

Supplements in Lupus

A one-page summary from "Supplements for Arthritis and Lupus: What the Evidence Really Says"

Start here. Lupus has the clearest "yes" and the longest "no" list of any condition in this series, and more drug interactions than the rest combined. Please bring every bottle to every visit.

The one that's clearly justified

- **Vitamin D**, typically 1,000–2,000 IU daily, targeting a blood level of 30 ng/mL or above.
- **Why it's different here.** We tell you to avoid the sun because ultraviolet light triggers flares. Then hydroxychloroquine interferes with activating vitamin D, steroids speed up breaking it down, and kidney involvement finishes the job. In one lupus cohort, 69% were insufficient and 39% frankly deficient. This deficiency is largely something we cause. **Never let that become an argument for getting sun** — the supplement exists so you never have to make that trade.
- Effects on lupus disease activity itself are small, about one point on a twenty-point scale. Take it for the deficiency and for your bones, especially on prednisone (with calcium to 1,000–1,200 mg/day, food first).

Reasonable — for your heart

- **Fish oil**, 1–3 g/day of EPA+DHA. The lupus disease-activity data are modest and inconsistent. The cardiovascular rationale is the honest one. **If you're on warfarin for antiphospholipid syndrome, talk to me before going above about 1 g/day.**

Timing rules that genuinely matter

- **Mycophenolate (CellCept)**: take calcium, magnesium, iron, antacids, and any multivitamin-with-minerals **at least two hours after** your dose. Antacids drop your levels by about a third at peak. **Proton pump inhibitors cut absorption by 25–35% — tell me if you start one.**
- **Levothyroxine**: separate calcium and iron by **four hours**; recheck TSH 6–8 weeks after any change.
- **Warfarin**: vitamin K2 hides in many "bone health" and "D3+K2" products and can quietly lower your INR. Consistency is the goal, so tell me before starting or stopping one.

Avoid

- **Anything marketed as "immune support" or "immune boost"** — echinacea, alfalfa tablets, spirulina, blue-green algae, astragalus, cat's claw, noni juice. I'll be straight: the harm evidence is animal studies and case reports, not trials. But echinacea doesn't reliably work even for the cold you're buying it for, and these activate exactly the pathways we're working to calm. When the upside is zero, even a theoretical risk isn't worth it. **Check winter cold remedies** — echinacea is in a great many of them.
- **St John's wort**. Causes organ rejection with cyclosporine and tacrolimus, drops warfarin's effect, and causes contraceptive failure — serious if you're on mycophenolate or methotrexate.
- **Vitamin E above 400 IU/day** (increased hemorrhagic stroke and mortality); **high-dose vitamin C** if you have kidney involvement; **live probiotics**, especially *S. boulardii*, if you're on rituximab, high-dose steroids, or cyclophosphamide, or have a port or prosthetic valve.
- **DHEA**, despite being sold here over the counter. It went through full drug-grade trials and the FDA declined to approve it twice.

Unproven, not disproven: N-acetylcysteine. Interesting mechanism, one 36-person trial, never replicated. **Not supported:** turmeric — one 24-patient trial, plus a liver-injury signal that stacks with azathioprine and mycophenolate.

Planning a pregnancy? Tell me early. Some of your medications need to stop months ahead, you'll need folic acid, and preformed vitamin A above 10,000 IU/day is harmful — check your multivitamin and skip cod liver oil.

For general education only; not a substitute for individualized medical advice.