

Can a Whole-Plant-Food Diet Help Lupus?

Reports show that fasting and plant-food diets can improve symptoms of autoimmune conditions, but TrueNorth wants to get more specific.

By Matthieu Bonjour M.D., Alan Goldhamer, D.C., Toshia Myers, Ph.D.

The TrueNorth Health Center has specialized in treating patients with water-only fasting and an exclusively whole-plant-food diet for 35 years. Clinicians and researchers at TrueNorth Health are interested in the effects of water-only fasting followed by long-term adherence to an exclusively whole-plant-food diet free of salt, oil, sugar, and gluten on lupus disease activity. Lupus, or systemic lupus erythematosus (SLE), is an autoimmune disease in which the immune system produces antibodies that attack healthy tissue. Lupus is particularly devastating because it can damage any organ as well as multiple organs at the same time.

Although lupus survival rates have increased over the last 50 years, long-term morbidity from disease progression and adverse treatment effects can result in physical disability and psychosocial challenges that impact one's quality of life and ability to work. This disease leads to substantial direct and indirect cost to individuals and society, which disproportionately affects disadvantaged populations. Costs are driven by disease activity and disease damage.

Diet is emerging as a cost-effective treatment for chronic inflammatory conditions, including autoimmune disorders such as lupus. There are reports showing that fasting and plant-food diets improved clinical symptoms of rheumatoid arthritis, another autoimmune condition. There have been a number of studies on the effects of indi-

vidual dietary components, especially those found in plant foods, on lupus.



Only three published case reports exist that describe dietary intervention beyond specific nutrient supplementation on lupus patients. These reports showed that patients had positive improvements after implementing dietary changes (research in animals further supports these findings).

Causes, Side-effects, and Treatments

Why a person gets lupus is not fully understood, but environment, epigenetics, gut health, and inflammation have all been connected to its disease risk and/or progression. The biological mechanisms that regulate lupus are also complex and poorly understood. This complexity makes it difficult to treat lupus and has made it difficult to find effective treatments.

Since lupus can affect any organ, it causes a wide spectrum of clinical manifestations, depending on the damaged tissue. Symptoms may include extreme fatigue, fever, joint pain, skin rashes, photosensitivity, shortness of breath, and chest pain. When clinical symptoms are present, laboratory tests—including complete blood count, electrolyte analysis, kidney and liver function tests, markers of inflammation, and more specific measures of autoantibodies (anti-nuclear, anti-dsDNA, etc.)—can be performed to substantiate the findings. There are currently no tests available that can definitively diagnose lupus, so it is diagnosed using a

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combination of clinical evidence and laboratory results.

Unfortunately, there is currently no cure for lupus. It is conventionally managed using treatments such as corticosteroids, antimalarials, and cytotoxic/immunosuppressive drugs that primarily act by reducing inflammation and immunological responses through nonspecific mechanisms. These treatments manage the disease to varying degrees, but at the cost of patients having a higher vulnerability to infectious diseases and risk of other serious side effects.

The treatment relies on a discussion with your doctor, which takes into account the clinical and biological manifestations, risks and benefits, and affordability. Despite existing treatments and decades of active research, there remains an important need for effective therapies with low risk of adverse events.

Participate in a case series:

We are looking for a few motivated lupus patients to participate in a case series to thoroughly monitor how this intervention will impact the course of their condition. If you are interested in participating in this series, please contact us by August 19, 2019 at tnhresearch@truenorthhealth.com or call (707) 586-5555, extension 1142.



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Dr. Matthieu Bonjour, M.D. is a second-year medical resident from France. He chose the specialty of internal medicine to take a multidimensional approach to complex chronic disease, with a particular focus on autoimmune conditions. He is passionate about finding solutions based on the highest levels of scientific evidence, while taking a holistic approach to improving quality of life and reversing and preventing these diseases. He was co-author of a [study](#) conducted at Cochin Hospital in Paris on systemic lupus erythematosus treatment in medical school.

Dr. Alan Goldhamer is the founder of TrueNorth Health Center in Santa Rosa, California, which provides medical and chiropractic services, psychotherapy and counseling, and massage and body work. TrueNorth has become one of the premier training facilities for doctors wishing to gain certification in the supervision of therapeutic fasting. After completing his chiropractic education at Western States Chiropractic College in Portland, Oregon, Dr. Goldhamer became licensed as an osteopathic physician in Australia. He is the author of *The Health Promoting Cookbook* and co-author of *The Pleasure Trap: Mastering the Hidden Force That Undermines Health & Happiness*.

Dr. Toshia Myers is the research director at the TrueNorth Health Foundation in Santa Rosa, California. TrueNorth's aim is to conduct and facilitate rigorous, peer-reviewed research on the health effects of therapeutic water-only fasting and an exclusively plant foods diet. Dr. Myers obtained a Ph.D. at Columbia University in New York and completed postdoctoral training at the Centers for Disease Control and Prevention in Atlanta, Georgia and University of Copenhagen in Denmark. She has published her research in the journals *Developmental Cell*, *Proceedings of the National Academy of Sciences*, and *Stem Cell Reports*.

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