

Lupus strongly resembles arthritis in the beginning stages. Systemic Lupus Erythematosus is defined as a chronic inflammatory disorder "of an unknown cause" that can involve joints, kidneys, serous surfaces and vessel walls. 90% of the cases world-wide are in women, usually younger women. There are other forms of Lupus.

Most cases we see start insidiously with rheumatoid arthritic like pains. Some start abruptly with fever with especial soreness on the roof of the mouth, where the hard and soft palates meet. The most classical sign is the butterfly like redness that appears on the face. The redness is mistaken for rosacea commonly. Redness breaks out on the sides of the palms and often extends to the fingers. During active phases there is commonly hair loss, often in patches like alopecia.

In more severe or progressed cases there can be headaches, strokes, epilepsy, personality changes, psychosis and central nervous system achiness. Occasionally, kidneys clog with protein; some have repeated respiratory problems (pleurisy): and others have heart problems.

The most common description heard is a combination of a "tennis elbow", red face (usually worse in the sun), backache (like presumed early menopause), knees and hand arthritic pains. There is usually a history of rheumatoid arthritis in the family.

From our experience the cause is the inherited aspect of rheumatoid arthritis with a base issue of the miasm of tuberculosis and a family history that includes scarlet fever. Our protocol sees this as an inherited bone issue with concentration on the pancreas (the calcium distributor). For years we saw a great similarity in the protocol for Lupus and Diabetes. In 2010 we found a way to combine the two into one remedy.

A new player since 1985 is now in the picture. In the World Environmental Conference it was announced there was an epidemic of multiple sclerosis and systemic lupus. It is especially prevalent among the drinkers of soft drinks with aspartame. The Aspartame Disease is now fully identified as a major trigger and perpetuator of the disease. It aggravates the disease to crippling proportions with methanol toxicity. (Our Aspartame Antidote has been very successful).

History has a lot of fear around this disease because it was thought to have no cure. Later medicine found a treatment and it is not our place to pass judgement on the treatment. We have chosen to eradicate the vibrations of the cause so that they will not manifest again for the rest of the life. People often come to us with more hope than belief. When finished they are satisfied in both departments. Your grandmother would be proud of you taking this next step that was not available to her to make sure this is not passed on to the next generation.

Because this program is so similar to the protocol for active or potential diabetes, there are some guidelines that fit both.

- (1) Lupus may actually start with mild symptoms just after a child has chicken pox.
- (2) The Chicken Pox vaccination tried in the 1990s was a dismal failure and so dangerous that it was taken off the market. Its effects were especially devastating to the people who had potential diabetes or lupus. If you are among the people who had the vaccine, you may want to test for (and take) our antidote to the vaccine.

SUMMARY OF REMEDIES

(with range of mega bottles needed)

TOXOPLASMOSIS*	1
PANCREAS FLUKES*	1
CANDIDA PANCREAS	1
C&CP or CPCSP or C&D	1
DIABETES/LUPUS	5-6
TUBERCULINUM DEER	5-6
(For Discoid Lupus)	

*Crittter Be Gone can be used 1

For Lupus Erythematosus a typical schedule would be:

Critter Be Gone
Can Pan
CP C SP
DIABETES/LUPUS

For Lupus Discoid a typical schedule would be:

Critter Be Gone
Can Pan
CP C SP
DIABETES/LUPUS
Tuberculinum Deer

<u>SUMMARY OF REMEDIES</u>	
(with range of <u>mega</u> bottles needed)	
DIABETES/LUPUS	5-6
LIGAMENT SCLERA	4-6
LIGAMENT MALACIA	4-6
LUPUS D	4-6
LUPUS GRANULOMATOUS	
COMPLEX	4-6
LUPUS LIPOPHAGE	4-6
LUPUS PERNIO	4-6
LUPUS PHOSPHOLIPID	4-6
LUPUS SCLEROTIC	
COMPLEX	4-6
LUPUS THYMUS	4-6
MIXED CONNECTIVE	
TISSUE DISEASE	5-7
MUSCLE FIBRIL COMPLEX	4-5

We added several lesser-known forms of known Lupus to our list. Unfortunately we have little experience as of this writing and present only the remedies for your research and use.

In **Lupus D** we see a confusion of how calcium joins in the ligaments and tendons. Both seem to tighten.

Lupus Granulomatous Complex is a condition where malformation of tissue and irritation of tissue come together. Multiple organs can be involved instead of just skin tissue. It was most noticed in Thymus, Spleen and Breast. It is an especially interesting choice for people over 60 who simultaneously have kidney malfunction, high blood pressure and weight gain.

In **Lupus Lipophage** we see that carbohydrates tend to make the joints stiff and sometimes swollen.

In **Lupus Pernio** we see the “almosts” – almost a joint pain, but still just stiff; almost a skin breakout, but only rough skin.

In **Lupus Phospholipid** we see that lipids do not burn as they should and seem to wrap onto the tendons and ligaments making a swelling just past joints.

In **Lupus Sclerotic Complex** we see tendons and ligaments hardening much like we see in **Dupuyten’s Contracture**.

Lupus Thymus, like **Lupus Granulomatous Complex** is seen in the condition of kidney malfunction, high blood pressure and weight gain.

Ligament Sclera and **Ligament Malacia** are remedies for the ligaments that mimic Lupus.

Mixed Connective Tissue Disease is described as a mix of Rheumatoid Arthritis, Lupus, Scleroderma, Polymyositis or dermatomyositis. Typical clinical symptoms include Raynaud's Syndrome, polyarthritis, slow moving esophagus and respiratory distress. The most common symptom is swelling in the hands with a sausage-like appearance of fingers. Rashes like Lupus are not uncommon, especially over the knuckles. Diffuse alopecia is also seen. Muscles show degenerating fibers that infiltrated by lymphocytes and plasma cells.

Our research has led us to make a variation on this theme called **Muscle Fibril Complex**. We commonly see this with substances “sticking” mid esophagus when people eat. Fingers slightly shorter than the palm seem a common symptom. The diaphragm seems to tighten making breathing more difficult. The bladder seems to lose elasticity so that urine makes it sag and prevents full voiding in one pass. There is a connection to weakened eyesight for many as they age. This may turn out to be one of the “aging diseases”.