


The background of the cover features a dark silhouette of an Aloe Vera plant against a light, textured background. A vibrant rainbow light flare is positioned on the left side, partially overlapping the plant's silhouette. The text is overlaid on the lower portion of the image.

the
silent healer
a modern study of Aloe Vera

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

condensed edition

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.



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 AVA, Inc. Research and Development, and verified testimonies by people who have undergone treatment.

Special Author's Note

We are pleased to announce that, by popular demand, we have been able to produce this condensed paperback edition of *The Silent Healer* for general audiences and mass-market use. However, because of the need to abbreviate the content of this edition, we have had to eliminate most detailed clinical data and all reproductions of physicians' reports included in the original.

For those of you interested in what is still the most comprehensive study of Aloe Vera ever compiled (complete with clinical data on our Stabilized* Aloe Vera products), we recommend that you purchase the unabridged, hardbound version of *The Silent Healer*. Additionally, we caution the reader that studies of curative results crediting our Stabilized* Aloe Vera products do not apply to those produced by all processors and marketers of Aloe Vera, nor should they be construed as an endorsement of them. What's more, we strongly believe that all manufacturers of "stabilized" Aloe Vera should be ready, willing, and able to prove the efficacy, stability, and sterility of their products when requested to do so by responsible persons or examining bodies.

The Silent Healer
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Table of Contents

Preface	1
Introduction	3
Chapter 1. Aloe Historia	4
The roots of aloe. The early history of Aloe Vera. Passing the gift. The challenge of modern history.	
Chapter 2. Aloe Veracity	17
Aloe fact and folklore. Why Aloe Vera doesn't always work. How Aloe Vera (almost) always can work. Some sensible tips on how to use it.	
Chapter 3. A Matter of Chemistry	29
A chemical history and general findings. A table of elements found in Stabilized* Aloe Vera Gel. The elements by definition and function including: lignin, saponins, the anthraquinone complex, vitamins, minerals, mucopolysaccharides, enzymes, and the amino acid complex. Understanding some body English. And a summary.	
Chapter 4. <i>Dramatis Curae</i>	41
Some dramatic cures reported by physicians and patients in such areas as bacteriology, dermatology, dentistry and periodontics, pediatrics, orthopedics, and internal uses. One graphic example (with photographs), and a summary.	
Chapter 5. Aloe Futures—A footnote	59
Bibliography	60

Preface

The central character of this book is a plant. Its saga can be traced through thousands of years of uses, misuses, prejudices, fears, vindications, and near deifications. The plant is called *Aloe Vera*. It has had other names: *Aloe barbadensis*, *Aloe chinensis*, *Cape aloe*, 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, the first-aid plant, witch’s brew, the silent healer.” 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 been exposed to it directly.

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

As a pharmacist, I had worked with *Aloe Vera* and for years had borne witness to what it could do on its own. This book is (in part) the culmination of sixteen years of labor to bring the benefits of Stabilized* *Aloe Vera* to those who need them. And it is the intent of this writing to bring *Aloe Vera* out of the genre of folk medicine

* Stabilized* *Aloe Vera* Gel is an exclusive patented formula developed by AVA, Inc.

and guide it into the light of scientific context where it belongs, for it is only under pure scientific scrutiny that we can hope to bring Aloe Vera to help the millions of people worldwide who need it desperately.

In all our strivings and efforts to create a formula for the proper stabilization of Aloe Vera gel, we have always proceeded 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

Shreveport, Louisiana. July 1976. A patient, J. Monte Hayner, had undergone a chronic case of bilateral scleroderma, ** a severe hardening of tissue of both sides of the legs from the ankle to just below the knee. The condition, both unsightly and excruciatingly painful, had taken a turn for the worse—a pronounced ulceration that deepened almost to the bone covering the lower portion of each leg.

Before long, the sclerodermic condition had degenerated to such a pronounced degree that Mr. Hayner's physician, Dr. Albert Irving Clark, feared Mr. Hayner might even take his own life (such occurrences in extreme cases were not uncommon). Instead, Mr. Hayner became the instrument of his own healing by reporting to Dr. Clark that someone had told him about the use of Aloe Vera to treat these kinds of ulcerations.

In July, 1976 Monte Hayner was hospitalized and an Aloe Vera poultice made with Stabilized* Aloe Vera Gel was applied to the ulcers for eight hours a day. A Stabilized* Aloe Vera Creme was added for the remainder of the day, and the gel was also administered orally at regular intervals.

By late September, the patient reported that healing was progressing nicely and that he was walking again. By December 9, 1976, only two areas remained livid, and they had greatly reduced in size. By September, 1977, there was only one superficial ulcer remaining, about the size of a dime.

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

In a personal letter to us, Dr. Clark was less than restrained in his praise:

... 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 . . . offered me no hope . . . when I consider the man also has Diabetes, Hypertension, elevated cholesterol, and Rheumatoid Arthritis as concomitant diseases, I can wholeheartedly state without equivocation that the only thing that healed extensive ulcerations of both lower extremities was the use of Aloe Vera supplied by AVA Corporation . . .²



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



Bilateral scleroderma: J.M. Hayner Jr. after four months of treatment with Stabilized Aloe Vera.*

Dallas, Texas. May 1979. A woman, Ruth K., was suffering from a severely 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, a broadly effective but disfiguring operation. Ruth K. was still quite young and attractive. The prospect of disfigurement was abhorrent to her, yet the alternative was unbearable pain and the possibility of cancer.

Ruth's consulting physician was Dr. Richard Russell. He had done everything possible within accepted medical parameters. And though the situation began to look hopeless, Dr. Russell was willing to try something "unconventional." He was one of a growing breed of doctors who rely on imagination and pragmatism rather than solely on established medical dogma. He had worked with Stabilized* Aloe Vera in literally hundreds of cases, primarily in external applications. And even though there was less clinical data to support its use internally, he knew our Stabilized* Aloe Vera Gel was non-toxic and could be prescribed without fear of contraindications.

“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.”

Dr. Russell was able to get Ruth in touch with me for my recommendations. I was able to recommend a regimen of four ounces daily of 100% Stabilized* Aloe Vera Gel to be taken internally. In conjunction with this oral dosage, I recommended enemas with the 100% Aloe Vera Gel twice a day. The regimen was to be followed assiduously and without adjuncts.

In four days time, Ruth’s colitic condition was greatly improved. 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 little question that the case histories we have just recounted involving the use of Aloe Vera were dramatic. There are actually hundreds of cases; some of them will be mentioned in this work. They cover not only the various fields of medicine but also research findings, bacteriology, chemistry, cosmetology, 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. 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.

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, however, is through independent investigation and broad scale professional recognition. It is our hope that this book will help take a few steps toward accomplishing that goal.

1

Aloe Historia

Frequently referred to as the “healing plant” or “the silent healer,” Aloe Vera is one of the oldest plants in recorded history. Yet it has been characteristic of Aloe Vera that it has never quite succumbed to the taint of showmanship that has been foisted upon it in recent years. Where other “miracle plants” and “natural” wonder cures have already fallen by the wayside, it has held its ground and, to some extent, its credibility.

Before we begin to discuss the role of Aloe Vera and its use in recorded history, however, 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 often erroneously attributed to false aloes and to the entire family of aloes many of whose healing powers are significantly 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.

The Roots of Aloe

According to botanists, there are over two hundred species of aloe, over 150 of those in the family *Liliaceae*. And as the name would indicate, they are in the same botanical classification as lilies, as are onions, asparagus, and some species of tulips.

Like all other aloes in the *Liliaceae* family, 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. To be sure, handling the leaves improperly can create some discomfort, and in areas where Aloe Vera is harvested for

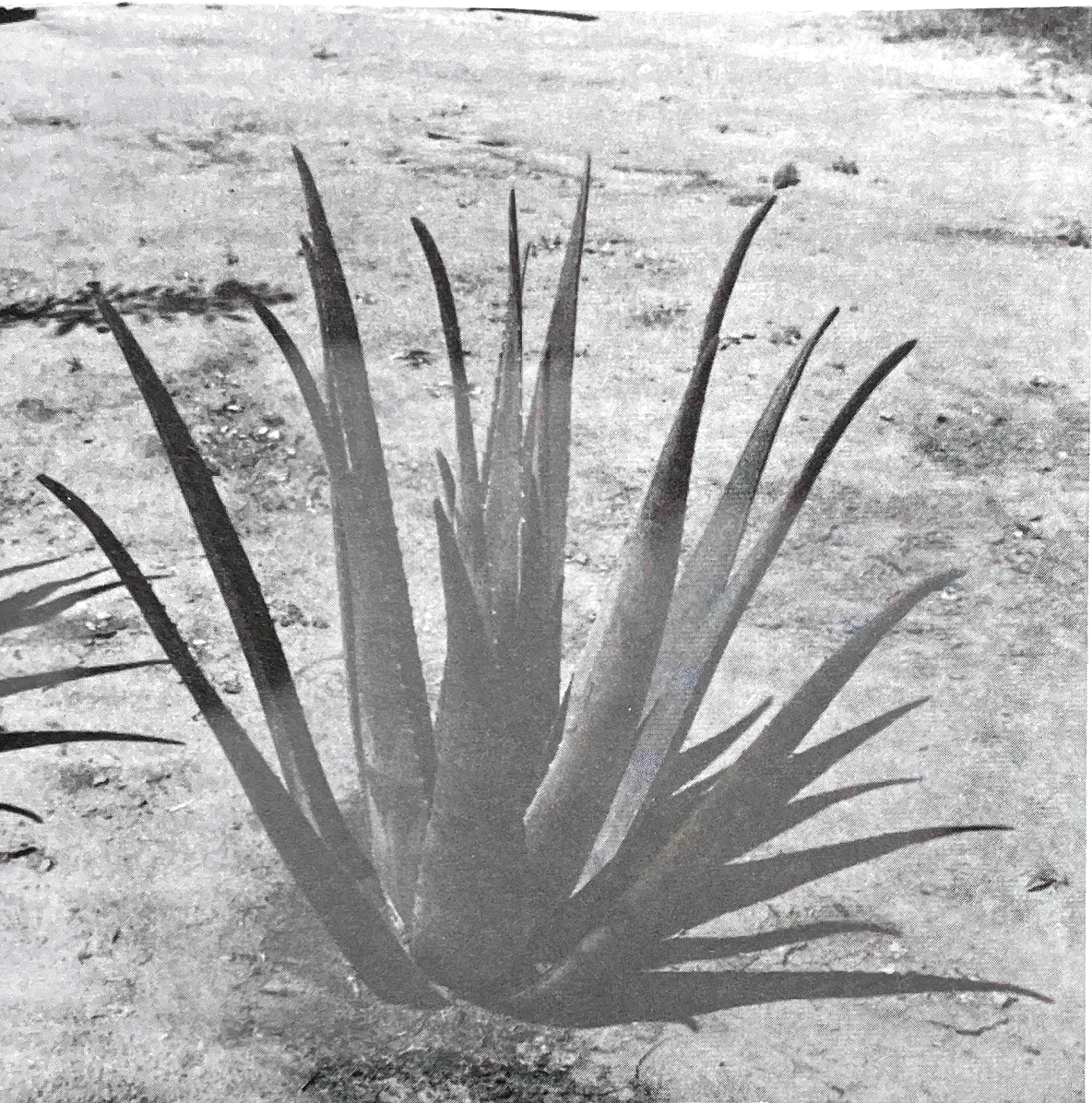
commercial use, it is always recommended that workers wear gloves.

The leaves are triangular and grow in a spiral shape to form a rosette configuration. As we mentioned, Aloe Vera leaves are fleshy and when harvested will exude a mucilaginous pulp more accurately described as a “viscous watery gel,” which “has the appearance of transparent gelatin.”³ It is this watery gel and the juices extracted from the matrix pulp that is the meat shared in common by all true aloes and the prime messenger of their chemical potency.

The word “aloe” stems from the Arabic source-word “aloeḥ,” meaning shining bitter substance. It also means the same thing in the ancient Hebrew, *ahaloth*, and appears in the various *Psalms of Solomon*, Solomon having been known to favor it highly.⁴ Despite the fact that aloes when they bloom can project a lovely bouquet, the pulp in Aloe Vera can be on the bitter side; when left exposed for long periods of time, the pulp decomposes to become both black and bitter. As a result, the pharmacological term, “bitter aloes,” has survived to curse the poor plant to the moment of this writing. And it is listed in the *United States Pharmacopoeia* under the category, *Aloes (Bitter Aloes)*, which is used as a referential prefix for the chemical extract *aloin*, known primarily as a strong purging laxative.

It is important to notice that among the effective species of Aloe Vera the leaves are meatier and contain ample quantities of leaf gel for commercial and personal use. Just as there is a marked difference between true aloes and false aloes, there is some measure of difference between the various true aloes in terms of their respective degrees of effectiveness. Upon examination, there are several varieties of Aloe Vera which exhibit broad spectrum topical, internal, and orthopedic curative potentials. But whether the plant classification is *Aloe barbadensis*, *Aloe curacao*, *Aloe chinensis*, *Cape aloe*, *Aloe saponaria* 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.

In our research and development, we have found *Aloe barbadensis* to be the most consistent variety in all areas of commercial use. Because of its ample size, configuration, and uncanny ability to adjust to the climatic conditions in which it is planted, we find it able to generate the pulp-bearing leaves which produce the largest quantities of gel with the most consistent broad spectrum potency. And since it does most readily depict the classic configuration characteristic of all true aloes, we have included a photo of it, here.



Aloe barbadensis.

Early History

The earliest recorded pharmaceutical use of Aloe Vera can be found in Sumerian clay tablets around the year 1750 B.C. Aloe Vera easily predates the Sumerian reference by a couple of thousand years since it was noted in carvings on Egyptian temple walls as early as the fourth millennium B.C. where it was reverently known as “the plant of immortality.”⁵

At least one of the uses for which Aloe Vera was believed prized in Egypt was preparing the dead. Later, the Roman naturalist,

Pliny, recorded its use in embalming the pharaohs and nobility. And it did appear around 1550 B.C. in the *Egyptian Book of Remedies* as being used for curing infections, rubbing on the skin, and in preparing drug aloes.⁶

In his *De Materia Media* (about 74 A.D.) the Greek physician Dioscorides described Aloe Vera as an effective purgative and also emphasized its ability to heal wounds, repress boils, eliminate chapping and skin abrasions, heal bruises, stop hair loss, soothe eye sores, salve genital ulcers (possibly Herpes II), and ameliorate tonsillitis.⁷ Not to be outdone, Pliny in his *Natural History* (compiled about the same period in Rome) noted that Aloe Vera in certain specified herbal compositions was good for soothing headaches, was quite effective in healing bleeding mouth and gums (probably gingivitis infections), as well as being good for removing hemorrhoids, restoring hair, and as an enema.⁸

What is important to remember, here, is that these medical masterworks were not the instances of one generation or of one people. Rather, they were the compilation of what amounted to the best pharmacological material available to that time from all corners of the civilized world. The ancients, apparently, never failed to grasp the significance of the healing plant, an element of perceptibility and acceptability too often overlooked in the imperial world of modern science.

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 attesting to the belief that it first grew on the (mythical?) island of Atlantis and was transported by that supra civilization to its more primitive neighbors in the Mediterranean. Legend or no legend, we know for a fact that an industry devoted entirely to the harvesting and disbursement of the Silent Healer was put together on the ancient Red Sea island of Socotra, and that the reputation of the plant became so redoubtable it prompted a conquest of Socotra by Alexander the Great just to obtain control of its output.

Aloe Vera was recorded in the medical annals of the sixth century B.C. in Persia and was distributed widely on trade routes by Arab merchants. It was also about that time that Arab traders were first believed to have brought it to India, Tibet, and what is now known as Malaysia. From there, it was purportedly spread throughout the East Indies and to the Canton province of China

where it was first recorded for use around the seventh century A. D. in the healing of dermatitis.

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 indigenously in many areas. Legend and folklore point to its use by the Mayans of Yucatan, the Seminoles 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.⁹ Natives of the Caribbean apparently applied it for blistering, abrasions, infections from wounds, insect bites, and for internal maladies, although it appears that these uses were taught them principally by the explorers from Spain and Portugal and by the physicians and priests who accompanied them.

This brings us to our second main avenue of development where we feel the lion's share of credit rests for the spread of Aloe Vera in the New World —with the Jesuit Priests of Spain. In the fifteenth and sixteenth centuries they were the best educated men of their times and among the most knowledgeable physicians. The holy fathers had full understanding of the Greek and Roman pharmacological texts and an instinct for the best ways of growing fresh Aloe Vera. When the Jesuit fathers accompanied the explorers and conquistadors, they used Aloe Vera whenever they found it growing wild. And where it did not grow indigenously, they planted it.^{10*} The influence and spread of the plant by the Jesuits (and in part by the Franciscans) can be traced from Jamaica and Puerto Rico through Mexico and Central America to as far north as southern Texas, through the northern portions of South America, the Netherland Antilles, and along the exploratory paths cut by Magellan as far east as the Philippines. And it might be said with some measure of accuracy that the flourishing of Aloe Vera in the world's developing countries today can be credited largely to the Jesuits and their work in that field.

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

The Challenge of Modern History

The bulk of modern history surrounding the Aloe Vera phenomenon can be charted in the twentieth century and especially in the last thirty years in the United States. The recorded progress of the Silent Healer during the 300 years prior to that time had been spotty and somewhat marked with controversy. Especially from the seventeenth through the nineteenth centuries, there is little mention of it other than the ethical medical references to *Aloe vulgaris*, *elixir garus*, and *bitter aloes* in the European texts of that time, accompanied by the persistent but erroneous belief that it was a "drastic purge."

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

Even today, 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 has been remarkable. **

At the turn of the twentieth century Sir George Watt, a physician serving with British troops in India, recorded the uses of Aloe Vera by medical personnel stationed there. In his work entitled *A Dictionary of the Economic Products of India*, Sir George includes a section on Aloe Vera in which he included forty-three different uses for the plant and/or pastes extracted from it. Cited in its uses was a mixture with *bartung* to relieve chronic discharges from the nose and ears. Dissolved in alcohol, it was believed to cause hair to grow. Internally, it was used by medical practitioners in that region to treat melancholia, brain disease, and gastric symptoms. He also reported it used with gum asafoetida as a warm plaster in cholic and the pneumonia of infants, as being used for dyspepsia, and (when the fresh juice was mixed with milk and water) as a remedy to treat gonorrhoea and methritis.¹¹

**For a more detailed study of the veterinary uses of Aloe Vera and clinical data involving the veterinary applications of Stabilized* Aloe Vera, we strongly recommend the complete hardbound edition of *The Silent Healer*.

In the United States, Aloe Vera had been growing in Florida and in the Rio Grande Valley of Texas for nearly four hundred years. And prior to World War I, Colonel H.W. Johnston of Kentucky set up the first cottage industry for its uses, recommending it to clients to be taken internally for stomach ulcers, for dermatological complications of any kind, and for an aperant (laxative).¹²

Yet it wasn't until 1934 that the plant was first raised to any level of medical credibility in this country. It came with the work of Dr. C.E. Collins, a Maryland physician, and his son Creston Collins. In several cases of roentgen (radium) dermatitis, Dr. Collins and son found that by treating these ulcerated skin tissues with packs of fresh Aloe Vera leaves split and wrapped around the wounds they were able to witness a markedly improved rate of healing. Additionally, they formulated a compound from fresh Aloe Vera gel which also netted effective results. In 1935, Creston Collins reported the results:

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 "Alvangel" made from the leaf. While they have not been perfect cures, the results as a whole have been most gratifying.¹³

The work of the Collinses 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.¹⁴

In 1937 and again in 1938, 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 instances mentioned healing was complete, and tissue regenerated without scarring.¹⁵

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."¹⁶ 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 that treatment was necessary over a protracted period of time, in the two cases which survived their incidences of disease the patients enjoyed "excellent results" from treatment with the fresh leaf gel.¹⁷

For about a decade there was a lull in the professional attention Aloe Vera was to receive from the medical community. Then in 1950 results of a second test by a group of research scientists from the Michigan Department of Health showed specific varieties of Aloe Vera to be effective in inhibiting the growth of *tubercule bacilli*. The evaluations by the Gotthall, Jennings group were by and large positive and overall projections for the use of Aloe Vera in combating tubercule bacilli were found to merit further exploration.¹⁸

In 1953, tests by Lushbaugh and Hale involving the use of Aloe Vera on laboratory animals were conducted under the auspices of the U.S. Atomic Energy Commission at the Radiation Burn Center, Los Alamos Proving Grounds. In their experiments Lushbaugh and 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:

Treatment (with Aloe Vera) 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.¹⁹

Lushbaugh and Hale further concluded that, because of the growing modern importance of the injury of radiodermatitis, further investigations into the use of Aloe Vera should be pursued.

In 1959, the investigation *was* pursued further. In that year Dr. E.P. Pendergrass found juice from the Aloe Vera Leaf gave excellent results in the treatment of radiation reactions. And a later test in various hospitals found Aloe ointment to be 50% better than three other remedies considered most advantageous for burn treatment.²⁰

Results from many of these findings were submitted in 1959 to the FDA (Food and Drug Administration) with the

administration's response that ". . . upon review, the FDA admits that the (Aloe) ointment does actually regenerate skin tissue."²¹

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, radiation 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. So it is not surprising that so much research attention was focused in that area.

In retrospect, the late fifties were something of a turning point for Aloe Vera and for exploration into its other potentials.

In 1963, three osteopaths, Drs. Blitz, Smith, and Gerard, issued reports on the treatment of twelve patients who had been suffering from peptic ulcers. In every case the doctors treated, the ulcers healed with no sign of relapse.²² In another study in that same year, the Lorenzetti group of researchers made a study that showed Aloe Vera was able to inhibit staph infections, pussing dry and itchy skin, certain strains of dysenteric parasites, and contagious and non-contagious typhoid.²³

The proliferation of the Aloe Vera craze of the late 50's and the pocket market boom that resulted from it at one point generated something of a backlash, the most vocal of which came from the U.S. Army's Surgical Research Branch and a Lieutenant Colonel Hammit. To bear out his suspicions of what he believed to be their limited curative value, Lieutenant Colonel Hammit commissioned Dr. Truman Blocker to secure several (Aloe Vera) preparations in the market at that time and subject them to a series of tests. Since there were no properly stabilized Aloe Vera products on the market at that time, the results were conclusively negative and enabled Lieutenant Colonel Hammit to report that none of the products tested possessed any therapeutic value whatsoever and may even have been "harmful or deleterious when put to use."²⁴

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 sufficiently 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 borne out in the labs can never hope to receive acceptance by any medical association or government body.

The dilemma of the pro Aloe Vera practitioners was perhaps best articulated in a research report by J. Flagg in 1960. After reporting several instances of successful applications on burn patients in which fresh Aloe Vera gel was used, 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 defies stabilization . . . Several pharmaceutical houses have made costly though futile attempts toward stabilizing the gel in an ointment or other medication.²⁵

In the early 1960's, I too had joined the number of proponents of Aloe Vera. Having studied the effects of the fresh leaf-gel and having been exposed firsthand in Mexico to its broader spectrum potentials, I had recommended Aloe Vera in a number of instances and found its healing effects to be pronouncedly positive. Nevertheless, there was no doubting the degree of its perishability. My own brief experience had shown me 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. The dramatic growth in Stabilized *Aloe Vera from that point and the progress of Aloe Vera as an industry is what will comprise the rest of the story.

If the Silent Healer has displayed a 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. In the next chapter, "Aloe Veracity," we will affirm what we know to be true about Aloe Vera, expose what is false, and bring to the surface some little known facts about it.