

Lupus: Autoimmune Disease and Hidden Pathogens

by Simon Yu, MD

Lupus is a classic case of an autoimmune disease of unknown cause for which modern medicine doesn't offer any effective treatment to correct the underlying problems. Because the cause(s) of the disease is unknown, the disease is elusive and baffles medical doctors and scientists.

An autoimmune disease is one in which one's own antibodies attack one's own cells. As an autoimmune disease, Lupus can manifest by inflammation of any part of the organ systems from the intestinal tract, thyroid, heart, lung, joints, and kidneys to skin. Physicians resort to treating the symptoms such as chronic pain and other related clinical manifestations resulting from the inflammation. By treating symptoms, and not the underlying problems of the body, the disease itself is not addressed.

Treatment for Lupus includes NSAIDs (nonsteroidal anti-inflammatory drugs, such as aspirin or ibuprofen), steroids, Hydroxychloroquine, and Cyclophosphamide. These medications are highly toxic to one's body and create side effects which in the long run are more harmful than the original problem.

One of the intriguing aspects of Lupus is that some cases respond well to long term usage of antibiotic or anti-parasitic medications or extraction of infected root canals.

What is the connection between hidden infection and autoimmune disease? When you connect the missing links of overlooked scientific studies one finds indications that hidden infections have been associated not only with Lupus but with most autoimmune diseases such as Rheumatoid Arthritis as well as thrombosis, heart attack, and cancer.

Hidden infections seem to be a major culprit causing inflammation and elevation of ESR, C-reactive protein and ANA titre as major hallmarks of autoimmune disease. Three most prominent works identifying these links with hidden infections have been produced by Dr. Weston Price in dentistry, Dr. Lida Mattman, Ph.D. in microbiology and Dr. Gunter Enderlein, Ph.D. in zoology.

Infectious pathogens are often hidden and undetected by standard blood or stool cultures. Depending on environmental stresses, such as root canals or chronic parasite infestations in the GI tract, pathogens can adapt, change in form, and mutate from over-use of antibiotic medications. A mutated form of a pathogen is often called a Cell Wall Deficient form or L-form and becomes a stealth pathogen, capable of evading our immune surveillance system.

An L-form stealth pathogen is often resistant to antibiotics as well as heat and cold. It can release extreme levels of toxins and be dormant for many years in the body, soil or refrigerator. An L-form stealth pathogen has a much different morphology in many different stages dependant on environmental conditions (this is called pleomorphism). It can therefore create the conditions for chronic medical problems depending upon one's individual genetic susceptibility.

Once the L-form stealth pathogen settles into one's body, it can hide in deep cellular levels. Therefore, eradicating the pathogen can be a major challenge. At that stage, using stronger, newer antibiotics creates a bigger monster to deal with later. Antibiotics are no longer effective and will drive the stealth pathogen to become more powerful and toxic. This, of course, worsens the original problems and symptoms.

One of the most effective ways to deal with a stealth pathogen is by re-activating one's immune system through body detoxifications, nutritional support, heavy metal detoxification and eliminating the favorite hiding places in the GI tract and the mouth (in teeth, gums, and jaw).

Patient Success Story: Lupus - Jane, 46 year old female with history of Lupus diagnosed in October 1994.

Chief complaints: Symptoms of pericarditis, arthralgia, anemia, alopecia, tachycardia, and fatigue along with elevated ANA. I saw her in October of 2003 with recurrent pericarditis and left shoulder pain.

Physical exam: normal exam.

Lab: EKG normal. Chest X-ray normal. ANA titre high with antinuclear antibodies at 1:320. ESR high at 55. C-reactive protein very high at 7.13 (normal value is less than one) and rheumatoid factor normal at 4. Echocardiogram: normal exam.

Heavy metals: Very high on mercury and slightly elevated level on arsenic and tin.

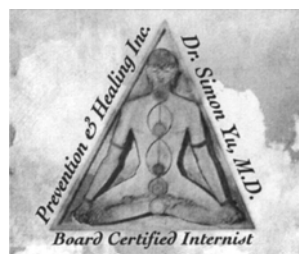
Results: Acupuncture Meridian Assessment revealed primary focus was on intestinal and dental infection.

Treatment: Patient was started on parasite medications for parasites and antibiotics for dental infection. Dental infection did not bother her. Patient was strongly advised to see a Biological dentist. Patient has been on an intensive nutritional program. In April of 2004 dental work was finally completed by an oral surgeon. Soon thereafter, all aches, chest pain and pleurisy have been resolved. Four months later, ESR and CRP are back to normal and ANA titre is down to 1:160.

Commentary: Jane had classic Lupus by her physical symptoms and by her lab test results. Three major underlying problems for Jane were hidden dental infection, heavy metal toxicity, and parasite infection.

Outcome: Jane's chest pain and joint pain were markedly improved after intense nutritional programs, parasite cleansing and the completion of oral surgery for cavitations (infections) in the area of old wisdom teeth. Patient is going through chelation therapy for heavy metal toxicity. I expect she will continue to improve.

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