

Double-blind, placebo-controlled, randomized trial. Patients with mild-moderately active UC were randomized to aloe vera gel 100mL twice daily for 4 weeks or placebo. 5ASA was permitted with no dose change within the last 4 weeks and steroids only if <10mg/day with no altered dosage in the last 4 weeks.

Primary endpoint: Clinical remission (SCCAI <3), sigmoidoscopy (Baron score 0-1) & histological remission (Saverymattu score 0-1)

Results: N=44

- Clinical remission Aloe 30% (9) vs 7% (1) placebo, p=0.09
- Clinical improvement: Aloe 37% (11) vs 7% (1) placebo, p=0.06
- Clinical response: Aloe 47% (14) vs 14% (2) placebo, p<0.05
- SCCAI index and histological scores decreased significantly during Aloe treatment p=0.01 and p=0.03 respectively but no with placebo.

Conclusion:

Oral aloe vera taken for 4 weeks produced a clinical response more often than placebo; it also reduced the histological disease activity and appeared to be safe. Further evaluation of the therapeutic potential of aloe vera gel in inflammatory bowel disease is needed.

	Aloe vera	Placebo	P	OR (95% CL)
Clinical score (SCCAI)	n = 30	n = 14		
Remission (score ≤ 2)	9 (30%)	1 (7%)	0.09	5.6 (0.6–49)
Improvement (fall ≥ 3)	11 (37%)	1 (7%)	0.06	7.5 (0.9–66)
Response	14 (47%)	2 (14%)	0.048	5.3 (1.0–27)
Sigmoidoscopic score	n = 26	n = 11		
Remission (score 0–1)	7 (27%)	2 (18%)	0.69	1.7 (0.3–10)
Improvement (fall ≥ 2)	5 (18%)	1 (9%)	0.65	2.6 (0.3–25)
Histological score	n = 21	n = 9		
Remission (0–1)	6 (29%)	4 (44%)	0.43	0.5 (0.1–2.5)
Improvement (fall ≥ 3)	8 (38%)	3 (33%)	1.00	1.2 (0.2–6.4)

CL, confidence limit; OR, odds ratio; SCCAI, Simple Clinical Colitis Activity Index. Numbers of patients for each measure vary as not all patients underwent follow-up sigmoidoscopy or rectal biopsy; numbers recorded (n) are those with paired data. P values (Fisher's exact test) and OR (95% CL) are shown.

