SYSTEMIC LUPUS ERYTHEMATOSIS (SLE)

1. Pre-Disposing Factors and Clinical Indicators: Common serum indicators include increased alpha 1 glycoprotein, decreased albumin, increased ALP, increased anti-DNA antibodies, increased ANA (**speckled pattern – this is the gold standard diagnosis**), increased CRP, increased creatinine with renal involvement, increased LDH, decreased WBC, increased lymphocytes with decreased neutrophils, decreased platelets, decreased manganese and increased soluble HLA-1.

a. Immune insufficiency with subsequent inflammation.
b. Occurs predominantly in females and begins frequently before 40 years of age.
c. Often the first system to fail is renal function.
d. Often confused with rheumatoid arthritis in the early phase.

2. Dietary Suggestions:

a. Drink at least 8 full glasses of pure water daily (no well water or city water).
b. Eliminate all hydrogenated fats and oils. Use only fresh and raw oils.
c. Avoid refined carbohydrate, processed food, alcohol, dairy (except butter), gluten and caffeine.
d. Avoid excess consumption of juice as well as fruits and vegetables high in sugars.
e. Increase raw food and quality protein. If renal dysfunction is present, insure total protein consumption remains low and fresh fish, veal and skinless poultry are used in lieu of large amounts of red meat (red meat should be limited to once or twice a week).

3. Primary Supplemental Support in order of need: The following program is expensive and difficult to follow however, SLE does not lend itself to conservative treatment. This program should be used only after consultation with a doctor qualified to manage SLE.

a. **Cytozyme THY** and **Cytozyme-SP** - 5 tid each..
b. **Bio-Trophic Plus** – 5 tid or **Pro-Multi Plus** – 2 tid.
c. **Whey Protein Concentrate** – 1 serving bid..
d. **Blackcurrant Seed Oil** or **Evening Primrose Oil** – 3 tid.
e. **MCS-2** – 2 bid with **Beta-TCP** – 3 tid.
f. **IAG** – 2 teaspoons full tid..
g. **21st Century Homeopathic For Lymphatic Drainage** - 1 capful bid.
h. If adrenal cortical hypofunction is present use **ADB5-Plus** – 3 bid in the a.m. and noon. If adrenal cortical hyperfunction is present use **ADHS** – 3 bid in the a.m. and noon. In either case use **Bio-Ashwaganda** – 2 bid.
i. **Intenzyme Forte** – 5 qid on an empty stomach.
j. **Mn-Zyme** – 1 bid..