



The Immune System Recovery Plan: A Doctor's 4-Step Program to Treat Autoimmune Disease

By Susan Blum MD MPH, Michele Bender

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One of the most sought-after experts in the field of functional medicine shares her proven four-step program to treat, reverse, and prevent autoimmune conditions and repair your immune system.

- Are you constantly exhausted?
- Do you frequently feel sick?
- Are you hot when others are cold, or cold when everyone else is warm?
- Do you have trouble thinking clearly, aka “brain fog”?
- Do you often feel irritable?
- Are you experiencing hair loss, dry skin, or unexplained weight fluctuation?
- Do your joints ache or swell but you don’t know why?
- Do you have an overall sense of not feeling your best, but it has been going on so long it’s actually normal to you?

IF you answered yes to any of these questions, you may have an autoimmune disease, and this book is the “medicine” you need. Among the most prevalent forms of chronic illness in this country, autoimmune disease affects nearly 23.5 million Americans. This epidemic—a result of the toxins in our diet; exposure to chemicals, heavy metals, and antibiotics; and unprecedented stress levels—has caused millions to suffer from autoimmune conditions such as Graves’ disease, rheumatoid arthritis, Crohn’s disease, celiac disease, lupus, and more. In *The Immune System Recovery Plan*, Dr. Susan Blum, one of the most sought-after experts in the field of functional medicine, shares the four-step program she used to treat her own serious autoimmune condition and help countless patients reverse their symptoms, heal their immune systems, and prevent future illness.

DR. BLUM'S INNOVATIVE METHOD FOCUSES ON:

- Using food as medicine
- Understanding the stress connection
- Healing your gut and digestive system
- Optimizing liver function

Each of these sections includes an interactive workbook to help you determine and create your own personal treatment program. Also included are recipes for simple, easy-to-prepare dishes to jump-start the healing process.

The Immune System Recovery Plan is a revolutionary way for people to balance their immune systems, transform their health, and live fuller, happier lives.

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Editorial Review

Review

“*The Immune System Recovery Plan* is a must read for everyone with autoimmune disease. Dr. Blum masterfully presents the latest scientific information and gives patients practical, natural, and safe ways to help the immune system heal.” (Joel M. Evans, MD Founder and Director of The Center for Women’s Health, Stamford, CT and author of *The Whole Pr*)

“In the tradition of Hippocrates, Dr. Susan Blum re-establishes food as the most fundamental and powerful mediator of health and wellness. *The Immune System Recovery Plan* provides a wealth of information, based on leading-edge science, that will surely have a profoundly positive impact on the vitality and longevity of its readers.” (David Perlmutter, MD, FACN, author of *GrainBrain: The Surprising Truth About Wheat, Carbs, and Sugar - Your Brain's Silent Killers*)

“*The Immune System Recovery Plan* is a godsend for the millions suffering from autoimmune disorders. This book’s information is life-changing!” (Christiane Northrup, MD, author of *Women’s Bodies, Women’s Wisdom* and *The Wisdom of Menopause*)

“A clearly written, practical, person-friendly and comprehensive approach to relieving the suffering and reversing the damage of autoimmune disease. Thank you Dr. Susan Blum.” (James Gordon, MD author of *Unstuck: Your Guide to the Seven-Stage Journey out of Depression*, and founder/ dir)

“When treating autoimmune disease, Dr. Susan Blum takes the whole person into account, using practical tools such as understanding food as medicine and stress management, healing your gut, and supporting your liver. *The Immune System Recovery Plan* is an empowering, revolutionary approach to treating the causes of all autoimmune conditions.” (Joshua Rosenthal Founder and Director of the Institute of Integrative Nutrition)

“*The Immune System Recovery Plan* is the right book, at the right time, by the right person. We are witnessing a significant increase in autoimmune inflammatory diseases, which include more than 80 different diagnoses. Dr. Blum has done a magnificent job helping the reader to understand how this family of inflammatory disorders, including arthritis and fibromyalgia, can be managed with the diet and lifestyle program she developed in her practice. Her step-by-step approach is based on her considerable years of experience as a physician, and the emerging medical science that, for the first time, has developed an understanding of how genetics, lifestyle and nutrition play a role in origin of these disorders. The approach described in Dr. Blum’s book represents the leading edge in the lifestyle management of chronic inflammatory disorders. It is a ‘news to use’ book that provides real assistance to those with inflammatory disorders who are looking for a clinically sensible approach to their problems.” (Jeffrey Bland, Ph.D., FACN, President, Personalized Lifestyle Medicine Institute)

About the Author

Susan Blum, MD, MPH, is the founder of the Blum Center for Health in Rye Brook, New York, an advisor to the Institute for Functional Medicine, and serves on the Medical Advisory Board for *The Dr. Oz Show*. An assistant clinical professor in the Department of Preventive Medicine at the Mount Sinai School of Medicine, she has been treating and preventing chronic disease for more than a decade. She lives in Armonk, New York, with her husband and three sons.

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The Immune System Recovery Plan

CHAPTER 1

Autoimmune Disease Basics

A HEALTHY IMMUNE SYSTEM

Your immune system includes a group of cells in your body that protect you against infections and illness. This is why the immune system is often referred to as an “army” of cells. Every day when you’re exposed to things that could cause infection and illness—such as viruses, bacteria, mold, parasites, and foreign proteins in food—your immune system takes action. To do so, it calls upon many different kinds of soldiers, but to understand autoimmune disease, we will focus on one battalion in particular, called lymphocytes.

Lymphocytes are a type of white blood cell that is responsible for protecting you from harmful foreigners like infections. However, if they aren’t working right, lymphocytes are the cells that cause autoimmune diseases. There are two kinds of “soldiers” that make up the lymphocyte battalion. The first is killer T cells, which directly attack anything they don’t recognize and which they perceive as an invader. I think of this direct attack as cell-to-cell combat. The other kind of soldier is called a B cell. These cells produce antibodies, which are molecules that grab on to anything that your immune system thinks is foreign and dangerous. After these molecules get hold of the foreigner, your immune system initiates a bigger response that causes an inflammatory reaction. When this happens, new compounds are released that attack the foreigner in order to kill it and clear it out of your body. You can think of antibodies as bullets released from the B cells to kill the invader. Both kinds of soldiers of the immune system, antibody-producing B cells and killer T cells, start a process that results in inflammation throughout the body. Though the process may begin somewhat differently, the end result you feel is the same for the most part. The first definition of a competent and healthy immune system is one in which the killer T cells and the antibody-producing B cells are in balance so that the immune response is balanced, too.

Depending on the invader, sometimes you actually feel something is happening when your immune system takes action and sometimes you don’t. Examples of these foreign invaders include bacteria and viruses. If you get a sinus or ear infection, which is caused by bacteria, you may experience your immune system taking action by having a stuffed nose and pain in your ear or sinus area. If you get the flu, which is from a virus, you might have a high fever. These symptoms are the result of your immune system trying to fight the bacteria or virus. You might have a strong reaction and the inflammation might be felt in your muscles or in your joints, like arthritis. All of these are signs that the immune system is working to fend off the infection. If your immune system is strong, this war within you should stop after a week or two at the most. Once its job is done, the immune system will relax and go back to its normal state of watching and waiting for the next offender, and the inflammation goes away. In someone with a healthy immune system, this is a good, normal process, and we need these killer T cells and antibodies to keep us healthy.

There is more than one type of T cell. The killer T and B cells are told what to do by the T helpers and the T regulators, which either turn on or turn off the immune response. The different types of T cells need to be in balance for the immune system to turn off properly after it is activated and the job is done. This balance is the second definition of a healthy immune system.

While your immune system needs to be vigilant in order to guard against infections and toxins, it also has to be very careful not to hurt your own tissues by mistaking your own cells for the invader. During their earliest development, your immune cells have to learn the difference between something that is a natural part of your

body, or “self,” and a foreign substance, or “not self.” Being able to make this distinction is called tolerance. The third definition of a healthy immune system is one that attacks only invaders and not itself.

Three things that define a healthy immune system:

1. Balance between killer T cells and antibody-producing B cells
2. Balance between T helpers and T regulators to turn on and off the immune system
3. The immune system’s ability to differentiate foreign invaders (such as viruses or bacteria) from natural parts of your body (such as cells and tissues)

AN IMMUNE SYSTEM GONE AWRY

An autoimmune problem develops when the immune system fails at all three of these definitions of health. The body begins to make too many killer T cells or too many antibodies (this varies depending on the autoimmune disease and will be discussed in depth later) and then fails to turn off, so the immune reaction doesn’t stop. (These first two problems can also be seen in people with asthma and allergies, because they have an overactive immune response to substances called allergens. Symptoms such as wheezing and sniffling, and even life-threatening tongue swelling and throat tightness, are caused by the immune response, not the allergen itself.) But most important for those of you with autoimmune diseases, the immune cells are attacking your body’s own tissues when they should only be attacking outside invaders. Put all three problems together and the result is inflammation and damage to your cells and organs.

WHAT ARE AUTOIMMUNE DISEASES?

“Autoimmune” represents a category of at least one hundred diseases, not one specific illness. This can be confusing and is probably why many people aren’t familiar with autoimmune diseases or are unsure which illnesses fall into this category. Furthermore, the names of these conditions, which include Hashimoto’s thyroiditis, rheumatoid arthritis, systemic lupus erythematosus, Sjögren’s syndrome, celiac disease, and multiple sclerosis, among others, don’t have the word “autoimmune” in them. This is unlike diseases such as the various forms of cancer, where their names contain the word “cancer” and the area where the malignant tumor(s) are found. For example, breast cancer is a tumor in the breast, colon cancer a tumor in the colon, and skin cancer a tumor on the skin. Without the word “autoimmune” as part of their names, autoimmune conditions sound like they are distinctly different diseases. However, that couldn’t be further from the truth.

What can also be confusing is that the names of autoimmune conditions don’t tell you where the disease is located in the body. Some autoimmune conditions are systemic, meaning that the attack spreads throughout the body to all tissues, as in lupus. Others are organ specific, where the attack occurs in a specific area or organ, like Hashimoto’s, which occurs in the thyroid. In either case, the name isn’t a helpful indicator of where the problem actually exists. For example, Hashimoto’s and Graves’ disease are in the thyroid, multiple sclerosis is in the brain and spinal cord, vitiligo is in the skin, and pernicious anemia is in the blood cells. Although the affected areas are different, we now know that the underlying problems in all of these diseases are very similar. In fact, the focus of recent research has switched from looking at the specific organ affected by the disease to determining the underlying mechanisms for how these diseases begin. This idea—that all of these conditions have similar origins—is critical to our approach for treating and reversing them.

More than one hundred different autoimmune conditions have similar characteristics. They are all serious chronic diseases with an underlying problem in the immune system. Another thing they have in common is inflammation, which is irritation and swelling inside your body, in any part including your brain. Inflammation can cause a wide range of symptoms, including fatigue, puffiness, muscle or joint pain, abdominal discomfort including diarrhea, and difficulty concentrating or “brain fog.” Or you may just have a vague, nagging feeling that something isn’t right, even if your doctor can’t find anything wrong with you.

By using a functional medicine approach and focusing on the primary cause of the immune dysfunction, research has uncovered many potential triggers for these diseases. (A trigger is anything that starts an unhealthy immune response.) It turns out that many autoimmune diseases are set off by similar things, such as gluten, heavy metals, toxins, infections, and stress. The main difference between each disease is that the immune cells target and attack tissue in different parts of the body. Essentially, most autoimmune conditions are more alike than they are different. And it turns out that fixing the foundational systems—which are your diet, stress hormones, gut health, and body’s toxic load—will heal the immune system and help them all. This is the revolutionary approach I detail in *The Immune System Recovery Plan* and why the treatment program it contains can benefit and target all autoimmune diseases.

WHAT CAUSES AUTOIMMUNE DISEASE?

The National Institutes of Health estimates that up to 23.5 million Americans suffer from autoimmune disease and that the prevalence is rising. With the numbers increasing every year, many experts have questioned what causes autoimmune disease and have been studying this to find out. As a result, there are many thoughts and ideas about how you “get” an autoimmune disease. Here are the explanations with the most evidence behind them.

Potential Trigger: Our Modern-Day Diets

Gluten

Modern-day agricultural practices include something called genetic modification. This means that the genes in the seeds for crops like corn, soy, and wheat are altered in a laboratory so that these plants can grow larger or resist disease more effectively. The result of altering our crops this way is that they now contain proteins that are not natural to the plant. Animal studies have found that these proteins are extremely difficult for us to digest, which causes symptoms such as:

- Heartburn
- Reflux
- Gas
- Bloating after eating

We have also seen evidence that these proteins cause immune reactions in the gut that can promote the development of autoimmunity. Autoimmunity means that the cells of your immune system are damaged and then make a mistake and attack your own tissues. Gluten is a protein found in wheat, barley, kamut, and spelt, and genetic modification has made it stronger and more concentrated in the grains we eat. This higher concentration of gluten in our food has been linked to the increase in food allergies over the last few decades.

Why? Because gluten is a relatively new component of our diets.

Originally, our ancestors were hunter-gatherers, so they ate animals, nuts, seeds, and berries, rather than grains. Then they settled down to farming (only ten generations ago) and ate seasonally, rotating their food to eat what was available during that time of year. The benefit of this is that you are constantly varying your diet, whereas eating the same thing all the time increases your risk of developing an allergic reaction.

Processed foods, which are those that have been altered by manufacturers so they no longer look like you just grew them, often have all the fiber and many of the nutrients removed. This process was created to give these foods a longer shelf life and make more food available to more people, but we now know that this is not a nutritious way to eat. Today, people who eat the standard American diet eat white flour at most meals, often to the exclusion of healthier, whole foods. Instead, you should choose whole foods, which look like they did when you picked them.

The problem with gluten is that it's hard to digest, and when a lot of large pieces get into the bloodstream, the immune system goes on high alert, seeing the gluten as a foreigner and producing antibodies to attack it. Unfortunately, when these antibodies attack the gluten, they mistakenly attack our tissues as well. This is called molecular mimicry and is one way gluten is believed to cause autoimmune disease. Molecular mimicry is not specific to gluten. It can occur when your immune system mistakes your own tissue for any foreigner.

The other way food can trigger inflammation and autoimmune reactions is called immune-complex disease. Using gluten as our example, the antibodies bind to the gluten and form a complex that travels around the body. These are called immune complexes and are a common, important way that your immune system deals with foreigners. You need immune complexes for the normal functioning of your immune system. Normally the immune system clears these complexes out of the blood, but if there are too many of them, they settle in different organs, causing local inflammation, tissue damage, and autoimmune reactions. This can cause swollen, painful joints and is thought to be one of the processes for developing rheumatoid arthritis.

Am I saying that gluten is the main reason you have an autoimmune disease? For some people, it is; for others, it is a big piece of the puzzle. I like to use the puzzle analogy for this because there are often several causes of your autoimmune disease or immune dysfunction, and my approach is to address one piece at a time. I have chosen the four sections of this book to deal with the biggest, most common pieces. One part is food, but you must also address your stress system, make sure your gut is healthy (don't forget that is part two of the gluten story, because the gluten might not have caused a problem if your intestinal barrier was doing its job), and make sure you aren't overloaded with toxins. Once you address all these pieces, your puzzle will be complete, and when you look at it you will see a picture of health.

Fiber, Fat, and Immune-System-Supporting Nutrients

Other edibles besides gluten also impact your immune system. A diet high in animal-based foods such as dairy, eggs, and beef can promote inflammation and throw off the balance of good bacteria that live in your digestive tract. Fiber and vegetables are also critical for this bacterial balance and to nourish the liver so that it's able to effectively remove toxins from your body. (As you'll read later in Chapter 11, "Supporting Your Liver," toxins put your immune system at risk, too.) Unfortunately, many people don't eat enough fiber and vegetables to reap these benefits.

There are many nutrients that you must include in your diet in order to have a healthy immune system—some examples include vitamin D, vitamin A, selenium, zinc, and healthy fats—but these are often missing in the standard American diet. For example, processed foods fill us up with bad fats that cause many

problems besides damage to the immune cells. We'll talk about this in detail in the next chapter, "Using Food as Medicine."

Potential Trigger: Chronic Stress and Hormone Imbalance

Some people don't feel stressed emotionally, but they are skipping meals, not sleeping enough, or overexercising. These behaviors tax your body, causing it to secrete the stress hormone cortisol from your adrenal glands. Other people may be taking good care of their bodies, but they are anxious, worried, upset, or depressed, or they have severe, ongoing emotional trauma. These behaviors cause the same cortisol response from your adrenal glands. The adrenal glands are small nodules that sit on top of your kidneys and make all of your stress hormones. I want to be clear that not all stress is bad. For example, in an emergency situation, your adrenal glands release cortisol and adrenaline, which provide you with the energy to move quickly to get help. Or before an important talk, it gives you the energy to focus and think.

But chronic stress means your levels of cortisol are constantly elevated, something that can damage your immune system and prevent it from healing. Chronic stress can also lead to what is called adrenal fatigue, which is when your adrenal glands get exhausted and don't produce the hormones required to keep your body running properly, including adrenaline, DHEA, and testosterone. Adrenal fatigue results in:

- Unexplained exhaustion
- Feeling like you can't get up in the morning even after a good night's sleep
- A burst of energy between 4:00 and 6:00 p.m.
- Feeling overwhelmed
- Cravings for sweet or salty food
- Low blood pressure
- Low blood sugar
- Irritability

Adrenal fatigue (also known as adrenal exhaustion and adrenal burnout) is associated with inflammation and autoimmune disease, which is why it's so important to understand and better manage the stress in your life.

Stress can also have a negative effect on the levels of good bacteria in your digestive tract, which itself can cause autoimmune disease. Stress hormones may also be the problem if you are fatigued all the time, get sick often, have developed arthritis, experience irregular periods, are going through a difficult menopause, or have trouble losing weight. This will be discussed in detail in Chapter 5, "Understanding the Stress Connection."

Potential Trigger: An Imbalance of Good Bacteria in Your Gut

Your immune cells, specifically the killer T cells and B cells, are the most central to the autoimmune problem. It is when these cells don't work right that the body starts attacking itself and doesn't stop. In order

to help these cells function better, it's important to understand how they develop. When you are an adult, immune cells are made in your bone marrow and then migrate to the thymus (a small organ under your breastbone), your lymph nodes, and an area called the gut-associated lymphoid tissue (GALT, just under the surface of the intestinal lining). The thymus was very active when you were in your mother's womb, and when you were born, it was the main home of your immune cells. As you age, it still helps these cells mature and develop, but it becomes less and less active.

The lining of your intestines should contain good bacteria (also called flora) that are critical for helping the immune cells mature properly because they interact with the cells in your GALT. When these good bacteria aren't flourishing, the immune system is susceptible to dysfunction. Several things can impact your good bacteria. As I just mentioned, one is stress. Another is that we are a society living on what I call the five A's: antacids, antibiotics, alcohol, Advil, and animal foods. These things (along with infections and other medications) alter the beneficial bacteria in your intestines and damage the barrier of the intestinal wall so that food leaks into the GALT area below the intestinal lining, and then into your bloodstream. When this happens, the immune system recognizes the food particles in your blood as foreign invaders and develops antibodies to attack that food. As a result, you may have a reaction to a food that you've been eating all your life.

The other important role of the beneficial flora is that they help the killer T cells in the gut lining develop and learn the difference between a foreign substance (i.e., an infection or bacteria) and your body's own tissues. This is why healing your gut by making sure the beneficial bacteria and intestinal lining are the healthiest they can be is one of the fundamental ways to keep your immune system healthy. We'll talk more about this in Chapter 8, "Healing Your Gut," but it's important to know that a healthy gut is critical for a balanced and well-functioning immune system. It can help prevent autoimmune disease and has the potential to treat your symptoms and heal your immune system.

Potential Trigger: Toxins

A toxin is any environmental chemical, heavy metal, or other compound that is foreign to the body and causes a harmful reaction of any kind. This can also include mold because it commonly gives off dangerous toxins. Environmental exposure to toxins, which can damage both the immune system and other cells in your body and lead to autoimmune disease, is something we're experiencing today at unprecedented levels. In fact, the Center for Disease Control's (CDC) Fourth National Report on Human Exposure to Environmental Chemicals tested 212 chemicals and found that all of them were in the blood and urine of most Americans.¹ This is not surprising, since we're routinely exposed to toxins through food, pesticides, groundwater, industrial waste, and industrial chemicals. With respect to autoimmune disease, we are particularly concerned with any toxin that changes the chemical structure of our DNA, its sister genetic material called RNA, and the proteins in your cells because this can stimulate an immune response in your body. In other words, the toxin changes your tissue structure, leading your body to see your own tissue as a foreign substance and then attack it.

The most well-studied toxin in relation to autoimmune disease is mercury. (Of the 212 toxins found in the CDC's report, this was in the top six.) Mercury exposure comes from silver-colored dental amalgam fillings used for cavities. It is also released into the atmosphere as a by-product of burning coal or wood for fuel and the incineration of mercury-containing material. Because this has been going on for many decades, the mercury from the air has settled into our soil, rivers, and oceans. As a result, it's in many of the fish we eat, such as swordfish, tuna, striped bass, and king mackerel. (Since mercury concentrates up the food chain, larger fish who eat the littler fish tend to contain the highest levels.) Studies have linked mercury to Hashimoto's thyroiditis, Graves' disease, lupus, and MS. It appears that mercury is one of the toxins that

directly damages your tissues, making them look foreign to the immune system. By now you know that the immune system attacks anything that it doesn't recognize. This is why a crucial part of The Immune System Recovery Plan is to assess your potential toxin exposure and then take steps to remove as many toxins as possible from your diet and environment. This is what we will do in Part IV, "Supporting Your Liver."

Another crucial issue with toxin exposure is that when the body contains too many toxins, the liver, our main detoxifying organ, gets tired trying to clear them out. Think of it as liver fatigue. The liver has many detoxification pathways, enzyme systems that are responsible for removing toxins. Each one requires specific nutrients, and if there are too many toxins and not enough nutrients, the liver gets depleted and toxins accumulate. The liver is also responsible for helping process the hormones your body creates naturally. When the liver gets exhausted due to high levels of toxins in the body, it also struggles with its daily job of processing our own hormones and the chemicals naturally created by the body. Estrogen in particular is metabolized through the liver, which contains specific enzyme systems that need to be working well in order for this hormone to be processed and properly removed from the body. However, if the liver is stressed, the estrogen builds up and the body actually produces more toxic estrogen, which can cause DNA damage and promote an immune reaction. In fact, toxic estrogens are thought to play an important role in both lupus and rheumatoid arthritis. As you will learn in Part IV, "Supporting Your Liver," specific food and supplements can help hormones, chemicals, and toxins flow through the liver more efficiently and effectively.

Potential Trigger: Infections

There is a lot of literature linking viruses to autoimmune disease, and I will discuss the potential linkages later. But the solution is not to blame the virus. All of us have viruses in our bodies; it's our immune system's job to keep them in remission. By this I mean that the viruses are supposed to be disabled so that they don't make us sick. However, if a virus is active, the immune system remains on a heightened state of alert and this means ongoing inflammation in the body. This is a problem. Symptoms of this tend to be very general, such as feeling puffy, swollen, stiff, and tired and/or having difficulty thinking and remembering things. For example, this is very common with the virus that causes mononucleosis (mono), which has been implicated in autoimmune disease. Called the Epstein-Barr virus, it stays in your body forever, sometimes undetected, at other times causing problems. I have many patients tell me that they never felt quite the same after having mono and when I test their blood for the Epstein-Barr virus, I often find that it is still active.

The solution to this is to understand why your immune system has failed to suppress the viruses. This is exactly what we will do in The Immune System Recovery Plan as we work to strengthen and balance the fundamental foundations of a healthy immune system (diet, stress, gut health, and reducing your toxic load). As a result, your immune system can disable the viruses and prevent them from persistently stimulating it.

HOW TO USE THIS BOOK: YOUR GOOD HEALTH DREAM TEAM

As I mentioned earlier, autoimmune diseases have become the most prevalent form of chronic illness in our country. Yet there still hasn't been enough attention paid to them. I think this is why people view these conditions as different illnesses. The endocrinologist sees the patients with Hashimoto's thyroiditis and Graves' disease; the rheumatologist sees the patients with rheumatoid arthritis and lupus; the gastroenterologist sees those diagnosed with celiac disease; and the neurologist sees the multiple sclerosis patients. As a result, there is not one unified approach, which I believe has slowed the advancement of a better understanding of autoimmune diseases and more appropriate treatments of their root causes.

Another issue is that most conventional treatment for these conditions focuses on controlling symptoms with medications that work by shutting off the body's immune response. This isn't always effective and is often accompanied by serious side effects. For example, steroids such as prednisone can cause insomnia, weight gain, increased blood pressure, muscle pain, and depression. Other drugs are used to disable the immune system and can have more severe effects on the digestive tract such as nausea and vomiting, but also fever, muscle pain, anemia, and recurring infections. They also can damage the liver, lungs, and kidneys. Because some of these drugs can stay in your body for up to two years after you've finished using them, they are very dangerous if you get pregnant within that time frame. This is a critical issue since autoimmune diseases affect women 75 percent of the time. This statistic has led many researchers to look at the role of sex hormones in the development of autoimmune diseases. I will share more about this topic when we talk about stress and stress hormones, detox, and estrogen metabolism through the liver, and when we talk about lupus in the last chapter.

But the most important problem with these drugs is that they are treating only the symptoms of your autoimmune condition, not the cause of it. They don't explain why your immune system is not working properly in the first place, and if you don't figure this out, you can only manage your symptoms rather than cure your condition completely.

If a traditional doctor suspects that you have an autoimmune disease, the first blood test he or she will do is what's called an anti-nuclear antibody (ANA) test. This doesn't look for any one specific autoimmune disease but is a general screening test for systemic autoimmune diseases such as lupus. Your doctor might also do some tests for different organ-specific diseases, such as Hashimoto's or Graves' disease. As I mentioned earlier, in a healthy immune system antibodies target and attack foreigners that can cause infections and illnesses. When an autoimmune condition develops, these antibodies target your own tissue, and often the first antibody to show up in laboratory tests is the anti-nuclear antibody. If the ANA test is positive, the doctor does specific tests for lupus, rheumatoid arthritis, Sjögren's syndrome, scleroderma, mixed connective tissue disease, polymyositis, or dermatomyositis. If all these tests are negative and you just have a positive ANA, you're not diagnosed with an autoimmune disease. At least not yet. The conventional medical approach is to watch and wait to see if your symptoms get worse and you test positive eventually. This is all with the expectation that someday you will develop one of the specific diseases.

This watch, wait, and do nothing approach is against all of the principles of preventive medicine and functional medicine because there is so much that we can do to prevent the development of full-blown autoimmune diseases. It turns out that you can have a positive ANA test for many years before you develop any of the actual diseases or before you have any symptoms. For example, you can have anti-thyroid antibodies for many years before you notice a problem with your thyroid function. You can have an immune reaction to gluten for many years before you show any signs of celiac disease such as damage to the small intestine. My goal, and that of preventive medicine and functional medicine, is to catch the antibodies early and then fix the immune system by discovering why it is dysfunctional. This way we can quiet down the killer T cells and the antibodies, preventing them from doing tissue damage and turning into a full-blown disease.

By now you understand that antibodies and killer T cells are good when they are made against bad things such as harmful bacteria, viruses, or cancer cells. But we don't want to have antibodies or killer T cells attacking our normal, healthy tissue because it will begin a cascade of damage, inflammation, and eventually impaired function. For example, in people with rheumatoid arthritis, the antibodies that deposit in the joints cause damage that deforms the joint itself, causing pain and impaired function. In lupus, antibodies can attack the cells lining the blood vessels, causing damage to the blood supply to the organ where this is happening. (People with lupus often get kidney damage this way.) This is why it is critical to find the

antibodies early, before there is damage in joints, blood vessels, or anywhere else in the body. Research proves that this can be done, and I know it for certain because it is what I do daily with my patients in my office. It is how I cured myself, too. This book will show you how.

HOPE IS HERE

My goal in writing The Immune System Recovery Plan is to bring a message of hope. You don't have to sit and wait to get a disease that is preventable. And you don't have to sit and watch your disease get worse, thinking that there is nothing that can be done to reverse it. If you've already been diagnosed, it is not too late. You do have options besides taking prescription drugs for the rest of your life. And my goal is to help you see that. By following the steps in this book, you can feel healthy again (yes, healthy!) and reverse your disease.

But let me first make one thing very clear. I am not anti-medication. If you are having a flare of your disease, meaning your symptoms get worse and you're in terrible pain and feel very sick, conventional medication can be very helpful and necessary. But once this crisis has passed, your focus should shift to figuring out the root cause of the immune dysfunction and fixing that. Also, functional medicine is not an alternative approach. I am a medical doctor and I work with my patients and traditional physicians, even while my patients are taking medication. I work to fix the foundations of their immune systems so that all the symptoms and antibodies disappear. When they are ready, their doctor and I decide together how to go about tapering off the patients' medication.

In this book, I will present my four treatment programs for you to do on your own. If you're taking medication for your autoimmune disease, you can still do these programs. However, if you're concerned, talk to your doctor about these plans. Keep in mind that many of the suggestions and treatments are lifestyle changes and don't require you to do anything that would make you or your doctor uncomfortable. But also know that just because your doctor isn't familiar with some of the things I'm suggesting, that doesn't mean they're dangerous or bad for you. It may simply mean that your doctor hasn't read the studies and/or learned about this approach. Don't be discouraged by this. I've found that many of the doctors in my community who once were skeptical of functional medicine are now eager to send me patients and work with me to help them. Why? Because they see that this approach offers big benefits with very little risk. I am passionate about this because it is truly a logical approach to treating the cause of the autoimmune problem. This goes beyond simply treating symptoms. It means that there is real hope because there is something we can do to help you treat, reverse, and prevent disease.

THE MOST COMMON AUTOIMMUNE DISEASES

The most common autoimmune diseases that I see in my medical practice are Graves' disease, Hashimoto's disease (also known as Hashimoto's thyroiditis), lupus (more formally known as systemic lupus erythematosus), multiple sclerosis (MS), rheumatoid arthritis (RA), Sjögren's syndrome, and celiac disease. I also see other autoimmune diseases, including glomerulonephritis (a kidney condition), type 1 diabetes, pernicious anemia (destruction of red blood cells), and vitiligo (a skin condition). For our purposes, I am going to focus on the seven diseases I see most. Here is information on these common autoimmune diseases, their symptoms and important tests to get if you suspect you have one. But remember, it doesn't really matter if your condition is on my list or not. You still need to fix your foundational systems if you have an autoimmune disease.

CELIAC DISEASE

This is a disease caused by an allergy to gluten and is marked by destruction of the microscopic, finger-like protrusions called villi that line the small intestine. It may take many years of gluten exposure before the villi are damaged and a laboratory confirms that you have celiac disease, but in the meantime the gluten can cause other digestive and autoimmune issues before it is diagnosed. Celiac disease has become the most well-known autoimmune disease because so many people have developed sensitivities to gluten.

Symptoms of Celiac Disease

Gluten can cause autoimmune diseases in other organs in addition to the gut, so there are a wide range of symptoms, from numbness and tingling in the extremities to fatigue from low thyroid function. Some common symptoms include:

- Arthritis
- Generalized brain fog
- Generalized fatigue
- Digestive issues such as diarrhea, gas and bloating after eating, and heartburn
- Anemia

Tests to Request from Your Doctor or Health Care Professional

There is a lot of confusion about how to diagnose celiac disease. Gastro-enterologists will give you this diagnosis only after a biopsy showing damage to the villi of the small intestine. This is very restrictive, since you might have what's called silent celiac disease for decades before this test is positive. Instead, ask your doctor for tests for anti-gliadin antibodies and anti-deamidated gliadin antibodies. These tests are more sensitive in picking up gluten allergies and can be positive for many years before there is any damage to your small intestine. If these are positive, it's a sign that an autoimmune attack is taking place somewhere in your body. In that case, you should assume you have very early celiac disease that hasn't affected your intestines yet but is doing plenty of damage in your body, perhaps showing up as Hashimoto's thyroiditis, Graves' disease, multiple sclerosis, or another autoimmune disease.

And just to add to the confusion, even if all the above tests are negative, you might still be sensitive to gluten. That's because these tests were designed to pick up celiac disease only and gluten can cause other autoimmune diseases as well. Therefore, if you have any autoimmune disease—not necessarily celiac disease—it is good to do the tests above, but if they are negative, you should still remove gluten from your diet, based on research showing a connection between gluten and many other autoimmune diseases.

GRAVES' DISEASE

Graves' disease happens when your body makes antibodies that stimulate your thyroid gland, causing it to secrete high levels of the hormone thyroxine (also known as T4). This condition is called hyperthyroidism.

Symptoms of Graves' Disease

- Weight loss

- Rapid pulse
- Protruding eyes
- Insomnia
- Feeling too warm
- Restlessness
- Diarrhea
- Irritability
- Heart palpitations

Tests to Request from Your Doctor or Health Care Professional

- Thyroid-stimulating hormone (TSH)
- Free T4
- Free T3
- Thyroid-stimulating immunoglobulins (TSI)
- TSH receptor antibody

Here is the pattern of test results you would expect if you have Graves':

- TSH is low, typically <0.5 mIU/L, often lower or undetectable.
- Free T4 is elevated, usually over 2.5 ng/dL.
- Free T3 might be normal but is usually over 4.0 pg/mL.
- Either the TSI or the TSH receptor antibody will be positive. If they are both normal, then you don't have Graves' disease.

The above pattern is what the numbers would look like in a typical, classic case of Graves' disease. However, sometimes only one of the numbers looks out of range, such as a high free T4 with a normal TSH. This is a sign that you might have caught the problem early, and it is the perfect time to go through the steps in this book and reverse the problem before the disease starts.

HASHIMOTO'S THYROIDITIS

Also called chronic autoimmune thyroiditis, this is the most common autoimmune disease. Here, the immune cells invade the thyroid. In early Hashimoto's thyroiditis, the thyroid still functions pretty well, so if your doctor is checking only your TSH and hasn't measured the antibodies, you might miss the early stages of this

condition. This is unfortunate because early on is the perfect opportunity to reverse the antibodies and prevent thyroid damage. If the immune attack goes on for too long, the thyroid might become permanently damaged, requiring lifelong hormone replacement.

Symptoms of Hashimoto's Thyroiditis

- Enlarged thyroid (goiter)
- If your thyroid is actively inflamed, some people experience a sore throat.
- Fatigue
- Hair loss
- Weight gain

Tests to Request from Your Doctor or Health Care Professional

- TSH
- Free T4
- Free T3
- Anti-thyroglobulin and anti-thyroid peroxidase antibodies

Here is the pattern of test results you would expect if you have Hashimoto's:

- One of your antibody levels will be elevated, either thyroid peroxidase antibodies or anti-thyroglobulin antibodies. If these are normal, you don't have Hashimoto's.
- TSH, free T4, and free T3: If these levels are normal, you are not hypothyroid. In early Hashimoto's, you can have the autoimmune disease and the thyroid is still making adequate amounts of hormones. This is the perfect time to follow the steps in this book, because you have caught the problem early while it is reversible and can prevent damage to your thyroid gland. Here are my suggested normal values for the hormones for screening purposes:
 - TSH: <3.0 mIU/L
 - FT4: >1.0 ng/dl
 - FT3: >2.6 pg/ml
- If the TSH is over 3.0, or if the free T4 is under 1.0 and the free T3 is under 2.6, your thyroid might be starting to show signs of damage from the autoimmune disease. You can discuss with your doctor whether it is a good idea to take a prescription thyroid hormone replacement. I will talk more about treating Hashimoto's in Chapter 14, "Infections and Specific Autoimmune Conditions."

LUPUS

Lupus, which is more formally known as systemic lupus erythematosus, involves more tissues in the body than other autoimmune diseases because it is a condition in which the body creates antibodies against the DNA of the cells. As a result, you can end up with disease all over your body and can have fever, joint, and muscle pain. Keep in mind that the symptoms come and go, because the disease can cycle through being in remission and being active. Unfortunately, many lupus patients get very sick, often dying from the involvement of the small blood vessels, which gives them disease in all their organs, including the kidneys and heart. Lupus affects more women than men, especially those in their twenties and thirties, leading researchers to believe that estrogen plays a role in causing or triggering the disease. I will explain more about this in Chapter 11, “Supporting Your Liver.”

Symptoms of Lupus

- Fatigue
- Muscle pain and weakness
- Fever when the disease is active
- Symptoms specific to the organ involved, such as joint pain, muscle pain, and difficulty breathing
- Butterfly rash over the cheeks and nose that appears after sun exposure
- Hair loss (but not baldness)
- Oral or nasal ulcers that are not painful
- Cold- or emotion-induced color changes of the fingers or feet

Tests to Request from Your Doctor or Health Care Professional

- Anti-nuclear antibodies
- Anti-phospholipid antibodies
- Antibodies to double-stranded DNA
- Anti-Smith (Sm) antibodies

The ANA test is the first screening test for lupus. As I have explained, a positive test doesn't mean you have lupus unless one of the other three tests is positive as well.

MULTIPLE SCLEROSIS (MS)

Myelin is the protective coating on the outside of all the nerves in your body. In those who have MS, the myelin in the brain and spinal cord is damaged. This damage is called sclerosis. MS primarily affects women who are of northern European descent and who are of childbearing age. The most common first symptom is an episode of central nervous system dysfunction, such as optic neuritis. This is eye pain that gets worse when you move your eye in any direction. Sometimes symptoms go away on their own. Each time they come back, it's called an episode or exacerbation of symptoms.

Symptoms of MS

- Eye pain
- Numbness, tingling, or pins-and-needles sensation anywhere in the body that doesn't go away after two weeks
- Swelling of the limbs or trunk
- Intense itching sensation, especially in the neck area

Tests to Request from Your Doctor or Health Care Professional

- There are no antibody tests for MS. Instead, it's diagnosed when lesions in the brain or spinal cord are seen on an MRI. It's important to note that the diagnosis is made only after having neurological symptoms twice or a second episode that shows a second lesion in the brain or spinal cord. One episode that resolves and never comes back is not considered MS.

RHEUMATOID ARTHRITIS (RA)

If you have arthritis, it's often difficult to tell the difference between symptoms of RA and common osteoarthritis pain and swelling that can occur with aging or after injury. Rheumatoid arthritis occurs when your immune cells attack your joints, causing tissue damage, inflammation, and pain. It is a very specific form of arthritis, and sometimes the only way to know which kind of arthritis you have is to do the blood tests listed below.

Symptoms of RA

- Muscle pain
- Fatigue
- Low-grade fever
- Weight loss
- Depression
- Morning stiffness that lasts at least one hour for at least six weeks
- Swelling of three or more joints for at least six weeks
- Swelling of wrist or fingers for at least six weeks
- Symmetric joint swelling
- Nodules or bumps under the skin and over an affected joint

Tests to Request from Your Doctor or Health Care Professional

- Hand X-ray
- Blood tests for ANA, rheumatoid factor (RF), and anti-citrullinated peptide/protein antibodies (anti-CCP)
- Blood tests for inflammation: ESR (erythrocyte sedimentation rate) and high-sensitivity C-reactive protein (sometimes called a Cardio CRP)

It is good to get all the above blood tests because they will determine if you have rheumatoid arthritis. It is possible to have a positive ANA with all the rest of the tests being negative. In that case, you don't have RA. The opposite can also be true: you can have RA because you have a positive RF or anti-CCP but have a normal ANA. The ESR and the Cardio CRP are indicators of how much inflammation might be happening at the moment, helping to monitor flares in the disease.

SJÖGREN'S SYNDROME

Sjögren's syndrome, which can occur on its own or in conjunction with RA, is an attack on the mucus-secreting glands that causes a reduction in secretions. It is often felt first in the salivary glands, which are in the mouth, and lacrimal glands, those that secrete tears. Ninety percent of patients are female.

Symptoms for Sjögren's Syndrome

- Dry mouth and dry eyes
- Dryness in the vagina, skin, lungs, sinuses, and digestive tract
- Fatigue
- Joint pain
- Muscle pain
- Cognitive dysfunction

Tests to Request from Your Doctor or Health Care Professional

- ANA, anti-SSA, and anti-SSB antibodies

Elevated levels of anti-SSA or anti-SSB are diagnostic for Sjögren's.

SYMPTOMS TO TAKE SERIOUSLY

Below is a checklist of symptoms for common autoimmune diseases. If you have any of the boldfaced ones, you should go to your doctor and ask to be tested for the disease or diseases I have mentioned. The other (not boldfaced) symptoms in the following lists are nonspecific, meaning many other things besides autoimmune diseases can cause them. If you have four or more of the nonspecific symptoms and they are all consistent with one condition, then you should have the test suggested or an ANA screening. For example, if all your symptoms fit with lupus but you don't have any of the specific lupus symptoms, you should still get tested. This is very important because with many of these conditions, the symptoms don't make a diagnosis; the lab tests do. I have also included several additional autoimmune diseases in the checklist below because these

are fairly easy to identify and get tested for.

General Symptoms

- Fatigue: all autoimmune diseases
- General discomfort, uneasiness, or feeling ill: all autoimmune diseases
- Insomnia: Graves'

Fever/Body Temperature

- If you are having fevers but you don't have a virus or infection, or if you feel hot all the time: lupus, Graves', celiac disease, Sjögren's
- If you feel hot when others are cold: Graves' thyroiditis with an overfunctioning thyroid gland
- If you feel cold when others are hot: Hashimoto's thyroiditis with a low-functioning thyroid gland

Hair

- Hair loss, usually in patches or circles: alopecia areata (this is confirmed by examination; there is no blood test)
- Loss of all the hair on your body: alopecia universalis (this is confirmed by examination; there is no blood test)
- Thinning of your hair or general hair loss: celiac, lupus, Hashimoto's with low-functioning thyroid gland

Skin

- Dry skin: Hashimoto's thyroiditis
- Bruising easily: celiac
- Itchy skin: celiac
- Rash over your cheeks and bridge of the nose (butterfly rash), usually red with some bumpy texture (but no pimples), that gets worse in sunlight: very specific for lupus
- Skin sensitivity to the sun: lupus
- General rash anywhere on the body: lupus
- Fingers that change color when cold: Raynaud's phenomenon, lupus
- Nodules or bumps under the skin, usually on your hands or feet: rheumatoid arthritis
- Skin thickening: scleroderma

- Loss of skin pigmentation in blotchy patterns anywhere on the body: vitiligo (this is confirmed by examination; there is no blood test)

Eyes

- Vision changes: lupus, MS
- Dry, itching eyes or feeling like there is something in the eyes: Sjögren's, rheumatoid arthritis
- Double vision, eye discomfort, uncontrollable eye movements: MS

Throat, Neck, Voice, and Mouth

- Swollen glands (lymph nodes): lupus, Sjögren's
- Enlarged neck from an enlarged thyroid: Hashimoto's
- Mouth sores or ulcers: lupus, celiac, Sjögren's
- Difficulty swallowing or speaking: Sjögren's, MS
- Loss of sense of taste: Sjögren's
- Hoarseness: Sjögren's
- Dry mouth: Sjögren's, RA
- Excessive thirst: type 1 diabetes

Muscles, Joints, and Tendons

- Joint pain or joint swelling: RA, Sjögren's
- Morning joint stiffness lasting more than one hour: RA
- Pain and tenderness throughout the body: Sjögren's, lupus
- Muscle weakness: Hashimoto's, Graves', MS
- Muscle cramps and joint pain: celiac
- Muscle spasms and twitching: MS

Weight Changes

- Unexplained weight loss: Graves', celiac, lupus, type 1 diabetes
- Unexplained weight gain: Hashimoto's, gluten sensitivity (not celiac), type 1 diabetes

Digestion/Gastrointestinal

- Constipation: Hashimoto's, celiac, MS
- Abdominal pain: celiac, lupus
- Bloating, gas, or indigestion: celiac
- Diarrhea, either constant or on and off: celiac
- Nausea and vomiting: celiac, lupus, Graves'
- Stools that float and are foul-smelling, bloody, or "fatty": malabsorption from celiac

Mood and Thinking

- Difficulty concentrating: Hashimoto's, MS, Graves'
- Depression: celiac, MS
- Irritability or anxiety: Graves', Hashimoto's

Balance and Neurological Symptoms

- Numbness and/or tingling in the extremities: lupus, MS, celiac, type 1 diabetes
- Headaches: lupus
- Seizures: lupus, celiac
- Problems walking, loss of balance, coordination: MS
- Tremor: MS, Graves'
- Dizziness, vertigo: MS

The public's interest in autoimmune diseases is extensive, and people are clamoring for more information. Proof of this is the fact that autoimmune diseases and disorders are the most popular health topics requested by callers to the Department of Health and Human Services' National Women's Health Information Center.

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