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Dramatis Curae

The title of this chapter means simply “dramatic cures.” The word *cure* is Latin in origin and means “to care” or “caring.” So in its way, this meaning in English has a double meaning for us. Dramatic cures are a 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. From this point the vast majority of uses indicated and instances of dramatic use will deal specifically with Stabilized* Aloe Vera products, cutting across all fields of application.

We will begin with some conclusive bacteriological evaluations, then examine the curative potentials by category, citing some dramatic case instances, some reportings from physicians, and some letters of testimony both from professionals and patients. All the information in this chapter can be verified by documentation and will be verified upon direct request by any responsible examining body.

Bacteriology **

Prior to 1969 the bacteriological studies in Aloe Vera were somewhat sporadic. Broadly speaking, it was researched primarily for

**Stabilized* Aloe Vera* is an exclusive process developed and patented by Aloe Vera of America, Inc.

**For complete bacteriological studies, we refer you to both chapter 7 and Appendix A of the complete hardbound edition of *The Silent Healer*.

its healing and tissue regenerative abilities with only an intimation of its specific bactericidal properties.

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 disease-producing agent, in this case a protozoan.⁴⁴

We are 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 skin infection) and the *E. coli* bacteria (the gram negative strains cause many side infections such as peritonitis).⁴⁵

In contradiction to that study, Lorenzetti, Salisbury *et al.* found in 1963 that Aloe Vera gel was in fact bacteriostatic against *Staphylococcus aureus* 209, *Staphylococcus pyogenes*, and various forms of *Salmonella* and *Shigella* bacteria. In other words, though Aloe Vera did not kill these strains, it did inhibit their activity.⁴⁶

In 1968 Doctors Brasher, Zimmermann, and Collings had used Stabilized* Aloe Vera Gel to test against the corticosteroid, *prednisolone*, and the anti-inflammatory analgesic, *indomethacin*, for their respective anti-inflammatory ratings as well as their relative levels of non-toxicity. In the toxicology studies, the Aloe Vera gel was better both as an anti-inflammatory agent and was far less toxic than either the prednisolone or the indomethacin.⁴⁷

In 1969, because we were impressed by the thoroughness with which the studies were carried out, we commissioned Dr. E.R. Zimmermann and a new associate, Dr. Ruth Sims of Dallas Microb-Assay, to test Stabilized* Aloe Vera gel for its germacidal potentials against a number of organisms, including one fungal and two viral agents: *Staphylococcus aureus* (the most virulent strain of staph infection), *Strept viridans* (a highly pathogenic strain of strept bacteria), *Candida albicans* (a monilial fungus prevalent in the mouth, throat, and vaginal area), and *Corynebacterium xerosis* (a parasitic bacteria that produces excessively dry skin and such conditions as seborrhea).

The organisms were tested in culture mediums ranging from a solution containing 25% Stabilized* Aloe Vera Gel to solutions containing 90% Stabilized* Aloe Vera Gel. In their summary—after thorough testing—Sims and Zimmermann concluded the following:

Incorporation of Aloe Vera at a concentration of 70% would appear highly efficient at reducing skin contaminants *S. aureus*, *S. viridans*, and *C. xerosis*. And an even lower concentration (50%) of Aloe Vera is sufficient to greatly diminish a population of yeast cells (*C. Albicans*).⁴⁸

Another of the positive results in measuring the bactericidal potentials in Stabilized* Aloe Vera were achieved in 1970, again by Sims and Zimmermann. In testing the effect of Aloe Vera gel on *mycotic organisms* (fungi)—*Tinea pedis* (causal agent in athlete's foot) and *tinea unguis* (causal agent in ringworm of the nails)—Sims and Zimmermann found that Stabilized* Aloe Vera Gel in high percentages (80% to 90%) killed both types in just five hours time.⁴⁹ Later in the same year, Sims and Zimmermann tested the cytopathology of Stabilized* Aloe Vera Gel against 100 tissue cultures of both *herpes simplex* and *herpes zoster* strains of virus. The test, conducted on primary hamster kidney cultures, showed that in all 100 tissue doses Aloe Vera proved virucidal against both strains within 72 hours.⁵⁰

Additionally, in 1971, Dallas Microb-Assay Service under the supervision of Dr. Sims performed another bacteriological study 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. Again, in tests conducted for a duration of 72 hours, Dallas Microb Assay found that the Aloe Vera gel was 100% effective in killing the trichomona parasite.⁵¹

Reportings such as those by Sims and Zimmermann are impressive but are by no means the whole picture. Frankly, we have not yet completed the bacteriological mural and may not in our lifetime. What we do have, however, is evidence to illustrate the dramatic germacidal, fungicidal, and virucidal properties of Aloe Vera. But the most important aspect comes in its translation. For each strain of virus, fungus, or monilia, there exists an even broader range of applications to which it is a healing party in the larger organism. And it is in the larger organism, the human organism, where we must place our final emphasis.

In vivo

The term *in vivo* (Latin in derivation), means "in life" or in living subjects. And all of the cases we will now study will be of real people or involve reportings by doctors who have treated patients either with Stabilized* Aloe Vera gel, lotion, cream, or with gel from the fresh plant.

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.⁵²

Perhaps nothing is more impactful than the testimony of a physician who has not only experienced success using a product on his patients but has also used it with gratifying results on himself.

Additionally, in his physician's reports Dr. Hartin reported good results in treating over a hundred cases of herpes simplex and a hundred cases of strains and sprains in which he rates Stabilized* Aloe Vera effective in all applications of usage. In none of the cases was there noted any toxicity or incidence of contraindication.⁵³

One of the most extensive lists of findings in dermatological cases comes from Dr. Richard R. Russell of the Mesquite Medical Center.

Dr. Russell, an M.D. and general practitioner, had been using Stabilized* Aloe Vera products for over ten years. Yet, even in his first two years of exposure to the healing plant, he was willing to give lengthy testimony to its 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 on healing.

. . . One of the most useful applications of Aloe Vera that I have found is in the treatment of surgical wounds, especially in the resection part of the nail and nailbed of the toes for ingrown toenails. . . . I have never found any patients who showed any form of toxicity to Aloe Vera.⁵⁴

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

Many doctors have been supportive of Stabilized* Aloe Vera, but perhaps no one was more conscientious in reporting written results outside the physicians' reports than Dr. Russell. In a letter in 1969, he wrote 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. . . . 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 either pain in or under the skin.⁵⁵

Its effects on the skin are noted in considerable depth in the physician's reports Dr. Russell was to compile between 1968 and the present. In them, he noted successes in treating conditions ranging from decubitous ulcers to impetigo to dermatitis, insect bites and stings, psoriasis, and eczema—not to mention burn treatments including over 200 cases of thermal burns.

One of the earliest proponents of Stabilized* Aloe Vera was Dr. Roland L. White. A specialist in internal medicine, Dr. White has been treating patients with Aloe Vera since the early 1960's. In one of the many cases he cited to us, he detailed the treatment of a woman for the difficult to remedy condition of psoriasis:

Mrs. R.M. (age 45). Psoriasis with secondary chemical irritation of psoriatic lesions and secondary infection . . . 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, ultraviolet light and antibiotic ointments under the direction of a dermatologist and an internist in another state (Arizona) . . . In summary . . . it would appear that Aloe Vera juice or Aloe Vera special Formula Cream may have great potential value or at least deserves much further clinical evaluation in the following possible indications:

1. X-ray burns
2. Sun burn
3. Chemical burns
4. First degree burns
5. Traumatized tissue
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.⁵⁶

In many physician's reports, Dr. White reported ratings for Stabilized* Aloe Vera superior to or equal to any other treatment for the infections against which they were used, including its bactericidal, fungicidal, antipruritic, and enzymatic debridement effects, along with relief of pain, anti-inflammatory, healing time reductions, and other qualities.

As in the cases of Drs. Russell and Hartin, Dr. White also noted no incidences of measureable toxicity or contraindications during a ten-year span covering his reports using Stabilized* Aloe Vera products. ****

We have other detailed accountings by physicians, including professional letters and case histories. But perhaps the most relatable illustrations of true dermatological effectiveness are those found in everyday use among people who have had chronic problems prior to their exposure to Stabilized* Aloe Vera. Many of them include letters from the field and deal with cases in which people had spent thousands of dollars without results until they became aware of Aloe Vera. The following are but a few of the letters we get weekly, describing how people have benefitted from using Stabilized* Aloe Vera:

I developed an allergenic-type skin in high school and college and as a young career girl, and could not get it cleared. After we'd tried almost everything on the market, my allergist, skin specialist suggest I try the AVA Aloe stuff . . . It took many months . . . but for the FIRST TIME, I have enjoyed a whole year of clear, pretty, NO PROBLEM skin. It has even cleared and reduced oil seepage.

I married, and my husband as a P.E. instructor at a college also found the Handi Creme highly effective on Athlete's feet and other problems of his boys. We use everything now and think it's great.⁵⁷

—Mrs. T. G.
Austin, Texas

****For complete physicians' reports in all modalities of treatment, we refer you to Appendix A—Physicians' Reports—in the complete hardbound edition of *The Silent Healer*.

It might be said in all the letters we receive that the most consistent pattern is one that begins with Stabilized* Aloe Vera products being used for a specific problem and ends with broad spectrum uses for the entire family. One letter of that nature comes from Vonda J. Thorpe of Brigham City, Utah:

We have used them (Stabilized* Aloe Vera products) to get rid of what I would call a skin cancer—Aloe 99 Creme over a period of two 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, hangnails, etc. . . . And the same goes for whoever tried it on their problems.

For her unique and challenging problem, C.B. of Oklahoma City, Oklahoma wrote us early last year:

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 any noticeable scars one year later, and they thought I would have to have extensive plastic surgery.⁵⁸

Doctor's testimonies and physicians' reports are wonderful to be sure and essential by all means, but nothing is quite as gratifying as receiving a letter from someone saved from surgery and potential disfigurement. Such letters provide a basis of faith and hope for those who have health challenges of their own to cope with—because dramatic dermatological cures for the few mean normalized, beneficial uses for the multitudes.

Dentistry/Oral Cavity/Periodontics

Many physicians and patients themselves have reported to us literally thousands of cases of dentistry and periodontics treated successfully with Stabilized* Aloe Vera products.

In his physician's reports, the prolific Dr. Robert E. Speegle, a family practitioner in Garland, Texas records having treated literally thousands of cases of trenchmouth, gingivitis, aphthous ulcers, and tonsillitis.⁵⁹

Another record of successful use in oral/dental applications can be found in the reports and correspondence provided us by Dr. 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 makes the following declarations:

You indicated 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, literally 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. Sound amazing?! It is! Hope you have the same results.⁶⁰

For sheer depth and scope of cases treated in oral, surgical, and periodontal applications we point to the practice of Paul Carrington, D.D.S., B.S.D. Over a twelve year period of time in his practice in Dallas, Dr. Carrington and his associates have reported treating over eighty cases of trenchmouth, and over 2600 cases of gingivitis, periodontitis, stomatitis, aphthous ulcers, and one hundred cases of herpes simplex with Stabilized* Aloe Vera gel and oral solution. In all cases, results were equal to or superior to any other modality used.

Further, Dr. Carrington makes special mention of the fact that he and his associates see "over 200 periodontitis patients yearly and use (Stabilized* Aloe Vera) routinely on every patient." The results, according to Dr. Carrington's evaluations, are consistently gratifying.⁶¹

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 over twenty years, is a past president of the Dallas County Dental Society. His expertise in the use of Aloe Vera spans a seven year period in which he has found it useful in post surgical oral applications, periodontal problems, and any problems to do with the skin. In a recent interview, he expressed his beliefs in its efficacy:

"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 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."⁶²

Dr. Moore goes on to cite an extreme case involving a young man who had been out of work for weeks with fever and ulcers all

over the lips and tongue. His lips were swollen three times their normal size. The young man couldn't eat and became increasingly weaker. The only medication that seemed viable at this critical stage was Stabilized* Aloe Vera:

“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.”⁶²

Dr. Earl Moore's experience spans 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 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 used by parents for cuts, bites, and infections on their children. And it might be said with some accuracy that if Aloe Vera has a predilection for wounded tissue in the adult, it is even more consistent in healing 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 of their lives more active, and the Aloe Vera seems to complement the kinds of changes that take place in the young human body.

Although reports we receive from physicians (especially those in general practice) deal with a significant percentage of cases involving children, we especially point out the 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), Dr. Chandler has treated thousands of juvenile cases involving abrasions, contusions, sprains and strains, tinea, seborrhea, impetigo, herpes, various kinds of burns, and all manner of secondary infections. In all cases Dr. Chandler has been able to report that the results, using Stabilized* Aloe Vera products, have been superior to any other known treatment. What's more, in spite of recording remarkable curative results, Dr. Chandler recorded no toxicity and found no contraindications.⁶³

This is particularly noteworthy in treating children and adolescents whose chemical balances are delicate and at the same time volatile. Because of its lack of toxicity, however, Stabilized* Aloe Vera can be used with impunity and without fear of the 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 Vera 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 LD50 on the product she drank.***** That's the beauty of using Aloe Vera with children—it's nontoxic.

Orthopedics

In this section we often include cuts, abrasions, contusions, and lacerations along with sprains, strains, muscle spasms, bursitis, arthritis, and rheumatoid conditions because—especially in the case of athletic injuries—traumas to the skin are often contingent to skeletal and musculature problems.

In treatment of cases for orthopedic needs, one of the most consistent users of Stabilized* Aloe Vera products has been Dr. Kendall H. Moore of Dallas. Dr. Moore has covered a number of cases involving orthopedic applications for sprains, tendonitis, bursitis, and muscle spasms over a five-year period. In all cases treated, when rated for relief of pain, improved mobility, healing acceleration, and anti-inflammatory activity, the Stabilized* Aloe Vera products proved equal to or superior to anything available at the time. These results included over three hundred cases.⁶⁴

Against those same criteria Dr. Robert E. Speegle rated Stabilized* Aloe Vera superior in hundreds of cases each of contusions, lacerations, sprains, strains, hemorrhages (in the form of hematoma), tendonitis, bursitis, arthritis, muscle spasms, myositis (prolonged muscle inflammations), and secondary infections. The only cases in which he did not rate the Aloe Vera clearly superior to another form of medication involved the treatment of twenty cases of muscle spasms where it rated as effective but not superior to any other method used. *En toto*, Dr. Speegle's reports give a clear

*****LD50. A toxicology experiment in which test animals are exposed to what are commonly referred to as kill ratios. In other words, they are exposed to acute dosage ratios in levels high enough to induce advanced levels of irritation or death.

indication of his success in using Aloe Vera for orthopedic applications.⁶⁵

In our citing dramatic instances involving orthopedic uses, we cannot overlook one or two instances in which simple everyday applications provide a drama of their own. 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 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 Stabilized* Aloe Vera products, nor would it be his last.⁶⁶

In the physician-heal-thyself department, no case could be more graphic or amusing to recall than that of T. Wiley Hodges, M.D. Dr. Hodges was a celebrated orthopedic surgeon in the North Texas area. Yet, notwithstanding his expertise in that field, he had himself undergone a prolonged complication with a severely bruised hand that 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. Not only was he in considerable pain, but his inability to use his right hand was also preventing him from performing surgeries.

At the time I had just perfected a formula for Stabilized* Aloe Vera 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 office 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/Zimmermann bacteriological examinations studied at the beginning of this chapter, the Stabilized* Aloe Vera Gel was found almost totally effective against *Candida albicans* in a percentage solution as low as 50%. *Candida albicans* are the strains found most prevalently in conditions such as yeast infections and vaginitis, and are related to a broad range of monilial 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 in applications for pruritus ani, pruritus vulvae, and in related conditions. For these specialized areas, we have formulated specific products such as AVA Jelly, Aloedyne Rectal Creme (for hemorrhoids and pruritus ani), and Vagistat Creme and Vagistat Douche which are especially conceived for treating yeast infections, trichomonas, and various types of vaginal infections. Although this is one of the most recent fields of usage for Stabilized* Aloe Vera, the acceptance and dramatic results continue to increase in numbers and degree of success.

The most notable measure of success for these new formulations came in the form of clinical studies performed on twenty-five female patients by Dr. William Langley in 1975. The study was submitted to the Texas Food and Drug Administration. The female patients were of varying age groups.

In testing Vagistat Vaginal Creme against 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-day intervals. The results were excellent in 14 days. . . . 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 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.⁶⁷

The epithelia are the moist surface cells which line the cavities and mucous membranes. 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. As noted in his report, Dr. Langley observed healthy restoration of these cells in the first 14 days.

Another physician, T.T. Teel, M.D. (a general practitioner in Dallas) used Vagistat Creme in treating eleven separate cases involving women with complaints in areas of 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 by AVA, Inc. effective in all claims of anti-pruritic, fungicidal, trichomonacidal and bactericidal activity; high in enzymatic activity, anti-inflammatory activity, and in the restoration of healthy epithelial cells.⁶⁸

At this point we realize, despite all our well-substantiated evidence to support the use of Aloe Vera in gynecological/genital applications, there are some pieces that need to be filled in. For example, 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.

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

Part of the beauty of using all Stabilized* Aloe Vera products is the lack of measurable toxicity. For that reason alone, they can be used with impunity without fear of side effects. There are few in any field of medicine who can make that kind of claim.

Internal indications

Frankly, we have no summary clinical data to match the reports in other fields of applied medicine. One reason is an understandable caution on the part of physicians who require vast laboratory

data to justify the use of Aloe Vera in these kinds of cases. The 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, at least one clinical report, some supplemental professional case examples, and several testimonies to its effectiveness for such conditions as colitis, peptic ulcers, muscle cramps, hay fever, allergies, colds, and related allergic afflictions.

Stomach ulcers/Ulcerative colitis. Earlier, we briefly cited at least one clinical report that verified the effective use of Aloe Vera in treating twelve cases of peptic ulcers. We will now recount that report in more detail. 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 ulcers, and having unmistakable roentgenographic evidence of duodenal cap lesions were treated with Aloe Vera 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. . . . This was confirmed by roentgenographic examination which gave evidence of complete healing.⁶⁹

Not all intestinal and stomach ulcer conditions treated by Aloe Vera can be supported by accompanying clinical data, but at this point a few direct testimonies seem in order. Relative to colitis and stomach ulcers, one case with dramatic results was reported by Mrs. E.K. of Nappanee, Indiana:

My husband and I are 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.⁷⁰

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 by taking our Stabilized* Aloe Vera Gel for the father's ulcers and ended using it for the entire family as a treatment for colds, sore throats, ear and respiratory infections.

Respiratory infections. 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 also have evidence in the Cottshall, Jennings studies of its bactericidal effect on tubercule bacilli. So, logically where historical and medical precedent dictate, reason must also prevail. In a couple of individual cases it did.

We quote a letter from PCE 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. doses daily, but still double-up when I feel tired. May not cure everything, but it certainly has improved my health and energy.⁷¹

From accounts of improved health, there have also been certain cases in which Stabilized* Aloe Vera has possibly helped save lives. One instance rests with the case of Mr. Charlie Pearce of Baton Rouge, Louisiana. Mr. Pearce had been hospitalized for a diagnosed malignancy in his left lung and was also suffering from pneumonia in his right lung. As soon as his physicians were able to clear the pneumonia from his right lung, they planned to remove either part or all of his left. However, the right lung was not clearing up as rapidly as they had hoped, and Mr. Pearce was growing weaker and still faced the prospect of an operation.

At this critical juncture Charlie's wife Dot, a longtime believer in our products, called and asked me if the plain Stabilized* Aloe Vera Gel would help Charlie's condition. I assured Dot that it certainly wouldn't hurt but also cautioned her that there was little chance that Mr. Pearce's doctors would allow the gel to be used; there wasn't sufficient data available to convince them it was acceptable for internal use. But doctors or no doctors, Dot Pearce was determined to try the Aloe 99 Gel.

I recommended the program of massive doses I thought might be helpful. Dot Pearce saw to it that the gel was smuggled to him on the following Monday. In the next seven days he consumed in excess of five pints of the liquid. By the following Monday, the seventh day, x-rays revealed the growth in his lung had reduced so dramatically as to eliminate the need for surgery. At his request, he was released on the following day. It has been five years since Charlie Pearce's release. To this day he still takes his daily regimen of Aloe Vera gel.⁷²

A Graphic Example

Because of its pronouncedly wide-spread reputation as a healer in topical applications, it is perhaps only appropriate that we close this chapter with a graphic example of the dramatic effect of Stabilized* Aloe Vera in dermatological healing.

The set of photographs involves a series of decubitous ulcers on a 38-year-old muscular dystrophy patient, M.C. of Dallas, Texas. The ulcers photographed measured 7 inches in diameter. The bacterial infection disclosed on the original photo was cultured at the time the picture was taken and was found to host 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 in the photograph. The modalities used to treat her were Stabilized* Aloe Vera Cream and Stabilized* Aloe Vera Gel applied in regular doses. The treatment period was ninety days. The photographs span the duration of the treatment and speak adequately for themselves.



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.*

Summary

Attempting in a few paragraphs to summarize seventeen years of research documentation, clinical data, and personal testimony seems contrary to the laws of nature.

We hope that by now we have at least communicated that Stabilized* Aloe Vera comes in a broad range of products for systemic uses in the fields of dermatology, orthopedics, dental/periodontal use, gynecology, pediatrics, and internal medicine, as well as athletic uses and prescriptive skin care in everyday application.

From the Sims/Zimmermann 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. Of no less significance are the conclusions of physicians reporting that there is no measureable toxicity in Stabilized* Aloe Vera. Nor are there any contraindications to be found in any of the cases reported.

From the physicians' reportings, letters of evaluation, and instances of documented personal testimony, we hope we have shown that Aloe Vera is not only phenomenally effective in its applications but seemingly unlimited in its uses—perhaps as unlimited as folklore would have it. What we have tried to do in this limited space is to encapsulate, to give you some of the best examples and cover the most important areas of potential.