Use of the Aloe vera plant for medicinal and therapeutic purposes dates back over 4,000 years. Of more than 300 species of aloe plants, only 4 have been found to provide medicinal properties, the most potent of which is the species *Aloe barbadensis*. The most commonly utilized part of the aloe plant is the gel obtained from the inner layer of the leaf. This gel is comprised of 99% water, along with small amounts of more than 75 constituents, including vitamins, minerals, amino acids, enzymes and polysaccharides. The combined actions of these substances helps explain the numerous health benefits attributed to Aloe vera use, including anti-inflammatory, hypoglycemic (blood sugar-lowering) and lipid-reducing (the reducing of blood fats like cholesterol) effects.

For example, the polysaccharides in Aloe vera gel exhibit antioxidant, immunostimulating, antibacterial, antiviral and antitumor properties. In particular, the polysaccharide acemannan has been shown to enhance immune system function by stimulating the production of various white blood cells, as well as interferon—a powerful immune substance that fights viral infection by inhibiting viral growth. Aloe gel also contains enzymes that inhibit the action of bradykinin—a substance that causes pain and inflammation. In addition, aloe gel contains salicylic acids—substances that provide anti-inflammatory activity and help heal wounds by removing dead tissue that would otherwise promote infection and slow the healing process.

Various studies have documented the anti-inflammatory actions of Aloe vera gel and its potential therapeutic effect in the treatment of inflammatory bowel disease—the general name for diseases that cause inflammation in the small intestine and colon—and peptic ulcers. In a recent double-blind, randomized, placebo-controlled trial of Aloe vera gel for the treatment of mildly to moderately active ulcerative colitis, results showed clinical remission in 30% of patients taking Aloe vera versus only 7% of those taking a placebo, and an overall positive clinical response (defined as remission or improvement) in 47% of patients taking Aloe vera, compared to 14% of those taking a placebo.

Research has also determined the presence of several trace minerals in Aloe vera gel that possess hypoglycemic (blood sugar-lowering) properties, as well as glucomannan, a water-soluble fiber that also exhibits hypoglycemic effects. The presence of these substances help explain the reported hypoglycemic nature of Aloe vera. Preliminary human clinical studies involving patients with Type 2 (non-insulin-dependent) diabetes have documented reductions in fasting blood glucose levels with no adverse effects. Such results suggest a potential role for Aloe vera in controlling blood sugar levels in diabetics.

In addition, the results of controlled clinical trials suggest that oral administration of Aloe vera might be a useful adjunct, or complementary therapy, for reducing blood lipid levels in patients with hyperlipidemia (an excess of fats in the blood such as cholesterol and/or triglycerides).

Another study found that supplementation with Aloe vera gel extract was able to reduce the severity of chemically-induced liver cancer in rats.

Furthermore, Aloe vera gel has been shown to improve the absorption of both vitamins C and E. The combined intake of vitamins C and E with 2 ounces of Aloe vera gel showed that the absorption of these vitamins was slower and they lasted longer in the blood than when taking either vitamin alone.

NSP’s Whole Leaf Aloe Vera Juice is derived from fresh, whole Aloe vera (*Aloe barbadensis*) leaves. Only the anthraquinones—substances such as aloin that are responsible for the plant’s strong laxative effects—have been removed.

NSP’s Whole Leaf Aloe Vera Juice carries the IASC (International Aloe Science Council) Certification Seal of Approval.

References:


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