Systemic Lupus Erythematosus (SLE)

Systemic lupus erythematosus, often called lupus, is regarded as an auto-immune disease. It affects 5 million people worldwide. It can present with a variety of symptoms including fatigue, fever, joint pain and rashes. The kidneys, lungs and brain can be affected.

The cause of SLE is usually unknown although drugs and infections can trigger it.

Treatment is most often with steroids such as prednisolone but also with immune suppressants such as methotrexate, hydroxychloroquine and azathioprine. Biological treatments such as belimumab and anifrolumab may also be used. These drugs can be effective but usually need to be taken long-term and are associated a wide range of serious adverse effects.

What is little known is that about forty years ago an Australian doctor called Dr Christropher Reading developed a very successful protocol for SLE. His ideas were way ahead of his time.

He successfully treated over a hundred people with SLE and all remained symptom-free for over five years. Their blood markers (ANA was the main marker used at the time) normalised.

How did he achieve remarkable results like this? This was better than we see with today's medicine and without resorting to powerful and toxic drugs?

He started by removing grains and milk which he found most people with lupus were intolerant to. Sometimes he eliminated other food intolerances but grains and dairy were the main ones.

He reasoned that these food intolerances were not only triggering the SLE but causing malabsorption of nutrients and this was often severe. It would be many years before research findings backed him up and we now know that many food additives cause increased intestinal permeability or "leaky gut" (see *https://doi.org/10.1016/j.autrev.2015.01.009*) as can wheat and milk.

Increased intestinal permeability, in turn, causes malabsorption of nutrients and the release of toxic substances out of the gut and into the blood stream (such as lipopolysaccharides). Today we know SLE is associated with increased intestinal permeability *https://pmc.ncbi.nlm.nih.gov/articles/PMC9250981/#:~:text=Front%20Immunol,Jun%2020%3B13%3A919792*. and that changes in the

microbiome (gut flora) typically occur in SLE. https://doi.org/10.1016/j.clim.2022.109109 .

Dr Reading deduced that one way to deal with this was to give large doses of vitamins and minerals, either intramuscularly or intravenously. These results have, on a small scale, been replicated by other doctors working in the same field.

Unfortunately, like so many innovators in medicine, he was hounded by the authorities and eventually forced out of practice.

Decades later, other workers noted links between SLE and nutrition. A four-year study in Japan of 196 women with lupus, published in 2003 found those consuming the highest amount of Vitamin C from food had a 74% reduced risk of active lupus. https://pubmed.ncbi.nlm.nih.gov/12672194/#:~:text=J%20Rheumatol,4)%3A747%2D54

Green tea has also been investigated in lupus in mice and those having the green tea extract had an 80% decrease in immune deposits, four times less kidney damage and survived twice as long. In a study on 68 women, those on green tea extract (equivalent to 4-5 cups daily for 3 months), had a halving of disease activity and their blood markers for lupus were lower https://pubmed.ncbi.nlm.nih.gov/28585735/#:~:text=Phytother%20Res,7)%3A1063%2D1071.

It is highly likely that other links between nutrition, the gut and the microbiome will continue to emerge in many auto-immune diseases