day for approx. six weeks after which time I experienced a lift in my general health, a full 7 hours sleep at night, enormous relief in Rheumatoid Arthritis pain and as a consequence have decreased my daily intake of pain killing Tablets.

This marked improvement in my health has been noticed by family and friends alike. Due to this welcome relief from pain I have been able to attempt maintenance jobs around home, which in the past were sadly neglected.

In this unsolicited letter I can sincerely recommend, on my own experience, an excellent product.

Sincerely Yours
Brian Tucker.

AUSTRALIA

813 Range Street
North Mankato, MN 56001
July 10, 1984

Mr. Bill Coats
802 Easy Street
Garland, Texas 75042

Dear Mr. Coats:

I met you at Minneapolis, Minnesota on May 1 and 2, 1984, and enjoyed both of your presentations. Forever Living Products has changed my whole life, and I would like to share my story with others.

I was introduced to Forever Living Products Aloe Vera juice in June, 1982. I began drinking one ounce twice daily. Within two weeks, I was no longer taking a nap after working at my fulltime job. Also, it was the first time in 18 months that I was able to sleep through the entire night without waking because of pain. After two weeks, I applied the FLP Aloe Heat Lotion twice daily to my knees, neck, and lower back. In two days my pain dulled. I was excited because nothing had ever dulled my pain before. I had more energy and gradually my pain lessened and lessened. Today, I have little if any pain in my body.

On occasion I do get headaches and neck spasms. I apply FLP Activator to the forehead and the nape of the neck and use an ice pack. Within minutes the pain pressure lessens and usually the spasms stop within an hour. I then apply FLP Aloe Lotion.

I continue to drink about three ounces of juice three to four times a day, apply FLP Activator then massage with the FLP Aloe Heat Lotion to the knees, neck, and lower back. Also, I take two to four FLP Bee Pollen and one FLP Bee Propolis daily. I also use all the FLP products and have always been successful using them.

I am now 37 years old. At the age of 10, I had rheumatic fever, then I was blessed with a curvature of the spine. For 25 years, I had a continuous backache. In the 1960's, I was diagnosed as having ulcerated colitis. I was hospitalized 26 times in three years (St. Mary's Hospital, Rochester, Minnesota three times) and became a walking death. I lived on baby food, Valium, Librax, and numerous antibiotics. My hemoglobin count was 9 (normal for a female is 12-14), my skin resembled fish scales, and I had tremendous hair loss. In 1968, I had three large polyps removed from the diseased colon, but the colitis continued to wear at my body. It was until 1972, that the surgical area of the colon finally healed, but Mayo Clinic doctors told me to learn to live with the colitis.

July 10, 1984

The 1970's brought me even more misery. I injured both knees attempting to water ski--damaged ligaments in the thighs and knees were left untreated by the attending physician. Gradually the knees worsened. In 1973, I fell injuring my lower spine (same area where the curvature was). A two-week stay at St. Mary's Hospital, Rochester, ended with the Mayo doctors advising me to learn to live a life of traction, muscle relaxers, pain pills, therapy and expect to have "the back go out" three or four times a year which would mean hospitalization or total bed rest at home.

By 1978, I had arthritis in both knees and the hands. I could no longer walk any distance, climb stairs, and wasn't comfortable standing, sitting, lying, or walking. Knee surgery on the right knee indicated knee joint replacements would be necessary when I could no longer stand the pain or could no longer walk--whichever came first. The spine continued to give me more pain and in March 1978, I developed severe neck pains. Finally in March 1979, Mayo surgeons removed a neurogenic tumor from the neck region. They thought this would relieve the pain. No relief--the neck pain, headaches, and spasms worsened. Pain Clinic, bio-feedback, more traction and therapy showed no significant progress.

In the fall of 1981, I had a headache for seven weeks. The muscle relaxers, home traction and therapy did nothing. I was finally hospitalized at Mankato, Minnesota for 11 days. I was put in neck traction and given heavy doses of pain pills. The stomach and colon flared up. A stomach x-ray revealed I now had an ulcer at the opening of my stomach. More pills and pain. After the hospitalization, I was put in a body cast to curtail the lower back pain. The pain in the back lessened but the neck and knees worsened. Six weeks later, the cast was removed and I had more pain than ever in the spine.

A trip back to Mayo Clinic in early 1982, emptied my purse again and drained me of any hope of feedom from my living hell. I was told to continue with the traction and therapy and limit the use of the muscle relaxers because I was addicted to them.

Tell me Forever Living Products Aloe Vera, Bee Products, and Nutritional Diet with Aloe don't work, and I'll laugh at you! My husband, Gerry, and son, Mike, are grateful that I finally had the courage to try FLP. They never thought FLP could help. They were surprised when they saw the changes in my daily activities. I was almost scared to believe this was happening to me. Finally we were a family working and playing together!

I am free from my living hell, and I attest my restored health to the daily and continuous use of the FLP products. Mike and Gerry also use the FLP products daily to preserve their good health.

I have had no aspirin in my body for over 10 months, no pain pills for two years (since day one of taking the FLP juice). I eat everything I want to eat--too much as I am now on the FLP Nutritional Diet Program! And yes, there are still people who don't understand and say, "Isn't this product expensive?". They don't know the price I paid for 25 years of ill health!

Sincerely,

Deanna K. Miklas

Deanna K. Miklas

I give my permission to Mr. Bill Coats to print my testimonial and use it as desired.

Deanna K. Miklas

June. 12, 1976

Gentlemen.

I have tried your ALOE 99 CREME and I found it wonderful for everything from scratches to acne pimples. I hate to be without it and ~~fun~~ unfortunately I don't know where to get it here in Mesa, Arizona.

Could you send me some or can you tell me where to get it here in the Phoenix area?

Sincerely,

Darrell Woodhouse
9146 E. Marguerite
Mesa, Arizona
85208

Aloe Vera of America, Inc.
Garland, Texas.

Jan. 8, 1979.

Dear Sirs:

I was one of the unfortunate victims of the Polio epidemic that swept Texas in 1948. I spent over ten months in an Iron lung but after being released when my breathing improved, I was left completely paralyzed. After many muscle transplants and years of therapy, I am now at the age of 62, enjoying good health and am able to walk and feed myself although I have only partial use of my hands.

I contribute this to determination and my faith in God that brought about this miracle. Through the March of Dimes who supplied me with the best medical care I will be always grateful.

Through the years, due to my condition, I was unable to eat many foods and would break out in a rash. Being unable to take medicine internally

and the many Dermotologists that I have gone to had their hands tied and could not find a solution to my problem.

A friend of mine told me of the Aloe Vera plant and as a last resort I purchased several plants and applied it to my face, as instructed. After about 2 weeks, I saw signs of improvement but noticed that my face had cleared up but was excessively dry. My doctor gave me a sample bottle of Aloe Vera Lotion 99. and I have been using it for the past 2 weeks with remarkable results. I am grateful to your company and am writing this letter in testimony hoping that other people may benefit from your products.

Sincerely,
Mary Ruth Schave.
8404 Gala Ave.
Stanton, Calif.
90680.

February 24,1978

Aloe Vera of America Inc.

802 Easy Street

Garland,Texas 75042

Gentlemen;

My 4 year old daughter has had trouble with Eczema since birth,at times worse than others,winter being the worse.I have had her to many Docters and Specialists,so far we have not found a product as good as the bottle of Aloe-99 Lotion a friend gave me.I have not been able to find any more ,now my question is can you supply me with some and how much a bottle or case will cost,I would appreciate anything you can do for my daughter. If there is anything else you can suggest in the line of the Aloe-99 Lotion ,I am open for suggestions and help mainly.I hope you can help me.

Thank You

Mrs.Larry Forehand

905 Lakewood Drive

Colonial Heights,Virginia 23834

RECEIVED FEB 28 1978

Dec 8, 1946

Dear Bill:

I felt sure that you would be interested in hearing the results from my sister-in-law contacting her own Dr in Tulsa.

When he first saw her leg he had a fit because of the edema in it. She said he started ranting & raving until he took a close look & said well I be blankety-blank that thing is building new tissue and its never done that with anything he had treated with. So he showed her how to keep the edema out of it & gave her some antibiotics & said if it kept on he was going to be very interested in this stuff.

So Ruth decided she had better get in as ~~one~~ a consultant because all the people hounding her on how to get it.

So~~n~~ we may have a

Dr in the Tulsa area with us soon.

I will get more pictures this weekend.

By the way Dr Baldwin told Ruth the reason she was having so much pain was just like a burn patient has pain building new tissue & thats what she was experiencing.

Sincerely
Sandra Olson

Brigham City, Utah
20th November 1976

AVA Company
3150 Iron Ridge Street
Dallas, Texas.

Mr. Paul Coates -

In the fall of 1972 we came to Dallas with ACCP and heard your presentation to us there and were certainly impressed. Ok, ACCP has gone down the drain but we have been using your Aloe products right along and think they are marvelous. We have used them to get rid of what I would call a skin cancer - 99 creme over a period of 2 years, and it has entirely disappeared. Ulcers are taken care of and a mole I have is slowly but surely fading away. We've used it for bites and anything that itches - its tremendous! Burns, incisions, hang nails, etc...all. And the same goes for whoever tries it on their problems.

NOW my problem is this - and hopefully you can help me.

A month ago my eye doctor told me I had cataracts on both eyes - no sign of such a year ago. Have you done any research in this area for Aloe Vera? I didn't think Aloe Vera would do all that it did. Now that I know several of the things it will do I'm to the point of thinking 'what won't it do?' And hence my question about helping my eyes. I'd appreciate any help you can give me.

For what it may interest you - I do considerable reading and studying about just any item of historical interest. In reading "Mysteries From Forgotten Worlds" by Charles Berlitz (incidentally, very very interesting) he mentions what must have been a Chinese military expedition to this country -circa 2250 B.C. in which they mention finding "aloe-trees". (p. 141-142). Named this country Fusang -i.e. Aloe-Tree.

Another item of interest perhaps for another line of research is found in that same book p. 74-5-6.) That is if your interested in pursuing more than one line.

Thank you sincerely,
Vonda J. Thorpe
Mrs. Vonda J. Thorpe.
1060 South Main Street
Brigham City, Utah 84302

RECEIVED MAY 21 1976

OPEN BLOODY SORES---MONTHS OLD---HEALED !!! THANKS to Aloe 99 Gel.....

My husband's mother had open, bloody sores covering her complete body, as large as silver dollars and one the size of a tea cup. Plus.....skin like fish scales. Overly dry , tired-looking or neglected skin. The pain from the sores and itching of her skin was unbearable. The Doctor gave her shots and prescribed all kinds of medicine. Also we tried everything anyone suggested. ABSOLUTELY EVERYTHING!!!!! NOTHING helped. I was beside myself, also FRANTIC--watching her suffer and not able to help. I ran into this friend and she suggested we try Aloe 99 Gel and swore it would help. I did'nt believe a word she said, but ask her for a gallon. I would try anything. WE WERE DESPERATE !!!! The very next day I started giving her treatments once and twice a day. I massaged Aloe 99 Gel into the affected parts until it was absorbed into the skin. It was amazing to see her skin absorb the Gel. Just like a sponge does water. This smooth Gel brought FAST relief of itching, burning and irration. It has a natural healing. She could feel the tingle as it reved up her circulation. I could tell tremendous improvement with the very first treatment. The sores began to heal and grow smaller. I repeated these treatments for a month straight once and twice a day. I could not believe the prompt relief. FANTASTIC!!!!!!!! This Gel leaves no sticky, greasy-coating, no stains on the clothing or bed linen. It has that refreshingly invigorates and cooled her weary body. The Gel softened her skin, an effective aid in restoring natural mositure balance of the skin. I would have her all set for a good day. But as the day wore on, she begin feeling fizzled out, she needed a gentle pick me up. So back to her bed and another treatment was in store. It certainly put the get up and go back in her life---- and mine. From her experience, now my family uses the 99 Gel for minor or major skin irrations, burns, scrapes, abrasions, chafing, detergent hands, dry or chapped skin and sunburn. I am a firm believer in your FABULOUS products. They are no doubt--THE GREATEST !!!! I will be one of your 'LIFETIME' customers. And a special thanks to my dear friend M.D. for introducing me to Aloe 99 Gel. You both have made a friend for life. A person is never to old to learn. PLEASE--keep us informed on your products.!!!

V.F.H. Medicine Lodge, Kansas 67104

Mitzi Vlk
707 Powell Street
La Crosse, WI 54603
May 31, 1984

Dear Mr. Coats:

This is a letter I must write to tell you about my experience with Forever Living Products.

In 1980 I went to see a doctor at a local clinic in a wheelchair. He told me I had Osteo Arthritis and there was not much to do except to give me pain pills and to take aspirins to be as comfortable as possible and when my condition got worse he would arrange to get me some "artificial knees". That did not appeal to me as I had been very active all my life so I went to another clinic and they told me the same. I was pretty disappointed to think I would have to spend my life in a wheel chair or have new knees.

About this time I was introduced to Forever Living Products by a friend from Nebraska. She sent me a bottle of the juice and a bottle of the gelly (they didn't have the heat lotion yet). She told me to be sure and give it a good try and if I had taken a full case of the juice and used the gelly on my knees and if I felt it had not helped me I could just let them know and I would get all my money back. Of course I was very skeptical after what two doctors had told me. This friend sent some testimonials from others that had been helped but I didn't know if the people that had written these were real people or just some story so I checked through the telephone for numbers. I got them through information since I had the names and the towns where they lived. I called one in Idaho and she told me she had written this testimony and that F.L.P. sure had helped her so I thanked her and hung up. I called another lady in western Nebraska and she told me she had written her testimony and would never be without F.L.P. again. She thought it a miracle. I still was not convinced but I thought I would try it since I had no other choice. I was not going to tell anyone I was useing F.L.P. because I thought if it did not help they would consider me a sucker for trying something my doctors did not approve. I started useing the products and after a while my knees got better and finally they felt as good as new. I never have any pain anymore and my frequent headaches went away and I feel like a million. I jump rope for excerise and I am 78 years old and feel more like 50. I will never be without F.L.P. again and I sure tell everyone about it now. I have also seen so many people get help from these products. I could write a book about all the good things they have done.

If I can help anyone in any way or anyone would like to talk to me about F.L.P. I would be most happy to tell them what I know.

Respectfully yours,

Mitzi Vlk

Mitzi Vlk

Box 892
Post Falls, Idaho
June 26,1984

Bill C. Coats, R. Ph.
P.O. Box 40266
Gar land, Texas

Dear Mr. Coats:

Thank You for making available through Forever Living Products the (Silent Healer) Aloe Vera. Our family has experienced many amazing benefits because of the ancient plant. One in particular I feel that you will enjoy hearing about.

Our 23 year old daughter, Sallie became ill in Nov. Of 1983 it started with a bladder infection that escalated and the infection spread throughout her entire body. In Dec. she spent most of the month in the hospital with I.V.'s of antibiotics, a catheter, her bowels didn't work, her whole system seemed to quit working, She had seven different specialists trying to find out the problem and every test imaginable all to no avail. She was becomming very depressed and emaciated as she couldn't handle food either. In Jan. we found another Dr. he did an exploratory surgery and still no results, just couldn't find the problem. On to another Dr. and he felt that since shehas Cerebral Palsy, (mild) that something had gone wrong with the nerves that control the works. Could be but still no releif for her. We were very concerned as she was literally wasting away, but we felt totally helpless.

One day in Feb. our eldest son Bill, had been to a seminar that you had given in Spokane, Wa. Well, that was the turning point. My husband and I had been out and when we came home there was Bill rubbing his sister's legs with the heat lotion and pouring the Gel down her throat, saying "Sallie is going to get better!"

I'm very happy to say, Sallie is better it has not happened overnight but it has only taken four months to have Sallie feel much better and hersystem is working.
She drinks 6-8 ounces of Gel a day, has 5-8 bee propolis a day and drinks a glass of Forever Lite after every meal for added nutrition. She uses the heat lotion for the pain in her knees.. She is back up to her 85 pounds, the depression has left and her general health is good. Why it worked we don't know, only we'reso thankful that it did.

There has been an hidden benefit to the Forever Living Products for our family. Our son joined the marketing plan, so did we, and we are able to share thisgreat product with others. Sallie would not ever be without her Gel.

Thank You again.

Sincerely,

Ivey Slaney
The whole Slaney Family

VAN LEER

VISUAL COMMUNICATION
research, design, idea management, production

5.5.'84

RECEIVED MAY 15 1984

Dear Bill:

THANKS for today's promise to send copies from your "MS file" for my client.
Enclosed SASE.

I'm starting estimate of Spanish Translation Monday.

So far, your Aloe has helped me from being a vetgetable, to controling my diabetis, 2nd heart attack, arthritus, bursitus migraines, emphazema, rectal prolapse and bleeding. You gave me a new lease on life! My 5 kids, daughter in law, son in la and grandson often toast you with me A champaign glass with Aloe Vera to your health and happiness gets lifted, the contents swished, gargled and swallowed with joy.
Much happineos to you!

your

Gerard, Wouter van Leer (Supervisor in FLP)

G.W. van Leer & Associates International, 1850 N. Fremont, Chicago, IL. 60614
Telephone: 312•751•2926 Telex: 25•3823 Cable: **VISUALIZER** Chicago

RECEIVED MAY 15 1984

Bloomfield, Ia. 52537
May 7, 1984

Dear Bill Coats,

I must write you of the experience I've had in using Forever Living Aloe Vera Gel.

In Jan. of 1969, I had broken my leg 3 inches below the knee, a clean break straight across. It happened to be set at a little angle, causing my knee to work a little out of line.

In May of 1983 my knee began to feel stiff when I wanted to start walking. By August I had to use a cane.

The M.D. took X rays and found calcium deposits which in turn caused arthritis and the cartiledges almost worn through. He said, "Eventually, you have to put in a new knee." I says, "Not me! if I can help it." He then gave Motrin to relieve pain and hinder infection.

A month later, a lady offered me "Forever Living" Aloe Vera Gel to use and if it doesn't help, then I owe her nothing. To me, Aloe Vera was a "health fad" of some sort. But, not loosing anything, I'll try. You know — I had'nt used even one jug till I noticed a difference.

After using 2 jugs I ran out and went back to Motrin and it got worse. I then used Gel again and in 2 months, laid away my cane. In another month I had hardly any pain left. I was using 6 oz. per day to begin with, but cut back to 2 or 3 oz. per day when I felt hardly any pain.

I get some pain in damp or cold weather. I then use more Gel and put F.L. Heat Lotion on my knee, by the next morning its gone.

I could write pages of the good things I've seen Forever Living Products do for others

Sincerly yours.
Emanuel J. Miller
R.R. Box 402
Bloomfield, Ia. 52537

Wayne Stump
4207 Pasadena
Midland, TX 79703
(915) 694-4909

Bill C. Coats R.Ph.
Box 40266
Garland, TX 75042

Dear Bill:

In response to a telephone call from Bette Cooke in Abilene I am glad to share some information concerning my use of Aloe Vera products. I was diagnosed as having Multiple Sclerosis on December 14, 1972. Many tests were made over several months time before this decision was reached. I was medically retired in late January 1973. After 10 years of trial and error with the many different drugs prescribed by 7 doctors I refused to take anymore of the so-called wonder drugs. The side-effects of these potions were almost always worse than the problems they were supposed to ease.

10 years and 1 month after diagnosis I was introduced to ALOE VERA marketed by FOREVER LIVING PRODUCTS INC.. I remembered all the other things I had tried and was a bit gun-shy, but Ruby Ferguson told me the company would return ALL my money if I was not satisified so here I am. I did not get a chance to test the guarantee. IT WORKS FOR ME.

For the first month I did not notice a lot of change in the way I felt. Keep drinking the juice , thats what I heard, I did. I'm glad-SIMPLE. After 90 days at 5-6 ounces daily I show marked improvement in several areas. These include more energy, improved dexterity and loss of hair almost completely stopped. The swelling in my hands and feet has gone and I can wear dress shoes all day comfortably for the first time in 4-5 years. All these things and many others are important to me. But the most important to me and probably any other M.S. person is the general over-all better feeling that now comes with the ability to control my bladder and bowel functions. NOW* THAT IS IMPORTANT. I strongly endorse and recommend the use of these products. THEY ARE GREAT. Wayne Stump

May 17, 1984

Dear Bill RECEIVED MAY 2 1 1984

Just came back from our Ghin
site meeting. Not the crowd we had
two weeks ago. Was a case of
Honey, as I had 12 people there
the site you were there. Had phone
calls Fri how much my people
enjoyed your talk. Looking forward
to your return.

I am enclosing a summary of
my past health record. If you'd
like it fine if not fine. It would
be so long to list such one
separately. Ok to have had that long
time ago.

Would you send another order
form to me. I'd like to order some
more books & some of the smaller ones.
I have some Medical Men I'd like

for them to read it. Also you
mentioned that there was an article
he an article in the AMA Journal.
What month? Sure would like
to get ahold of one. I think it would
be a good tool when I talk to
Medical People. Why do I get to
these people — well for number
of years was connected with Res-
Research and Ire worked in
medical field for 20 years.
Someday all get one that will
use like the Athletes do +
that will be a big start.
Thank you again Bill for your
wonderful book and your talk.

Sincerely
E. Jean Hilliard
6240 So Franklin Rd
Indianapolis Ind 462.59

P.S.
I have enclosed the yearly Rx reports to see how the BP may has dropped down. Many my weekly BP checks D stay in the 70% to 100%. B/P is like a yo yo, but that is caused by daily stress. When I'm alone the B/P stays around 70/60, and when I rest as D should it stays down.

Dec 12th 1983

RECEIVED DEC 16 1983

Dear Bill,

Really enjoyed seeing you and hearing you in Fresno, Calif. last month. Also listened to you on the talk show, but they didn't let you talk enough!!

I had intended on getting the condensed edition of the "Silent Healer". However, I got a chance to thumb thru Bill Driggs' copy of the big book, and I want the big one!! So I'm sending a check to you for $29.50. If you could possibly autograph it, I'd sure appreciate it. I know you meet so many people on your tours & talks & it may be vain of me to think you'd remember me. But here goes. I sat in the front row (in Fresno) & my head kept getting in the way of the slide projector! Also, as soon as you finished talking I came right up to you & inquired about my results with T.I.C Douloureaux or facial neuralgia. Ring any bells??

Also, you asked about testimonials for FLP products. Well, my husband has one.

In Sept 82, Alan was looking thru binoculars and noticed something wrong in his right eye. It didn't go away after a day or so. So we got him right in to see an opthalmologist. The dr. did a lot of tests & then sent him to an ocular lab for photos & dye tests. The tests showed he

had a leakage of fluid behind the retena. This leakage of fluid caused him to have a large dot blind) dark spot in his field of vision. Also, this caused him to retain ~~thgt~~ light in his eye for approx. 4 minutes instead of a normal 30-40 seconds. He returned to his eye doctor in 2 weeks & the spot from the leakage had gotten bigger. At the time, Alan (who is a Kern Co. Deputy Sheriff) was working nights in the black neighborhood area of Bakersfield. He had noticed ~~an~~ the increase in the light retention was being more of a problem. One particular night, he was practicing with his gun & was unable to see the sights on it. This scared him. The opathalmologist had told Alan that it could take 6 mos. for the problem to go away or he may have it the rest of his life. So, he was going to ask to go on the Desk till he could get on the day shift. On Oct 12th we joined FLP & heard some wonderful testimonials. Alan talked to Harold Greene (our GM at that time) about it. Alan started immediately drinking the Juice. After about 4 days, he noticed his eye was not retaining the light like before. Then he began using Actinator drops into his eyes. After a week, he noticed the "spot" was changing shape & starting to break up. At the end of 3 weeks, his vision was back to normal. In fact, he cancelled his ~~ne~~ next drs. appt! Anyway, he

has had no further problems with his eye. He always tells this experience when we talk to people about FLP products.

Well, Bill, I'm really looking forward to getting your book & I hope to be able to hear you speak again soon.

Thank you for all the wonderful research & information on our Aloe Vera. I don't know how we ever lived without it!

Have a great Christmas & Very Very Prosperous New Year!

Very affectionately,

Vicki Anslinger

ALAN & VICKI ANSLINGER
Independent Distributors
Box 41 - Granite Station
Bakersfield, CA 93301
(805) 399-4646

FOREVER LIVING PRODUCTS

TESTIMONY OF LURLENE BRESCHEL August 30,1983

Forever Living Aloe Vera Juice is just like a new beginning in my life.

Twenty seven years ago I was diagnosed as having Multiple Sclerosis. My first symptom of M.S. started with double vision. After that I had numbness in my hands, arms, feet and legs. I could not hold a fork in my hand and couldn't feed myself. My speech became slurred and at times my speech was very slow. My legs and feet became so numb I couldn't even feel my shoes on my feet and when I tried to walk I seldom knew in which direction my legs were going. I gradually got better and could walk with a cane and some assistance.

After drinking the Forever Living Aloe Vera juice for a little over two years I am able to walk without any assistance or my cane. I can drive the car, go grocery shopping, shop for the fun of it, iron, run the vacuum, get in and out of the bathtub by myself and enjoy talking all about Forever Living Aloe Vera products.

I used to weigh only eighty five pounds, was unable to eat and digest my food and had constant diarrhea. I had been introduced to an Aloe Vera juice a little over two years ago, but it was a different brand. After two bottles of this product my friend introduced me to Forever Living Aloe juice and I quickly noticed a difference in the quality. After about a week's worth of drinking the Aloe juice my diarrhea completely cleared up and my digestive system got so much better that my appetite returned. I felt more like eating and could eat things I had not been able to eat for years. I became aware that my energy level had picked up and my hands gradually stopped shaking so I could hold a glass with one hand again.

When the Forever Lite nutritional diet drink came out I started drinking it every morning for breakfast, <u>along with my meal</u>, and I have been able to put on twenty pounds. Now that I have gained to my desired weight I drink it alone for breakfast and it helps keep my energy up and I find it very filling.

I still have my slow days and try not to overdo. On these days I drink a little more Aloe juice and that helps perk me up. I also take natural vitamins which I think are very important.

I also had tendonitis in my arm for three years. I went to the doctor, received quite a few injections, had to wear a sling and was finally put in the whirpool because nothing seemed to be working. I slept with a heating pad on my arm, all night long, for three years because otherwise the pain was so severe I could not sleep. I was constantly on pain pills so I finally changed doctors. I was put on more pain pills with no further relief.

After the fourth night of drinking the Forever Living Aloe juice I was able to give up the pills, the heating pad <u>and</u> the doctor and have never had to use any of them again.

I can truly say Forever Living Aloe Vera Juice has meant the world to me. I really feel like I am getting back to a normal life. I would love to see everyone in the world give it a try and I assure you your life would be a lot more enjoyable.

L. rlen - Breschel

Lurlene Breschel
5807 Kensington Avenue
Richmond, Va. 23226
(804) 282 - 5968

Appendix C

A list of
Aloe Vera of America's
Major Products

(Made exclusively for Forever Living Products, Inc.)

Aloe Activator

Aloe Activator (formerly Aloe 99 Gel) is a 100% pure solution prepared from the pure gel extracted from mature Aloe Vera leaves, Stabilized* (and standardized) to preserve the full potency of the fresh gel for an extended period of time in excess of five years.

Doctors and laymen use it topically for a variety of dermatological conditions such as dermatosis, chronic ulcerous conditions, acute injuries to skin, muscles, tendons, and joints, arthritic manifestations, allergic reactions, bacterial, viral and fungal infections of the skin and body cavities, thermal radiation and chemical burns, pre and post surgical trauma, nonpoisonous insect bites, and other conditions involving pruritus, pain, soreness, swelling, inflammation, necrosis, muscle spasm or pathological conditions.

** **Indications.** We will itemize the uses to which our gel has been applied and has achieved a measure of success. Though the list may seem long, it is by no means complete. It can only act as a guide to concerned professionals and laymen as to some of the possible uses. In that spectrum of uses, Aloe Activator is indicated for topical applications in the following conditions: eczema, dermatitis, acne, impetigo, seborrhea, dandruff, alopecia, scleroderma, psoriasis, tinea (ringworm), "jock-itch," fever blisters (herpes simplex), warts, angioneurotic edema, chloasma (liver spots), decubitous ulcers (bed sores), chronic leg ulcers, radiation ulcers, abrasions, contusions, sprains, strains, myositis (muscle inflammations), tendonitis, bursitis, stiffness, muscle spasm or soreness, arthritis, rheumatism, uriticaria (hives), tonsillitis, trenchmouth, apthous ulcers (mouth ulcers), gingivitis, herpetic stomatitis, immediate denture syndrome, post operative to oral surgery, vaginitis, trichomonas vaginalis, vaginitis, cervicitis, yeast infections, hemorrhoids, post hemmorrhoidectomy, pruritus ani, pruritus vulvae, prickly heat, essential pruritus, open surgical wounds, thermal burns, radiation burns, sunburn, chemical burns, wind burn, razor burn, dry and chafed skin and lips, cutaneous infections such as poison ivy, minor skin irritations and rashes.

Since Aloe Activator seems to treat successfully practically every affliction of the external human condition, the question often gets asked. Why carry any other products?

There is no question that if Aloe Vera of America produces a matrix product, it is our Aloe Activator which can be applied in all the previously mentioned conditions; however, other products such as our Aloe Lotion and Aloe Vera Gelly may be preferred in certain instances because of greater convenience, greater adherence to the afflicted area due to modified consistency, and better taste (in the case of internal usage).

Rationale. Repeating the principles briefly upon which Aloe Activator works, we know it has an impressive list of healing agents and nutrients such as a majority of the basic amino acid complex to complement the body's own mechanisms, as well as incredible penetrating power, proteolytic enzymatic activity, and an almost mystical predilection for rebuilding wounded tissue in normal healthy regenerative fashion. Bacteriological reports confirm that our Aloe Activator is in fact bactericidal, virucidal, moniliacidal, and fungicidal. Amazingly enough it is able to accomplish this without contraindications or side-effects.

Aloe Activator and its offspring compounds are highly effective in treating similar conditions. The reason we market such a variety of products is that although almost every product could be used for a particular condition, having a variety of mediums allows the professional and the layman the choice of a product (oral, topical, creme, gel, etc.) that is especially convenient and effective for the particular condition they are treating.

** All indications are the results of physicians' and trainers' reports and clinical findings.

Aloe Activator (continued)

Dosage and Administration. The first step in the treatment of all topical or surface conditions is *always to cleanse the treatment area to minimize the possibility of introducing pathogens or allergens.* This is imperative, not simply because it is good hygienic practice, but because of the strong penetrating and conducting power of our Stabilized* Aloe Vera products.

When using Aloe Activator topically, wrap or cover the involved area with gauze and keep the gauze saturated by a drip or similarly appropriate treatment at least thirty minutes each treatment.** If the treatment area lies within a body cavity (i.e. vaginal treatments), irrigation and/or retention techniques may apply followed by a creme or gelly containing Aloe Activator if available.

For systemic or internal dysfunctions, doctors recommend doses of one ounce four times a day. Aloe Vera Juice, a slightly less refined form of Aloe Activator, is specially modified for internal use with a lemon flavoring to help make it more palatable, though we emphasize that none of the original Stabilization* formula has been modified. In most cases dosage procedures are recommended to be repeated no less than four times daily. In more severe cases, however, more frequent or continuous procedures should be considered. Remember, *no product made by Aloe Vera of America for medical use exhibits any known contraindications or related toxicity; so (in most cases) they may be used with impunity.*

When swelling or other considerations call for cold, ice packs may be applied over the area, or one-third volume crushed ice may be added directly to the Aloe Activator where submersion of the involved area is feasible.

Contraindications. As we have pointed out, there are no known contraindications for either Aloe Activator or Aloe Vera Juice.

Precautions. *Once again, due to the penetrating effects of Aloe Activator, the area of application should be cleansed thoroughly of anything that should not be carried through the skin. Additionally, no Aloe Vera of America product is recommended for deep puncture wounds.* This tends to be a *pro forma* requirement for any topical application with penetrative potentials on the human skin. It is done primarily to preclude the possibility of incubating potential tetanus infections that may accompany deep puncture wounds.

To be sure, in the case of any deep puncture wound, the first thing that neeeds to be done for the person receiving treatment is to check with a doctor to determine if a tetanus booster is needed.

** Within five minutes of application, the Activator has penetrated without the wrap. The wrap is only there to help the healing effects of the penetration continue to incubate.

Aloe Lotion

Aloe Lotion is a soothing moisturizing lotion containing the gel of mature Aloe Vera leaves Stabilized* and standaridized especially for topical application.

** **Indications.** Doctors indicate its use in a variety of dermatoses, acute injuries to the skin, muscles, tendons and joints. Aloe Lotion is a healing, moisturizing lotion formulated specifically for topical use. It enjoys broad patient acceptance because it helps relieve the pain of itching, swelling, inflammation and soreness; combats infections; lubricates and acts as an excellent contact medium for ultrasound and massage. It soothes and promotes healing *without staining*.

Many of its uses are covered in the topical indications for the Aloe Activator. Additionally, it is especially effective for such conditions as abrasions, contusions, lacerations, sprains, strains; inflammations of muscles, tendons and/or joints due to injury; and overexertion of minor arthritis. It is also highly effective in more traditional topical uses; relief from insect bites and stings, minor burns such as sunburn, radiation burns, fever blisters, minor skin irritations such as diaper rash, razor burns and dishpan hands, and many infections of the skin.

In application, Aloe Lotion may be the primary medication or a secondary form following Aloe Activator.

Rationale. The rationale behind all our diversity of Aloe Vera products is primarily a matter of specificity. In the case of Aloe Lotion, the anti-pruitic properties promptly helps relieves irritated tissue. The proteolytic enzymatic action gently removes necrotic tissues. The penetrating properties carry this activity to target areas. Analgesic properties promptly act to help relieve pain. Edema and swelling of involved areas are reduced. Anti-inflammatory action enhances circulation. Amino acid formation helps stimulate normal cell proliferation to accelerate healing. Additionally, it helps replenish moisture to normal tissue levels.

Recommended Dosage and Administration. Cleanse the area to be treated to minimize the possibility of pathogens and allergens. In reported usage of Aloe Lotion, best results have been obtained when the lotion has been applied liberally to involved areas with light massage (where applicable) for at least 5 minutes, repeating four times daily. In conditions that exist subcutaneously (below the skin), benefits may be increased by soaking 30 minutes a day in Aloe Activator.

Contraindications. In all testing against possible toxicity, there are no known contraindications.

Precautions. Once again, due to the penetrating effects of Aloe Lotion, we emphasize the cleansing of the wound of anything that should not be carried through the skin. As we pointed out, Aloe Lotion is not for deep puncture wounds. All patients with deep puncture wounds should be administered a tetanus toxoid injection or booster before additional medication may be applied.

** All indications are the results of physicians' and trainers' reports and clinical findings.

Aloe Vera Gelly

Active Ingredient: Stabilized* Aloe Vera Gel in a gelly base. Aloe Vera Gelly is a translucent, soothing, moisturizing gelly prepared from the Stabilized *gel of mature Aloe Vera leaves and standardized for topical application.

** **Indications.** Aloe Vera Gelly is particularly effective in a variety of dermatoses and in acute injuries to the skin, muscles, tendons, and joints. Patient acceptance for this special topical use gelly is excellent because it relieves itching, pain, swelling, inflammation, and soreness. It combats infections, lubricates and helps soothe wounded tissue in specially sensitive areas. Additionally, it contains no oily substances, which help reduce irritation. As an additional advantage, it is totally absorbant and promotes healing without straining.

Aloe Vera Gelly may be employed for topical applications in precisely the same conditions indicated for Aloe Activator, with perhaps one pronounced advantage — it is better suited for bandaging. It will not drain and is slower to evaporate. It may be used to follow other dosage forms of Aloe Activator and Aloe Lotion, or applied on its own.

Its total absorption, non-irritating germacidal action, and soft texture make it ideal for burns and other highly sensitive injured tissues. Because it is oil-free, it is also ideal for acne, impetigo, seborrhea, dandruff, alopecia, scleroderma, and other skin conditions. In other topical applications, it duplicates Aloe Activator with the added advantage that it is specially pH balanced at 4.5 for non-irritating use, even around the eyes (one should, however, take necessary precautions to avoid getting it into the eyes which could cause some discomfort).

Rationale. The healing properties of Aloe Vera Gelly are brought about by several kinds of activities innate to Aloe Vera of America's other major products: (1) Its penetrating ability carried healing action to the troubled area; (2) Its proteolytic enzymatic activity removes dead tissue; (3) Its analgesic action promptly relieves pain; (4) It reduces edema and swelling of involved areas; (5) It is bactericidal, virucidal, trichomonacidal, and fungicidal; (6) It is anti-inflammatory and is pH balanced to maintain a non-irritating quality even around the eyes; (7) It is antipruritic to relieve itching and irritation.

Dosage and Administration. Cleanse the areas to be treated thoroughly to eliminate the possible subcutaneous introduction of pathogens and allergens. For best results use liberal amounts of the gelly and massage for five minutes. As the Aloe Activator is absorbed, more may be added. Repeat this procedure four times daily if the condition permits. Aloe Vera Gelly may follow the application of Aloe Activator, or it may be the initial or sole therapy with or without bandaging.

Contraindications. There are no known contraindications for Aloe Vera Gelly.

Precautions. Because Aloe Vera Gelly is highly penetrative, the areas being treated should be cleansed of anything that should not be carried down through the skin. Characteristically, it is not for use on deep puncture wounds unless the patient has received protection from tetanus.

** All indications are the results of physicians' and trainers' reports and clinical findings.

Aloe Heat Lotion

Active Ingredients: Stabilized* Aloe Vera Gel, eucalyptus oil, and methyl salicylate. Aloe Heat Lotion is a moisturizing lotion, containing the gel from mature Aloe Vera leaves which has been stabilized* at full potency and standardized for topical application. Eucalyptus oil and methyl salicylate are contained as counterirritants. Used as a lotion to provide soothing moisture and warmth to help relieve pain, swelling, inflammation and soreness or muscles, tendons and joints, Aloe Heat Lotion lubricates and provides an excellent medium for Ultrasound without unnecessarily releasing excessive vapors into the air.

Indications. Aloe Heat Lotion is a healing, moisturizing warmth-stimulating lotion for topical use. It may be indicated in conditions resulting from extreme muscle stress; contusions; sprains; strains; overexertion or arthritis; backaches; muscle inflammation; inflammations in tendons and/or joints (such as tennis elbow); hematoma; non-poisonous insect bites; bacterial, viral, and fungal skin infections, including athlete's foot; in rashes and minor skin irritations.

Rationale. The following properties of Aloe Heat Lotion are principally responsible for its healing potential when used in the indications we have just noted: 1) Its antipruritic action promptly relieves itching and irritations; 2) its penetrating properties carry healing action to the afflicted areas; 3) Aloe Heat Lotion's analgesic action promptly relieves pain and soreness; 4) it helps reduce edema and swelling from involved areas; 5) it is reported to be bactericidal, virucidal, and fungicidal; 6) it exhibits anti-inflammatory activity similar to steroids without the possibility of side effects; 7) it stimulates normal cell proliferation to accelerate healing.

Dosage and Administration. Cleanse the area to be treated prior to application to minimize the possibility of introduction of pathogens or allergens. Massaging lightly, apply liberal amounts of Aloe Heat Lotion to involved areas for at least five minutes (with or without Ultrasound). Repeat this application four times daily. Conditions below the surface of the skin may be benefitted in accelerated measure by preceding this treatment with thirty minutes of soaking in Aloe Activator.

Contraindications. There are no known contraindications for use of Aloe Heat Lotion.

Precautions. Due to the penetrating effects of Aloe Heat Lotion, the area to be treated should be cleansed of anything that should not be carried through the skin. Aloe Heat Lotion is not recommended for serious burns or deep puncture wounds. All persons being treated for deep puncture wounds should first be administered a tetanus toxoid injection or booster before additional medication may be applied.

Other Forever Living Products

Several other Forever Living Products formulated by Aloe Vera of America, Incorporated, may also be recommended for therapeutic use, such as Aloe Moisturizing Lotion, Aloe Cleansing Lotion, Aloe-Jojoba Shampoo, Aloe Suntan Lotion, and Aloe Body Toning Kit. However, these products enjoy primary usage patterns in cosmetic applications and will either be covered in chapters dealing with cosmetic uses of Aloe Vera or be given thorough examination in product catalogs of Forever Living Products.

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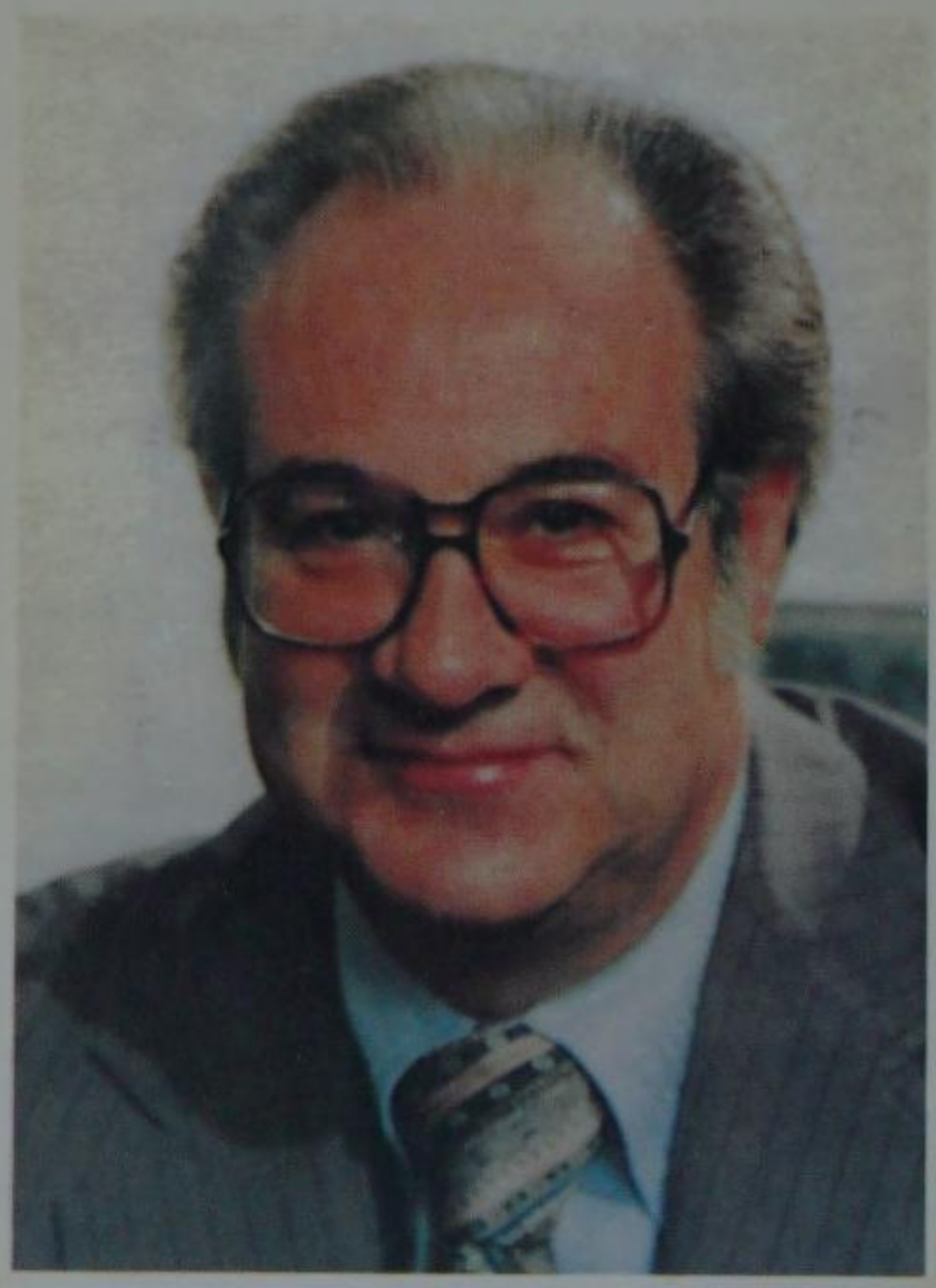

Bill C. Coats, R.Ph.

Bill C. Coats, a world renowned expert on Aloe Vera, is the founder of Aloe Vera of America, Incorporated, the first company to develop a proven effective stabilization formula for preserving the full potency of natural Aloe Vera. (It is still the only company of record to have done so.)

Mr. Coats is a former member of the United States Marine Corps, holds a Bachelor of Science degree from the University of Texas, and is a registered pharmacist. From 1956 until 1968, he operated a successful chain of pharmacies in Texas. In 1968, having discovered and patented his effective stabilization process for Aloe Vera, Bill Coats formed Aloe Vera of America, Incorporated, a company over which he presided until 1981 when he sold it to Forever Living Products, Inc. of Phoenix, Arizona.

Today, Mr. Coats still acts as a consultant to Aloe Vera of America and travels worldwide as a dynamic lecturer, teacher, and the world's most eloquent spokesman for Stabilized* Aloe Vera. In 1977 and again in 1981, Mr. Coats was nominated by the Society of Cosmetic Chemists for their prestigious Merit Award. In 1979, Bill Coats co-authored the first hardbound edition of *The Silent Healer,* and in 1981 he co-authored *Healing Winners*/ treating athletic injuries with Aloe Vera. Both books are considered seminal works in their field.

Robert Ahola is a free-lance writer who lives in Dallas, Texas. He is author of the films, *Tequila Sunrise, the Cinnamon Bear,* and *There Comes a Season.* He has also authored the novel, *Butterflies Die in Texas* and the biography, *Mr. Jim/Jim Abercrombie by his friends.* Recently, he co-authored the fantasy book/film series, *Tales of Godwin/the boy Magician,* and has written and produced several documentaries for television. This revised edition of *The Silent Healer* is his third collaboration with Bill Coats.

It is a profound mistake to think that everything has been discovered; as well think the horizon the boundary of the world.
--- Antoine Lemierre

Aloe Vera is one of the oldest known medicinal plants. The ancient Egyptians used it in embalming, while the early Greek doctors used it in their prescriptions. Knowledge of the extraordinary healing powers of the fresh Aloe Vera plant has been transmitted to the modern times in folk medicine practices all over the world, but scientists have been unable to either explain or duplicate the plant's effectiveness. In the last fifty years numerous attempts have been made to isolate, extract, and replicate the effective ingredient, each attempt meeting with only partial success or with outright failure. The chemistry of Aloe Vera defied, and still defies, complete analysis.

In 1964, however, bill Coats, a practicing pharmacist in Dallas, Texas became a man with a dream — to make the complete benefits of Aloe Vera available to the world and to the millions of people who need it. Convinced that the plant's gel could be extracted and used without losing its potency, Bill Coats dedicated himself to learning the secrets of the plant's chemistry — and to doing what no man has ever been able to do successfully in the 3000 year history of Aloe Vera: extract and stabilize the plant gel while preserving its natural curative potency.

In 1968 he succeeded. Since then his company, Aloe Vera of America Inc., has opened new frontiers for the uses of Stabilized * Aloe Vera in medicine, athletics, and cosmetics.