

Multicenter, double-blind, placebo controlled trial. Adult patients with UC were randomized to indigo naturalis (IN) dose of 0.5g/day; 1 gr/d; 2 gr/day or placebo for 8 weeks.

Primary endpoint: clinical response at week 8

Defined as a 3-point decrease in the Mayo score & a decrease of at least 30% from baseline, with a decrease of at least 1 point for the rectal bleeding subscore or absolute rectal bleeding score of 0-1.

Results: N=86*

- ITT analysis, dose-dependent linear trend in clinical response was observed: 13.6% placebo; 69.6% 0.5g IN; 75% 1gIN; 81% 2gIN, $p < 0.0001$ compared to placebo.
- Clinical remission at week 8: 4.5% placebo; 26.1% 0.5gIN ($p=ns$) 55% 1gIN ($p=0.004$) & 38.1% 2gIN ($p=0.004$ & 0.0093)
- Mucosal healing at week 8: 15.6% placebo, 56.5% 0.5gIN, 60% 1gIN; 47.6% 2gIN
- Mild liver dysfunction observed in 10 patients on IN

Conclusion:

8 weeks of IN (0.5-2.0 g per day) to be effective in inducing a clinical response in patients with UC.

*The trial was terminated due to a report of pulmonary arterial hypertension in a patient who self-purchased indigo for 6 months

