Sjogren's (SHOW-grins) syndrome is a disorder of your immune system identified by its two most common symptoms — dry eyes and a dry mouth.

Sjogren's syndrome often accompanies other immune system disorders, such as rheumatoid arthritis and lupus. In Sjogren's syndrome, the mucous membranes and moisture-secreting glands of your eyes and mouth are usually affected first — resulting in decreased production of tears and saliva.

Although you can develop Sjogren's syndrome at any age, most people are older than 40 at the time of diagnosis. The condition is much more common in women. Treatment focuses on relieving symptoms.

The two main symptoms of Sjogren's syndrome are:

- **Dry eyes.** Your eyes may burn, itch or feel gritty — as if there's sand in them.
- **Dry mouth.** Your mouth may feel like it's full of cotton, making it difficult to swallow or speak.

Some people with Sjogren's syndrome also experience one or more of the following:

- Joint pain, swelling and stiffness
- Swollen salivary glands — particularly the set located behind your jaw and in front of your ears
- Skin rashes or dry skin
- Vaginal dryness
- Persistent dry cough
- Prolonged fatigue
Causes

Sjogren's syndrome is an autoimmune disorder. This means that your immune system mistakenly attacks your body's own cells and tissues.

Scientists aren't certain why some people develop Sjogren's syndrome and others don't. Certain genes put people at higher risk of the disorder, but it appears that a triggering mechanism — such as infection with a particular virus or strain of bacteria — is also necessary.

In Sjogren's syndrome, your immune system first targets the moisture-secreting glands of your eyes and mouth. But it can also damage other parts of your body, such as your:

- Joints
- Thyroid
- Kidneys
- Liver
- Lungs
- Skin
- Nerves

People at risk

Although anyone can develop Sjogren's syndrome, it typically occurs in people with one or more known risk factors. These include:

- **Age.** Sjogren's syndrome is usually diagnosed in people older than 40.
- **Sex.** Women are much more likely to have Sjogren's syndrome.
- **Rheumatic disease.** It's common for people who have Sjogren's syndrome to also have a rheumatic disease — such as rheumatoid arthritis or lupus.

Complications

The most common complications of Sjogren's syndrome involve your eyes and mouth.

- **Dental cavities.** Because saliva helps protect the teeth from the bacteria that cause cavities, you're more prone to developing cavities if your mouth is dry.
- **Yeast infections.** People with Sjogren's syndrome are much more likely to develop oral thrush, a yeast infection in the mouth.
- **Vision problems.** Dry eyes can lead to light sensitivity, blurred vision and corneal ulcers.

Less common complications may affect your:
- **Lungs, kidneys or liver.** Inflammation may cause pneumonia, bronchitis or other problems in your lungs; may lead to problems with kidney function; and may cause hepatitis or cirrhosis in your liver.

- **Lymph nodes.** A small percentage of people with Sjogren’s syndrome develop cancer of the lymph nodes (lymphoma).

- **Nerves.** You may develop numbness, tingling and burning in your hands and feet (peripheral neuropathy).

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**From Chronic Fatigue Syndrome to Fibromyalgia To POTS To Success:**

One Woman’s Journey Through the Medical Profession -August 20, 2013

Lauren got over 30 diagnoses before she got the right one…..

Laren Stiles

This is a story about missed diagnosis after missed diagnosis, a persistent patient, and finally some answers that brought substantially improved health. It brings home a certain unsteadiness about diagnosing disorders like chronic fatigue syndrome and POTS (Postural Orthostatic Tachycardia Syndrome) that’s both unsettling and exciting. It’s also a cautionary tale for anyone predisposed to rely solely upon what doctors say. This story goes in our ‘alternate diagnoses’ basket where what appears to be ME/CFS/FM (or in this case POTS) also turns out to be something else, and thankfully so. Alternate Diagnoses The story of Lauren Stiles’s (or POTSgrrl on her blog) physical breakdown is all too familiar. An athletic, outgoing, and energetic environmental attorney, Lauren woke up sick on Jan 2, 2010
(yes, she remembers the exact date) in the middle of a ski trip. Besides
skiing, she enjoyed surfing, kayaking, and mountain biking. She was the
furthest thing from a couch potato you could imagine, but on Jan 2, 2010
her body quickly and dramatically fell apart. She went from snowboarding
to barely able to stand in four days. Upon standing, Lauren’s heart rate
would rise from 60-80 bpm to about 130 bpm. At its peak it could hit a
dangerously high 230 bpm. While she was in the hospital for two months,
the doctors were so alarmed at her escalating heart rate that they kept her
bedridden. (The forced bed rest made her symptoms worse, by the way.)
From time to time she would faint; luckily she often had warning signs (see
below) before fainting that would allow her to sit down first. “I get
lightheaded, dizzy, off-balance feeling, my vision gets grayed out or blurry
or tunnel vision, I feel like my blood is being flushed downwards to my feet,
my legs feel heavy, like I’m wearing cement shoes, and I usually get a bit
sweaty on my upper body, I feel shaky and I feel short of breath.” Her
symptoms didn’t cease when she would lie down. Her pounding heart was
so loud when she would lie down to sleep that she had to turn the TV up
loud to distract her from the sound of her heart. At times her throbbing
pulse appeared to be flashing in her eyes, and she suffered from vertigo
even when lying down. Acid reflux didn’t help matters. Nerve damage left
her with tingling, numbness, cold feelings, too little or too much sweating,
pain, blotchy purple skin color, swelling in her lower arms and legs upon
standing, and more. Healthy and athletic, Lauren, four days after being
struck down by her mystery disorder, Lauren was unable to walk
Make sure you don’t miss the latest on ME/CFS and FM treatment and research news by registering for our free ME/CFS and Fibromyalgia blog here. If that wasn’t enough there was the diarrhea and vomiting several times per day, which lead to an extreme weight loss (more than 50 pounds in three months), plus hypersensitivity to pain and touch, noise, and odors. She was easily startled, experienced flushing and hives almost everyday, and had a new onset of food allergies and lactose intolerance. She had a “pins and needles” feeling, unevenly dilated pupils, spaciness, difficulty focusing, and “brain fog.” Like many people with POTS, she was so
lightheaded, at times she could barely walk from her bed to the bathroom. This lady was in bad shape! Like most people with her collection of symptoms, she was misdiagnosed frequently before she got to the heart of the matter. Lauren was misdiagnosed with Irritable Bowel Syndrome, Chronic Fatigue Syndrome, Fibromyalgia, Myofascial Pain Syndrome, Addison’s, Carcinoid Syndrome (which is a form of neuroendocrine cancer), and “it’s just stress, have a glass of wine.” After getting the runaround for nine months, Lauren was finally diagnosed with autonomic neuropathy and POTS. It turned out that her POTS/autonomic neuropathy diagnosis was preliminary—just the beginning of a longer search that ended up with yet another diagnosis. The Search “The internet may have saved my life.” -POTSgrrl Like many young women with POTS, Lauren was initially misdiagnosed as having an anxiety disorder, and indeed she noted that some of the symptoms associated with POTS can look like a ‘permanent anxiety attack.’ These symptoms, such as tachycardia when standing, shortness of breath, and an increased sensitivity to pain are caused by a combination of low blood volume, blood pooling in the lower body, excessive plasma norepinephrine, and a denervation hypersensitivity caused by damaged small nerve fibers. When researchers separate out the physical symptoms associated with POTS, and look for the cognitive symptoms of anxiety, POTS patients actually have lower rates of anxiety and panic disorder than healthy controls. Lauren’s odyssean search through the medical profession for answers was ultimately successful Most of her doctors took her seriously, but she also met up with some “amateur psychologists” among the doctors. One MD decided her fainting, chest pains, swollen lymph glands, night-sweats and drastic weight loss were simply her way of telling her husband that she wanted
kids. This MD ignored the fact that she was a busy career woman who was active in politics, served on several non-profit boards, and who put herself and her husband through graduate school. Check out ‘Maggie’s Panic’ – Dr. Bells story of a young woman diagnosed with anxiety disorder who actually had low blood volume. Despite being located just outside of New York City and seeing some of the best doctors at the best hospitals in the nation, Lauren ended up diagnosing her own POTS by going to the internet, and then getting it confirmed by her doctors. The POTS diagnosis, while a relief, was just the beginning of an ongoing battle with the medical profession to dig deeper. Small Fiber Neuropathy Damaged autonomic nerves across Lauren’s body were causing her POT, digestive issues, fatigue, pain, etc. Join Health Rising’s ME/CFS, FM and Chronic Pain Forums! Share your pain, make friends, find new treatment options, check out recovery stories and more in the Health Rising ME/CFS, FM and Chronic Pain Forums here Lauren’s nerve damage was discovered by accident. While looking for an immune system disorder called mastocytosis, the doctors found that 80% of her sudomotor nerves, the small fiber nerves that controlled blood flow to the skin were damaged or missing. She had, her pathologist said, a “profound autonomic neuropathy.”
These nerves should have been telling her blood vessels to ‘tighten up’ when she stood, which helps return blood flow to the heart against the force of gravity. Instead they were letting blood pool into her legs. The subsequent lack of proper blood flow to her brain was causing her heart to race in an attempt to restore normal blood flow to her brain. Medical Roadblocks Nerves don’t just spontaneously combust. -POTSGrrl Finding her small fiber neuropathy (SFN) was a big step forward, but getting her
doctors to act on that finding was something else indeed. It's not possible to determine the cause of POTS or SFN in many cases, but that didn’t mean, she felt, that doctors shouldn’t at least try. After all the pain and misery she’d been put through, she felt they should at least do that... but most of them were reluctant to do so. “I saw numerous so-called “POTS experts” who told me there was no way to identify the cause of my POTS and that I shouldn’t bother looking because it was just “idiopathic.” They also said it would “probably just go away on its own in 5-10 years.” POTSgrrl In fact, many things can cause SFN and it’s not always possible to find a cause, that doesn’t mean you shouldn’t try. “It’s just a matter of your doctors and you working really hard to figure it out. Modern medicine does have its limits, so not everyone will figure out what is causing their POTS, but it is sure worth a 110% try if you are as sick as most POTS patients.” POTSgrrl

Despite testing negative on numerous autoimmune tests, her lip biopsy revealed she had Sjogren’s Syndrome.

She refused to rule anything out until tests actually ruled it out. The missing piece for Lauren was a lip biopsy. Despite testing negative on numerous autoimmune tests, her lip biopsy revealed she had Sjogren’s Syndrome. It
was not easy. When she didn’t test positive for the antibodies associated with Sjögren’s Syndrome (SS-A, SS-B and ANA), she was told that wasn’t it. One year and many neurologists later, Dr. Kamal Chémali, a neurologist at the Cleveland Clinic (who’d recently opened up a new autonomic lab in Norfolk, Virginia), finally gave her the full workup she needed. When Lauren questioned the need for a minor salivary gland lip biopsy, because her prior neurologist had “ruled out” Sjogren’s due her negative antibody tests, Dr. Chémali, told her that approximately 40-70% of people with Sjögren’s do not test positive for the typical Sjögren’s antibodies, and that a minor salivary gland lip biopsy was the gold standard test. Although all of the other Sjögren’s related antibody tests had been negative, her lip biopsy revealed she had Sjögren’s Syndrome.

Despite having the term “syndrome” in it’s name, enough detail has been discovered about Sjögren’s that it is now considered a specific disease. The POTS Puzzle POTSGrrl (Sjögren’sgrrl?) eventually discovered that an autoimmune disorder, Sjögren’s Syndrome, was the cause of her POTS.
Sjögren’s Syndrome isn’t the only autoimmune disorder that can cause POTS or other forms of autonomic dysfunction. Lupus, Anti-Phospholipd Syndrome, Guillain Barré Syndrome, Chronic Inflammatory Demyelinating Polyneuropathy, Multiple Sclerosis, Crohn’s, Addison’s and Graves’ Diseases and, Hashimoto’s Thyroiditis, can cause or be associated with autonomic neuropathy, which can sometime present just like POTS. In addition to autoimmune disorders, Diabetes, endocrine abnormalities, severe deconditioning, infections, genetic disorders, inflammatory disorders, Ehlers-Danlos Syndrome, connective tissue diseases, head, neck and spinal cord injuries, and pregnancy can trigger POTS or POTS like symptoms as well. Sjögren’s Syndrome Lauren’s POTS was caused by SFN impacting her autonomic nerves. Sjögren’s Her SFN was caused by Sjögren’s Syndrome. Instead of an ‘idiopathic’ (no known cause) syndrome, she had specific autoimmune disease that was attacking her autonomic nervous system as well as some of her major organs. Lauren actually got diagnosed fairly quickly.
It takes the average Sjogren’s patient six years to get diagnosed. Sjogren’s is the second most common autoimmune disease in the US, behind rheumatoid arthritis, with an estimated 4 million suffers, but only 1 in 4 is diagnosed. Lauren was persistent—and fortunate—to finally find a neurologist, Dr. Chémali, willing to do a full workup. One wonders how many POTS or ME/CFS patients are willing and able to so consistently buck their doctors opinions. POTS can be caused by many different things, but Lauren believes a significant number people diagnosed with POTS may have undiagnosed Sjögren’s. Like POTS, Sjögren’s predominantly impacts
women. Studies suggest that small fiber neuropathy is often the first problem to show up in Sjögren’s, while the antibodies doctors typically associate with Sjögren’s often show up later or not at all. Few doctors, however, test for small fiber neuropathy. If you don’t have dry eyes and dry mouth, you’re probably not going to get tested for antibodies to Sjögren’s, and you’re certainly not going to get a lip biopsy. That suggests that a subset of younger women with autonomic nervous system problems who have early or atypical Sjögren’s probably aren’t getting properly diagnosed. (—incorporate Dr. Birnbaum info this paragraph—)(Sjögren’s Syndrome typically attacks exocrine glands that produce moisture in the mouth, eyes, sinuses, gastrointestinal tract, and lungs, but the central and peripheral nervous system can be impacted as well. Sjögren’s Syndrome whacked the salivary glands in my mother so hard that they looked like bananas, but the real damage came when it attacked her kidneys. Often considered the hallmark symptoms of Sjögren’s, dry mouth and eyes are not always seen. Despite her horrifically disturbed autonomic nervous system, Lauren had only mildly dry eyes and no dry mouth at all. This is a very variable disorder. Let’s take a look at how Sjögren’s can present.

Symptoms There is no organ, system or tissue in the body that Sjögren’s cannot impact, although no patient has every possible symptom. The most The second most common autoimmune disorder in the US, Sjogren’s Syndrome is often misdiagnosed as ME/CFS or fibromyalgia. This image is from the Sjogren’s Syndrome Foundation’s website. common symptoms of Sjögren’s are dry eyes, dry mouth, fatigue, joint pain, muscle pain, small fiber neuropathy pain or numbness in the feet and brain fog. Sjögren’s can produce many other signs and symptoms including shortness of breath, frequent dry coughing, dry stuffy sinuses, sinusitis, canker sores,
nosebleeds, oral infections, cavities, receding gums, difficulty speaking or swallowing, salivary gland swelling, acid reflux, heartburn/GERD, cramps, reduced gut motility, nausea, vein swelling, dry skin, itchy eyes, stinging pain in the eyes, eye infections, blurred vision, painful intercourse, vaginal dryness, yeast infections, swollen liver, primary biliary cirrhosis, reduced liver functioning, central nervous system impairments, lesions on the brain, … a large collection of signs and symptoms that reminds one of how difficult a diagnosis can be. The fatigue experience in Sjögren’s is apparently similar to that found in ME/CFS. Lauren described her fatigue in a quite ME/CFS-like manner. I gave this (fatigue) a category unto itself because it doesn’t fit neatly into any other category. It is a fatigue that is not relieved by rest and sleeping. You can sleep well for 10 hours, and wake up feeling like you just got run over by a truck. The best description I have heard is someone who said it feels like you have the flu every day, or it feels like you have been beaten up by a thug. When the fatigue hits me bad, I feel like I have cement shoes on and bowling balls tied to my arms and head. It takes great effort just to get out of bed or stand up from a chair. – POTSgrrl The Diagnostic Dilemma A couple of things get in the way of diagnosing these conditions correctly. Since ME/CFS doesn’t fit into a recognized medical specialty like rheumatology, most people with ME/CFS probably get diagnosed by general practitioners who don’t have the background to understand or treat the disorder. People with fibromyalgia with POTS see rheumatologists who don’t have a clue about the autonomic nervous system. After they get past the psychologists for anxiety disorder, most POTS patients probably next see cardiologists, most of whom know little about POTS. As Lauren learned more about POTS and her nerve damage, she realized she needed a neurologist specializing
in autonomic neurology. They’re rare—she thought maybe 50-100 were present in the entire country—but their level of expertise is variable; before she found good neurologist at the Cleveland Clinic, Lauren went through several neurologists who seemed to know less about POTS than she did. One absurdly recommended that she get used to being sick because “there is nothing we can do for you people.” Her communications with other patients led Lauren to realize that many people with POTS who have autoimmune issues are not getting the help they need, and many people with Sjögren’s Syndrome who have autonomic nervous system (ANS) issues are not getting the help they need either. (Since other autoimmune disorders can affect the ANS as well, you can throw in Lupus, MS, etc., patients in there). Lauren found that women on Sjögren’s forums frequently reported dizziness, fainting, and rapid heartbeat when they stood up—all potential signs of undiagnosed POTS or another form of autonomic dysfunction If that’s so, you can bet your bottom dollar that many more people diagnosed with the biggest ‘wastebasket disorder’ of them all—chronic fatigue syndrome—or fibromyalgia with autoimmune or autonomic nervous system problems are not getting diagnosed. Just last year two studies, both authored by Dr. Julia Newton, strongly associated Sjogren’s Syndrome with autonomic nervous system problems, and helped clarify the ANS connection in that disorder. Dr. Newton has been uncovering autonomic nervous system issues in ME/CFS, Sjogren’s Syndrome, and liver disease.
Sjogren’s Syndrome
Extraglandular Manifestations

- **Respiratory**
  - Chronic bronchitis
  - Interstitial pneumonitis

- **Gastrointestinal**
  - GERD
  - Dysphagia
  - Atrophic gastritis
  - Cirrhosis
  - Hepatitis

- **Skin and mucous membranes**
  - Dryness
  - Hyperglobulinemic purpura
  - Raynaud’s phenomenon (20%)
  - Vasculitis (25%)

- **Neurological**
  - Central or peripheral neuropathy
  - Depression

Sjogren’s Syndrome
Extraglandular Manifestations, cont.

- **Musculoskeletal (60%)**
  - Myalgias (20-30%)
  - Arthralgias (60-70%)
  - Fatigue (60%)

- **Low grade fever**

- **Lymphatic**
  - Lymphadenopathy (20%)
  - Pseudolymphoma
  - Lymphoma

- **Hematologic**
  - Neutropenia
  - Anemia
  - Thrombocytopenia

- **Renal involvement**
  - Interstitial nephritis
  - Glomerulonephritis
  - Mixed cryoglobulinemia

(c) 2006, My Hanh Nguyen, M.D.
1. Dry Mouth Cures For Sjogren’s

Sjogren’s causes a chronically dry mouth which makes life uncomfortable as well as interferes with regular talking, chewing and swallowing. Care for your dry mouth by sipping small amounts of water throughout the day.

Avoid acidic and caffeinated drinks and chew on sugar-free gum or candies. Take a tip from the NYU Voice Center at the NYU School of Medicine and breathe through your nose rather
than your mouth. When you breathe through your nose the air is warmed and dampened before reaching your throat. Mouth-breathing also causes excessive evaporation of the moisture in your mouth. (Read more about natural remedies for dry mouth.)

2. Omega-3 Fatty Acids Help Treat Dry Eyes from Sjogren’s

Omega-3 fatty acids are good for dry eyes according to many experts, and dry eyes are a big problem for Sjogren’s sufferers. Studies show omega-3s, found in oily fish like salmon, mackerel, sardines and fresh tuna as well as flaxseed oil and canola oil, increase tear production and tear volume and reduce inflammation.

According to the results of a 2011 study from The University of Texas Southwestern Medical Center at Dallas, people taking a dose of fish oil over a 90-day period produced more tears which helped combat the effects of dry eyes.

And, consider eating more tuna or fatty fish such salmon. One study in 2005 at the Brigham and Women's Hospital and Schepens Eye Research Institute found that eating five servings of tuna a week resulted in a reduced risk of dry eyes by up to an astounding 68 percent.

If you suffer from Sjogren’s you may benefit from filling your diet with servings of oily fish and adding flaxseed oil to the mix.
3. **Flaxseed Oil For Sjogren’s Syndrome**

Flaxseed oil is high in omega-3 fatty acids. Evidence for the benefits of flaxseed oil comes from a 2007 study by the University of Brazil, among other studies.

The Brazilian research showed patients with Sjogren’s who took 1 or 2 grams of flaxseed oil a day experienced reduced inflammation and an improvement in their dry eye symptoms.

4. **Another Omega-3 Remedy for Sjogren’s: Evening Primrose Oil**

Evening primrose oil is also rich in essential fatty acids and may help Sjogren’s sufferers with their dry eyes. Several experts have looked into the power of evening primrose oil for this purpose and one 1980 study by Horrobin and Campbell (“Sjogren’s Syndrome and the Sicca Syndrome: the Role of Prostaglandin E1 Deficiency. Treatment with Essential Fatty Acids and Vitamin C”) showed evening primrose oil combined with Vitamin C and Vitamin B6 improved dry eyes in patients who suffered from Sjogren’s.

5. **Can Castor Oil Eye Drops Help Sjogren’s Sufferers?**

Castor oil may be something you associate with an old-fashioned prevention of ailments but castor oil may help relieve the discomfort of *dry eyes*. A 2002 study by the
Department of Ophthalmology, Tokyo Dental College, Chiba, Japan shows that castor oil eye drops help improve the way in which tears spread across your eye as well as prevent excessive tear drop evaporation. (Read more about natural remedies for dry eyes.)

6. Take Vitamin A as a Sjogren’s Remedy

Another eye drop solution comes with added Vitamin A, according to a 2009 study by the Catholic University of Korea, Seoul. Researchers found that eye drops containing Vitamin A were as effective as traditional eye drops for treating patients with dry eyes. You could try increasing the levels of Vitamin A in your diet – find Vitamin A in sweet potatoes, carrots, cantaloupe melons and yams.

7. Use Warm Compresses to Alleviate the Pain of Sjogren’s Dry Eyes

Looking for an easy and quick way to relieve the discomfort caused by dry eyes in Sjogren’s syndrome? Use a warm, moist compress over your closed eye, which improves your tear production and increases the thickness of your tear film, moistening dry eyes. Studies including a 2006 paper from the Tokyo Dental College, Chiba, Japan and a 2003 study from Schepens Eye Institute, Harvard Medical School, Boston demonstrate the power of a warm compress to help improve the symptoms of dry eyes.
8. Take N-Acetyl-L Cysteine as a Sjogren’s Treatment

A modified form of the dietary amino acid cysteine, called N-Acetyl-L cysteine, is believed to be useful in treating dry eyes caused by Sjogren’s. N-Acetyl-L cysteine is said to assist Sjogren’s sufferers by helping the body produce antioxidants as well as by combating symptoms of dry eyes and dry mouth. A 1986 study by Walters, Rubin and Keightley called “A double-blind, cross-over, study of oral N-acetylcysteine in Sjogren's syndrome” found 200 mg three times a day improved dry eye symptoms, and to a lesser extent dry mouth symptoms, in people with Sjogren’s syndrome.

9. A Combination of Herbs, Vitamins and Minerals Helps Treat Sjogren’s

Of course, it is not only dry eyes that Sjogren’s sufferers need to look after. Dry mouth is an irritating symptom that also needs to be taken care of. A 1999 study from Bispebjerg Hospital, Copenhagen, Denmark showed a herbal supplement containing rosemary, peppermint, paprika, hawthorn, pumpkin seed and milfoil improved salivary flow in 44 people with Sjogren’s syndrome who took the supplement for four months.

10. Betaine for Sjogren’s Syndrome?

According to a 2003 study from the Institute of Dentistry, University of Turku, Finland a detergent-free toothpaste
containing extract of betaine, a substance produced by your body to aid in liver function, helped treat the symptoms of dry mouth that plague Sjogren’s sufferers.

- Follow a low-protein, high carbohydrate diet. Minimize consumption of animal products and eliminate milk and milk products.
- Avoid polyunsaturated oils (vegetable oils) and hydrogenated fats (margarine, vegetable shortening).
- Get regular aerobic exercise (swimming is best if you have joint problems).
- Practice progressive relaxation and other mind-body techniques; visualization, hypnosis, and guided imagery can be very effective for moderating autoimmune responses like Sjögren’s Syndrome.
- Experience traditional Chinese medicine (diet, herbs, acupuncture, and energy work).
- To reduce inflammation, increase your intake of omega-3 fatty acids by eating more Alaskan salmon, herring, sardines, walnuts, purslane and other leafy greens as well as freshly ground flaxseeds.
- Include ginger and turmeric in meals for their natural anti-inflammatory effects.

Some homeopathic medicines that have shown positive results in Sjogren’s syndrome or which cover the symptom picture well are:

Nux-m, Tub, Tub-m, Silica, Brass-n-o, Lapr, Pert-vc, Dulcamara, Antim-crud, Cuprum, Fl-acid, Puls
Vitamins & Supplements Search

Considering taking a vitamin or supplement to treat Sjogren's syndrome? Below is a list of common natural remedies used to treat or reduce the symptoms of Sjogren's syndrome. Follow the links to read common uses, side effects, dosage details and read user reviews for the drugs listed below.

Your search for Sjogren's syndrome returned 4 matches.

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<tr>
<th>TREATMENT NAME</th>
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<tr>
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When small minds attack
Natural Medicine IMUNE stands
Firm on the Bridge and Says
"You will NOT Pass"