Like systemic lupus erythematosus (SLE) itself, manifestations of lupus nephritis are highly varied in their clinical presentation, ranging from mild proteinuria to rapidly progressive glomerulonephritis causing renal insufficiency within weeks. The clinical variability is in keeping with the broad spectrum of histological abnormalities present in renal biopsy specimens from these patients. The therapeutic modalities currently being used in lupus nephritis include oral steroids, pulse methylprednisolone and cytotoxic drugs such as cyclophosphamide and azathioprine either singly or in combinations, depending on the World Health Organisation morphologic classification of the disease. The use of plasmapheresis for proliferative lupus nephritis (WHO class III and IV) and cyclosporin for membranous lupus nephritis (WHO class V) is based on open trials, but not supported by randomised controlled trials. This review assesses the therapeutic modalities available for the treatment of lupus nephritis, giving the available evidence from the literature and acknowledging that none of them might be perfect.