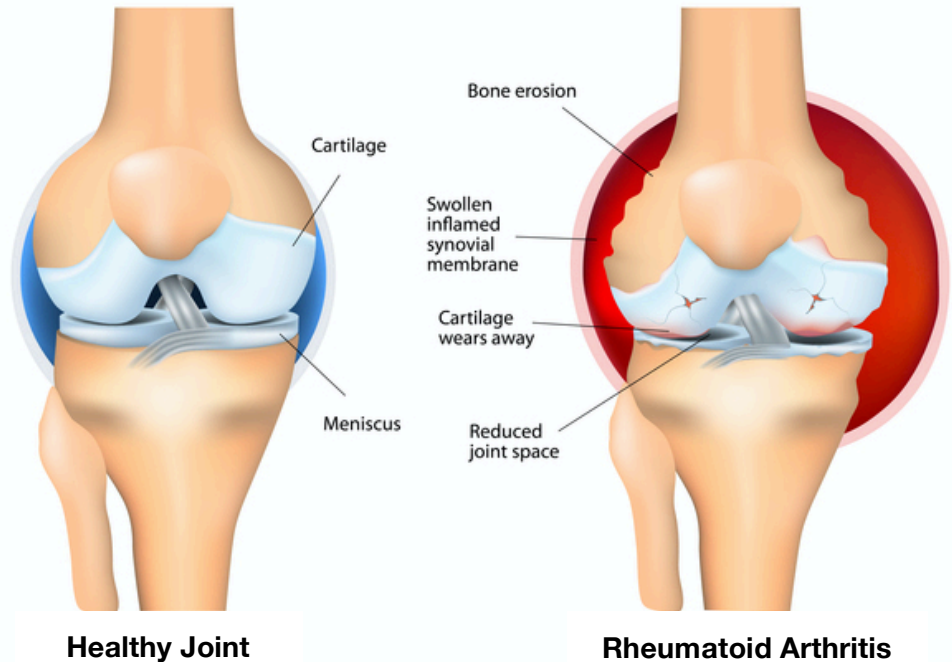


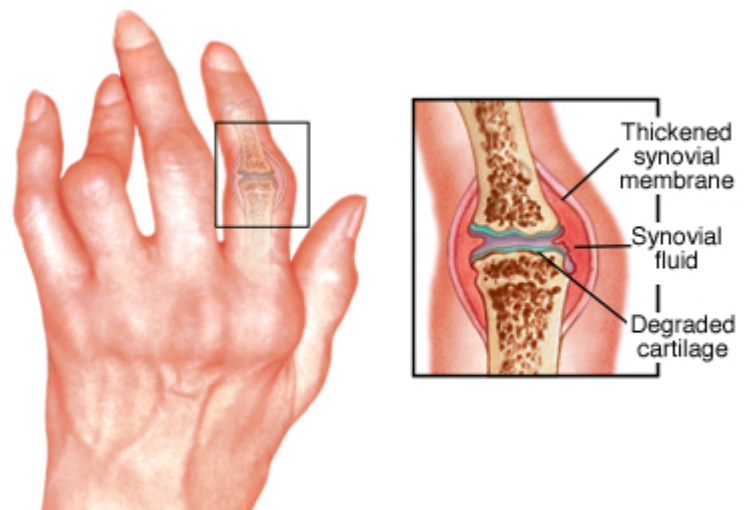
Rheumatoid Arthritis (RA) is a progressive inflammatory disease in which the body's immune system attacks the lining of the joints, called the synovium, which normally produces fluid that lubricates the joints to provide smooth movements, resulting in synovial membrane inflammation and thickening within and around the joints. RA is one of the most common inflammatory autoimmune diseases characterized by persistent synovitis, systemic inflammation, and production of autoantibodies within the synovium. If the inflammation goes unchecked, it can damage cartilage as well as bone causing cartilage loss and narrowing of the joint space between bones over time. Joints can become loose, unstable, painful, lose mobility, and deformity can also occur.

RA most commonly affects the joints of the hands, feet, elbows, knees, and ankles and usually, the effect is symmetrical. RA is a systemic disease as it affects other body systems including skin, eyes, lungs, heart, blood vessels and other organs. The cause of RA is unknown, but environmental factors, infections, poor lymphatic circulation, and genetics contribute to the condition.



RA Pathogenesis

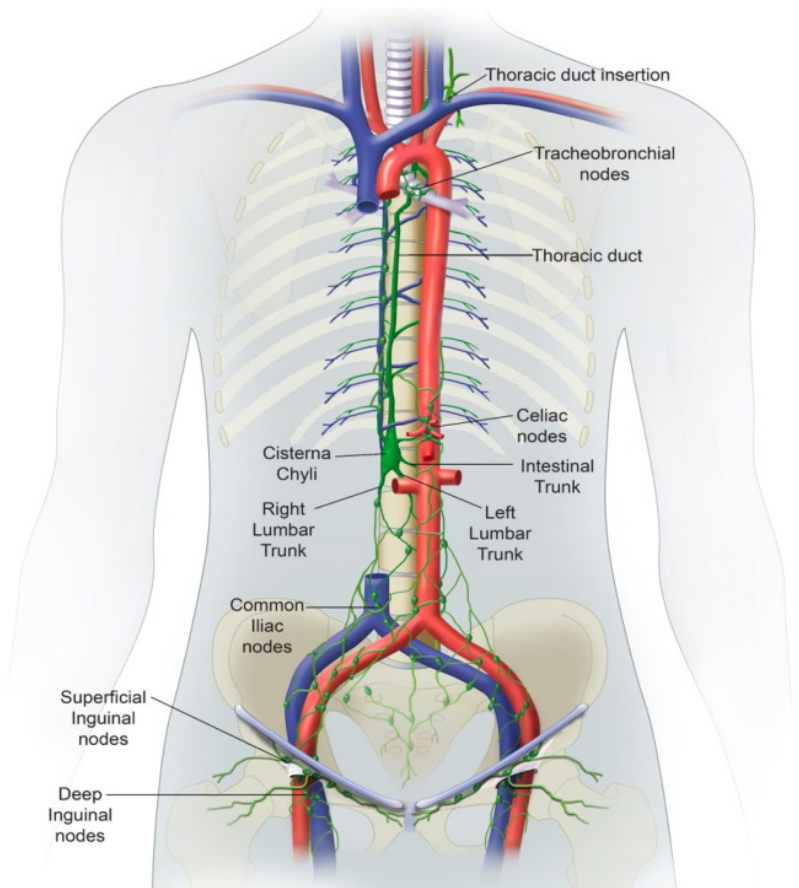
The first event in RA pathogenesis is the activation of B cells and T cells. The activated B cells produce antibodies that target structures of the synovium and surrounding joint tissues, autoantibodies that direct against native antibodies, most classically described as IgM antibodies that recognize the Fc portion of IgG molecules, and cytokines. Autoantibodies can form larger immune complexes that can further stimulate the production of pro-inflammatory cytokines such as TNF- α and rheumatoid factor (RF). T cells contain T cell receptors that can effectively present antigens to other T cells and create an immune response. T and B cell activation results in an increased production of cytokines and chemokines, leading to a feedback loop for additional T-cell and B-cell interactions. The cytokines produced (IL-6, IL-17, IL-1) activate genes associated with inflammatory responses, including more cytokines. This causes inflammation of the synovium and surrounding joints including cartilage, resulting in pain and swelling around and within the joints, as well as joint destruction.



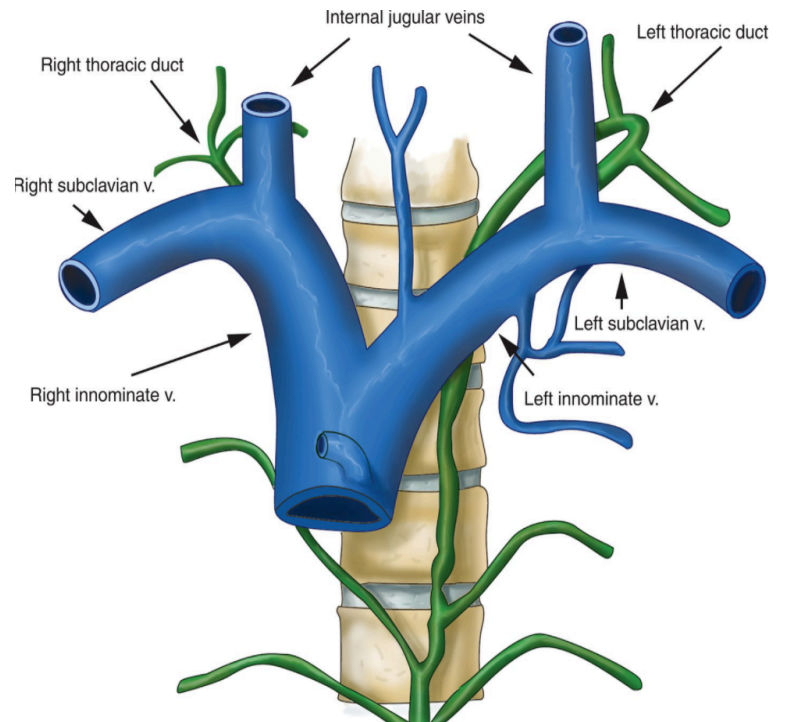
The increased levels of TNF- α lead to high levels of osteoclasts that resorb bone tissue and subsequently leads to bone destruction. IL-1 activate synoviocytes, which are specialized cells located inside of the synovial membrane that secrete MMPs into the synovial fluid leading to further cartilage and bone degradation.

RA and the Lymphatic System

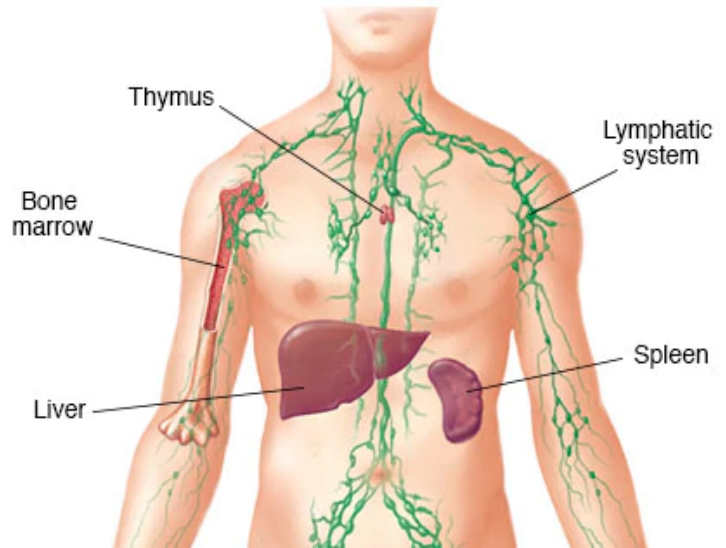
The lymphatic system plays a key role in the development of autoimmune conditions. Research results have shown that lymphatic dysfunction and the resulting decreased lymphatic circulation can induce symptoms of autoimmune conditions such as RA. One of the primary purposes of the lymphatic vasculature is to sustain fluid homeostasis. The lymphatic vessels allow for reabsorption of fluid by lymphatic capillaries that become more organized collecting lymphatic vessels. These vessels can drain to lymph nodes then collecting vessels drain lymph out from a lymph node. Most of the vessels and lymph nodes in this network eventually reach the thoracic duct that collects the lymph and drains it into the blood circulatory system via the left subclavian vein. A small portion of lymph fluid is collected by the right lymphatic duct, which reaches the blood via the right subclavian vein. Lymph movement results from multiple mechanisms including intrinsic contraction of collecting vessels, as well as the presence of valves in collecting vessels that prevent retrograde movement and thus promote forward movement of lymph. Lymph movement also occurs via an intrinsic contraction associated with movement of lymph as boluses; the mechanisms underlying and regulating this contractile activity remain unclear and are an area of intense study.



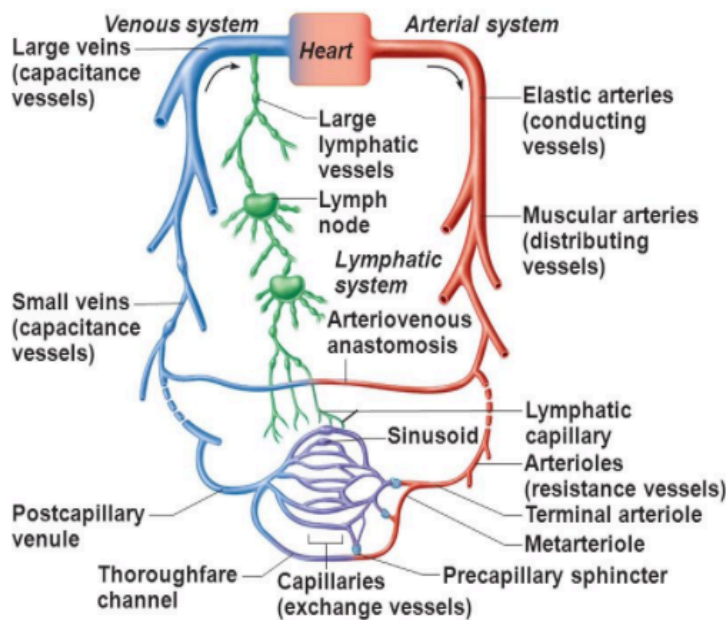
It has been proposed that effector lymphocytes in lymphatic fluid were significant to RA pathogenesis. Supporting evidence was the striking improvement of joint symptoms in RA patients who underwent drainage of the thoracic duct. A cohort of 9 women with untreated RA aged 24–65 years old who underwent insertion of a fistula into the thoracic duct and drainage of lymphatic fluid. Cells were removed from the fluid and reinfused. Within 1 week, the researchers documented improvement in the number of tender and swollen joints, decreased morning stiffness, and improved grip strength. Both B cells and T cells are produced in bone marrow, but B cells mature in the spleen and T cells mature in the thymus. Both the spleen and thymus are key organs of the lymphatic system. Lymphatic dysfunction and poor lymph quality may affect the B cells and T cells maturation and cause their loss of self-tolerance.



The potential importance of lymphatic function as a key variable in RA symptoms is supported by the presence of palpable lymph nodes and lymphedema in some patients, and by preclinical data demonstrating major alterations in draining lymph nodes and vasculature prior to arthritis onset. Using MRI and ultrasound, researchers further examined the role of the lymphatics in RA and have shown that the lymphatic flow and contraction frequency in RA patients have been impaired. Slowed lymphatic circulation may cause an accumulation of excessive cell debris and protein fragments which could cause a loss of self-tolerance of the immune system as well as trigger immune system activation. This is in line with our clinical observation that RA patients usually experience an early sign of body heaviness especially in the lower extremities before an initial diagnoses.



Clinical evidence also shows associations of infections as a risk factor in the development of RA. A study done by researchers of the *Annals of the Rheumatic Diseases* found that mice injected with *Mycoplasma arthritidis* developed RA 7 days later and presented with the RF antibody 14 days after injection.¹ Other microbes, like *Porphyromonas*, have also been shown to induce autoimmune arthritis in animal models². The infection by the intracellular microorganism such as *Mycoplasma arthritidis* may cause the infected cell to be antigenic and attacked by the immune system.



RA and the Liver

The liver also plays an important role in immunological activity. The liver has a much more powerful innate immune capability versus the blood due to its enriched macrophage content and natural killer cells. The liver produces suppressor T cells that control T cell activity. A liver deficiency can result in poorly functioning suppressor T cells and subsequently attribute to autoimmune conditions. RA patients are usually taking immunosuppressant drugs such as methotrexate in which prolonged use of these drugs can affect the liver and disrupt liver function. Elevated liver enzymes and severe liver damage has been documented in RA patients less than one year after starting RA medication³. Clinical observations have found that when a liver deficiency presents in RA patients, joint deformity usually occurs.

Stages of RA

Stage	Characteristics
I	Synovial membrane swelling, soft tissue swelling, no joint destruction
II	Inflammation of joint tissue, gradual cartilage destruction, narrowing of joint
III	Synovial pannus forms, cartilage become eroded, extensive loss of cartilage, possible deformities
IV	Loss of joint function, deformities, cartilage eroded and bone beneath becomes exposed

Wellness Recommendations

Java, WHITEE Patch, Brown, and LC Balancer are recommended to address RA. Java clears spleen damp and enhances lymphatic circulation to clear cell debris and metabolic waste accumulated in the lymph allowing WBC to resume their normal functionality and self-tolerance. Patients can experience improvement of body and leg heaviness in one day due to the enhanced lymphatic circulation. The use of Java helps to clear autoantibodies and IgG antibody to allow relief of joint pain and inflammation in two weeks. Java also helps clear infections, such as Mycobacteria and Mycoplasma. The WHITEE Patch helps repair joint damage caused by autoimmune conditions by catalyzing the biosynthesis of proteoglycans for cartilage regeneration and osteoblasts for bone remodeling. For patients with a liver deficiency, on anti-rheumatic drugs for an extended period of time, or joint deformities, Brown is recommended to improve liver structure and function. The LC Balancers role is to open the smallest blood vessels to improve whole-body microcirculation and decrease healing time.

Mild to moderate condition – 6-week program

Patients with mild to moderate RA (stages I and II) are recommended a six-week wellness program consisting of 6 WHITEE Patches, 6 LC Balancers, and 6 Java. For patients with a liver deficiency, a rotation of Java/LC Balancer for two weeks and Brown/LC Balancer for two weeks is required.

Severe condition- 3-month program

Patients with severe RA (stages III and IV) who are taking immunosuppressant drugs for extended period of time or have joint deformities are recommended a 3-month wellness program consisting of 2 Java, 4 LC Balancer, 2 Brown, and 6 WHITEE Patches each month to help the affected joints. Each month involves 17 days on (6 patches) followed by 14 days off. If the patient has multiple affected joints, it is recommended to apply the WHITEE patch to one or two of the most painful joints. A rotation of Java/LC Balancer for two weeks and Brown/LC Balancer for two weeks is required. Patients should notice a 50% symptom improvement after 1 month and can achieve up to 80-100% improvement by the end of the third month.

For patients with a kidney deficiency, Xcel is also recommended to improve kidney function to help secrete the waste molecules more effectively.

Cleaning of RF factor – 3-month program

After the patient is symptom free but RF is still positive in blood work, an additional three-month treatment with Java and LC Balancer at half-dose is recommended to allow the body to clean out residual autoantibodies.

Usage Information

Java

WHITEE Patch

Brown

LC Balancer

- Keep the patch on for 48 hours (2 days) and take a 24-hour break before applying the next one.
- Avoid using ice, ice will slow and interrupt the healing process.
- A heating pad is helpful to dilate the blood vessels of the muscles.
- Use vegetable oil to remove possible herbal residue on the skin.
- Use Aloe Vera Gel if there's skin irritation or use Bitter Formula.
- Use Oxi-Clean or Biz to remove stains from clothes.

Selected Case Studies

Case 1: Improved Blood Test Results in RA Patient

Sed Rahimi, LAC/ND/Master Iridology, ON Canada

A female patient, age 38, had been diagnosed with rheumatoid arthritis which resulted in severe pain in all parts of her body including both her hands. Her ESR, which is elevated in an inflammatory state, amounted to 80 (normal 0-29mm/hr) and her CRP, a marker of inflammation, amounted to 7.

Dr. Rahimi started the patient on a two-month program composed of Java, as well as other natural anti-inflammatories. In addition, a healthy diet had been introduced. The program reduced the patients pain by 70-80% within two weeks.

Java was taken at full dose for a total of 2 months. The patient had almost no pain at the end of the program (after 2 months). The patient had blood work done after three months and yielded an ESR of 20 and a CRP of 3, which is a substantial reduction. The results have been sustained ever since.

Case 2: Successful Rheumatoid Arthritis Program

Ronald Mullen, AP, Florida

A 57-year-old male presented with stiffness and soreness bilaterally in all joints of the upper and lower extremities. Symptoms were aggravated by walking, especially the ankle joints, which swelled severely and produced extreme pain. He reported his condition was getting worse and that he had to leave his employment six months earlier and is now completely disabled. He had been diagnosed with rheumatoid arthritis by his previous MD.

After examination, he was given acupuncture treatment and prescribed Wei herbal supplements for RA including Java, LC Balancer, and WHITEE Patch. At his next appointment, three days later, he reported that the swelling in his left ankle had disappeared within the first 24 hours, with other symptoms beginning to improve. Continuing this protocol, after one week, he reported all symptoms had improved approximately 70%. With continued treatment and herbs for three additional weeks, he reports improvement at 80%. He is continually improving and is planning to return to work soon. In his own words, he says "the treatment has given me my life back." Eight months later, the patient did another blood test which presented negative for Rh factor.

Case 3 Successful Program for Pulmonary Fibrosis and RA:

Dr. Michael Biamonte, NC, Nutritionist, CCN, Florida

A 50-year-old female patient came to Dr. Biamonte for help, as she was afflicted with various conditions including pulmonary fibrosis, a carotid artery blockage, and rheumatoid arthritis (RA). She had had chronic bronchitis for a year, and she tested positive for gram positive and negative bacterial infections causing a dry cough and wheezing, as well as fatigued and low energy. Her lung capacity was at 70%. At the same time, she also suffered from pain and the other symptoms caused by her RA.

Based on her health condition, Dr. Biamonte recommended a combined protocol to strengthen the lungs, resolve the carotid artery blockage, and ameliorate RA. For the lung condition, Dr. Biamonte recommended Wei Laboratories herbal formulas Soup A, Soup B and LC Balancer. Soup A helps regenerate lung tissue, Soup B helps break down scar tissue in the lungs, and LC Balancer supports micro-circulation and kidney function. For her carotid artery blockage, Dr. Biamonte recommended Wei Laboratories CV formula to remove blood stasis in the arteries, B2 to support spleen and lymphatic function and Qi Booster to improve blood flow to the heart. For

her RA, Dr. Biamonte recommended an internal treatment for the first step, including Java to resolve the autoimmune conditions and improve lymphatic circulation, and Xcel to improve kidney function.

One month after starting the protocol, the patient reported that she felt much better, her lungs felt better, and she was not coughing much at all. She could already breathe very well even within this short period of time, which made her feel very hopeful. For her RA, the patient reported she had seen improvements as well, her knees were not swollen at all, and she was able to wear her dance shoes again. She stopped taking all the supplements and she was doing really well, but the arthritis in her hands still caused some pain, and her wrist was red, warm and swollen.

Dr. Biamonte recommended further targeting the infections in her lungs. It was suspected that the patient had a mycobacterial infection in her lungs. Dr. Biamonte recommended a lung mycoplasma infection protocol which included Wei Laboratories formulas ClearLung, Java, Jade and NewBase. ClearLung helps reduce lung inflammation, Jade helps boost the cell-mediated immunity of the lungs to fight lung infections, NewBase helps nurture kidney Yin, and Java help improves lymphatic circulation. For the pain in her hands and wrist due to her RA, Dr. Biamonte recommended Wei Laboratories WHITEE Patch to put on the areas of pain.

One month later, the patient excitedly reported that the pain caused by her RA was greatly diminished. She said as soon as she put the patch on, the pain got much better. She had not been able to use her wrist before, but now she had great range of motion!

Ever since starting the protocol, she has had improvement in many aspects of her health. Her lung capacity improved, her breathing is much smoother, and her oxygen levels had increased from 94% to 98%. Her RA pain and inflammation had diminished greatly. Her blood pressure had always been low, but after the program it was normal. The patient is thrilled about the herbal formulas and she is currently continuing the program to see greater improvement.

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2. Li, Song et al. "Microbial Infection and Rheumatoid Arthritis." *Journal of clinical & cellular immunology* 4.6 (2013): 174. PMC. Web. 13 Apr. 2018.
3. Hartmann, U & Schmitt, S & Reuss-Borst, Monika. (2008). Elevated liver enzymes in rheumatoid arthritis: differential diagnostic considerations based on a case report. *Zeitschrift für Rheumatologie*. 67. 440-4.