







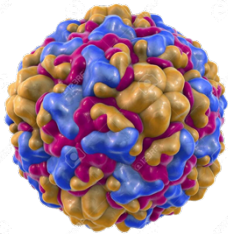


October through May is deemed “cold and flu season.” The common cold and flu are both respiratory illnesses but they are caused by different viruses. Rhinovirus (RV) is the most common virus involved in the cold while flu viruses mainly include influenza A and B. Although, these two types of illnesses have similar symptoms such as sneezing, runny nose, nasal congestion, and sore throat, the flu is worse than the common cold, and symptoms are more intense. Colds are usually milder than flu. Symptoms of the flu typically come on very suddenly and include fever, chills, cough, sore throat, fatigue, headache, muscle, and body aches.

 <p>Body aches/pain COLDS Slight FLU Usual, often severe</p>	 <p>Fever COLDS Rare FLU Usual, lasts 3 to 4 days</p>
 <p>Sore throat COLDS Common FLU Sometimes</p>	 <p>Chest discomfort/cough COLDS Mild to moderate, hacking cough FLU Common, can become severe</p>
 <p>Headache COLDS Rare FLU Common</p>	 <p>Fatigue/weakness COLDS Sometimes FLU Usual, can last up to 2 to 3 weeks</p>
 <p>Sneezing COLDS Usual FLU Sometimes</p>	 <p>Extreme exhaustion COLDS Never FLU Usual, at the beginning of the illness</p>

Common Cold

RV infections are the primary cause of the common cold. RVs are non-enveloped with a positive-sense single-stranded RNA ((+)ssRNA) genome that is protected by an icosahedral protein capsid. The common cold is a viral infection of the upper respiratory tract involving the nose and can include the sinuses, ears, bronchial tubes, and eustachian tubes. The virus enters into the nasal mucosa where it binds to the respective receptor at the ciliated cell surface. Once the virus enters the cell and begins the replication process, the immune system induces a cytokine expression. A runny nose and nasal obstruction are the most prominent symptoms that are associated with a neutrophilic inflammatory response due to increased vascular permeability and stimulation of mucus hypersecretion.¹

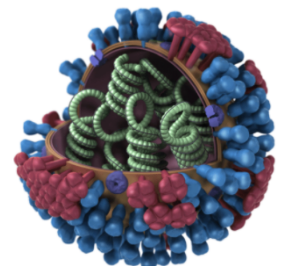


Studies demonstrate that rhinovirus (RV) by itself does not cause damage to the airway epithelial barrier like other viruses do e.g. influenza virus.¹ However, RV infection does disrupt epithelial barrier function as well as the tight junction which in turn facilitates the translocation of pathogens and their soluble products.

Lower respiratory symptoms associated with RV infection are most prominent in patients who have underlying asthma or other chronic lung diseases. RV is one of the most common triggers for acute exacerbations in those with asthma and chronic lung conditions. These symptoms include cough, shortness of breath, chest tightness, and wheezing.

Influenza

Influenza, commonly known as "the flu", is caused by an influenza virus. Influenza viruses are negative sense single-stranded RNA ((-) ssRNA) viruses. Influenza viruses cause acute respiratory inflammation and symptoms such as cough, headache, high fever, body aches, and fatigue. There are four types of influenza viruses: A, B, C and D. Influenza A viruses (IAV), together with influenza B viruses, cause respiratory illness in humans. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications such as pneumonia. Serious outcomes of flu infection can result in hospitalization or death.



IAV and B virus cause seasonal epidemics of disease, known as the flu season, almost every winter in the United States. IAV are the only influenza viruses known to cause global flu pandemics. IAV are divided into subtypes based on two proteins on the surface of the virus: hemagglutinin (H) and neuraminidase (N). There are 18 different hemagglutinin subtypes and 11 different neuraminidase subtypes (H1 through H18 and N1 through N11, respectively). While there are potentially 198 different IAV subtype combinations, only 131 subtypes have been detected in nature. Current subtypes of IAV that routinely circulate in people include A(H1N1) and A(H3N2). The most outstanding characteristic of the influenza viruses is their rapid evolution which

leads to its great variability. This is the case especially with IAV and therefore it is the most feared type of influenza virus.

Following the infection, the host immune system aims to defend against and clear the viral infection. The IAV first induces the innate immune system to recruit various phagocytic cells, groups of cytokines, and interferons (IFNs) to the site of infection.³ The adaptive immunity is mediated by B cells and T cells mainly the CD4+ and CD8+ T cells capturing and neutralizing the pathogen. The humoral immune response functions through hemagglutinin-specific circulating antibodies to neutralize IAV. In addition, antibodies can bind to the surface of infected cells and induce antibody-dependent cell-mediated cytotoxicity or complement activation.³

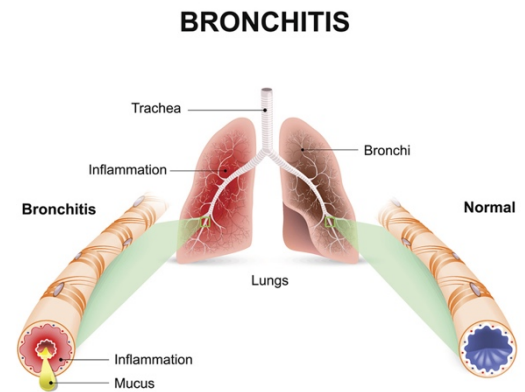
Complications or ultimately death arising from these infections are often associated with hyper-induction of pro-inflammatory cytokine production, which is also known as 'cytokine storm'. Cytokine storm is associated with uncontrolled pro-inflammatory responses which are complicated by several types of cytokines and chemokines that have various activities. In addition to their direct effects, their cross-regulation causes cytokine network to form which determines the outcome of viral infections.⁴ Antibody induced cytotoxicity/complement activation can lead to the airway epithelial barrier destruction. Autopsy studies revealed that severe infection with influenza damages the airway and alveolar epithelium.⁴

Bronchitis and Pneumonia

The same viruses that cause colds and the flu often cause acute bronchitis and pneumonia. Bronchitis is the inflammation of the bronchial tubes while pneumonia causes inflammation of the alveoli.

In bronchitis, when the viral infection spreads from the upper respiratory tract to the lower respiratory tract, it triggers the inflammation of the bronchial walls which leads to mucosal thickening, epithelium-cell desquamation, and denudation of the basement membranes.²

Much like bronchitis, people with pneumonia will experience a cough which brings up mucus, as well as a shortness of breath. Pneumonia may similarly be accompanied by a fever – although the fever may be high, unlike bronchitis. Pneumonia affects how air is distributed to blood cells. When cells do not get enough oxygen, they cannot function properly. As a result, the infection may spread and become deadly. In an individual who suffers from a chronic lung condition, pneumonia can be very dangerous as it exacerbates the condition greatly.



Wellness Recommendation

Common Cold

The wellness recommendation for the common cold includes Golden Flower capsules. Golden Flower helps to expel Evil Qi and clears Heat. It helps to enhance immunity and clear RV from the upper respiratory tract. The herbal ingredients in Golden Flower contains many antiviral properties and have been shown to inhibit the proliferation of various pathogenic microorganisms including bacteria, fungus, and different types of viruses such as the virus causing the common cold. The herbs also help clear Heat in the lungs and promote healthy WBC production. By reducing the large amounts of inflammation, Golden Flower can decrease vascular permeability and the stimulation of mucus hypersecretion to decrease the main symptoms of a cold. Patients can see symptom improvements in 1-2 days and 1-2 weeks of the formula is recommended for significant improvement.

Influenza

The wellness recommendation for influenza includes Silver Flower. Silver Flower helps to expel Evil Qi in the respiratory tract and alleviates respiratory tract viral infections and inflammation due to the flu. Silver Flower also helps clear toxic Heat resulting from the Evil Qi and removes pro-inflammatory cytokines to reduce the cytokine storm and address Acute Respiratory Distress Syndrome (ARDS) caused by the influenza viral infection. Silver Flower

helps clear symptoms of fever, cough, sore throat, nausea, breathing difficulties, diarrhea, and fatigue. Silver Flower formula exhibits a dual function in immune regulations. While calming down the overwhelming immune system and avoiding the release of excessive cytokines and free radicals, it also helps protect the epithelium and maintain normal immune function against pathogens. LC Balancer and Brown formula may also be required to assist the liver and kidneys to process and secrete toxins.

The use of Silver Flower does not require a full diagnosis of an influenza viral infection. It is recommended as long as patients are experiencing any flu symptoms such as a cough, headache, itchy or sore throat, fever, fatigue, shortness of breath, or diarrhea. Patients can see symptom improvements in 1-2 days and 1-2 weeks of the formula is recommended for significant improvement.

Golden Flower may be needed after treatment with Silver Flower. Golden Flower works to clear the residual Heat after the virus has been cleared. 1-2 weeks of the Golden Flower capsules or Golden Flower tea is recommended following the treatment with the Silver Flower.

Severe or Persistent Cough and Phlegm

If patients experience a severe cough and phlegm from the cold and flu or have a persistent cough with phlegm production that won't resolve after the cold and flu is over, CL is recommended to remove Lung Heat and help clear the cough and phlegm.

For susceptible patients who are prone to develop bronchitis and pneumonia from cold or flu, CL may also be needed to clear the Lung Heat and help shorten the episode of cough with phlegm and reduce the likelihood of developing bronchitis or pneumonia. If patients also have weak lungs, with a Lung Yin deficiency, Soup A may also be needed to nurture the Lung Yin to help resolve the cough with phlegm.

Asthma, Bronchitis, Pneumonia, or Chronic Lung Disease Patients

The wellness recommendation for patients with asthma, bronchitis and pneumonia as well as patients who have chronic lung conditions such as COPD or IPF, includes CL and Jade. CL helps to remove lung Heat and reduce inflammation and pro-inflammatory cytokines in the bronchial tubes and air sacs. The herbal ingredients in CL have been shown to significantly decrease the concentration of inflammatory mediator's TNF-alpha and IL-8, mitigate and improve airway rebuilding in the lungs, remove phlegm, and inhibit increased cell infiltration. Jade helps to enhance lung Qi and boost the cell-mediated immunity of the lungs. Bronchitis and pneumonia both cause inflammation of either the airways or the air sacs. By reducing the level of inflammation through downregulating pro-inflammatory cytokines, CL along with Jade can help with symptom relief in the first few days and 2-4 weeks of the protocol is recommended for significant improvement.

For patients with COPD or IPF, Soup A may also be required to support their lung health and resolve their persistent cough and phlegm production if they still experiencing symptoms using the above protocol.

Cold and Flu Prevention

The wellness recommendation for cold and flu prevention includes Golden Flower Tea. Golden Flower Tea helps prevent infections through immediate germ removal and immune support. The ingredients work together to remove germs from the throat, respiratory tract, and heart. At the same, enhancing and supporting the immune system. Wei Labs recommends keeping Golden Flower Tea on hand during the cold and flu season and to drink it two times per day if you start feeling fatigued or have been around others who are ill.

Protocol Summary

Condition	Products
Cold	Golden Flower Capsule/Tea
Flu	Silver Flower
Severe or Persistent Cough with Phlegm	CL (Additional: Soup A)
Asthma, Bronchitis, Pneumonia, Chronic Lung Disease Patients	CL, Jade, (Additional: Soup A)
Cold and Flu Prevention	Golden Flower Capsule/Tea

Selected Case Studies

Case Study #1: Successful Resolution of Lung Inflammation and Pleurisy *Salvatore & Cynthia Mignano, DC // Mignano Family Chiropractic Center*

A female patient, age 22, visited the Mignano Family Chiropractic Center for treatment in 2010. She had been in the emergency room where she was diagnosed with pleurisy (inflammation of the pleura, or lung tissue lining). Typical causes for this condition include bacteria or virus infections as well as rib fractures. The patient suffered from severe pain (8 out of 10), coughing, and poor sleep quality due to the condition. Her doctor had prescribed antibiotics, pain killers, and cough medication with no noticeable improvements. The condition was caused by bronchitis that persisted for two months prior to her office visit. A wellness program composed of herbal remedies and chiropractic adjustments was prescribed for two weeks.

The patient took a combination of Wei products. More specifically, ClearLung and LC Balancer were used for one week. During the second week, the patient took Soup A. In addition, the patient went in for three sessions of chiropractic adjustments each week. After the first week, the patient experienced a 50% pain reduction as well as significant decrease in coughing. The patient felt substantially better. Upon completing the program, all symptoms (pain, coughing, and sleep disorder) had been resolved. The results have been sustained ever since.

Case Study #2: Improved Shortness of Breath in Positive COVID-19 Case with Golden Flower *Ray Repoush, LAC (September 2020)*

A 42-year-old female patient was experiencing symptoms of shortness of breath, dry cough and fever. She was positive for COVID-19 and was recommended to be put on a ventilator and immediate hospitalization. She had a history of smoking, COPD, and upper respiratory infections.

Ray had started the patient on Golden Flower from Wei Labs at 2 capsules, 2 times daily. The patient began to slowly improve in shortness of breath and decline in fever over the course of 6 days and successfully avoided being admitted to the hospital as well as a ventilator that was recommended. The patient continues to breathe with ease and get back to more activities of daily living.

Case Study #3: Complete Resolution of Congestion from Influenza A with Golden Flower Herbal Tea *Dr. Joseph Sevlie (March 2020)*

A 62-year-old female had contracted Influenza A three weeks prior to using Golden Flower Tea from Wei Labs. She noticed within the first hour to hour and a half after drinking her first cup of tea that the congestion in her upper chest began to loosen and she was able to clear it out. She wondered if it was coincidence, but each time she drank Golden Flower tea she noticed it continued to lessen until the congestion was completely gone.

Case Study #4: Recovery from Double Pneumonia

Tammy Lee Dippenworth, Acupuncture Physician, Orlando, FL

I have a story to tell with delight. I am a former RN, turned Acupuncturist. My history of lung problems started in 1995, when my cottage flooded, and after proper clean up, I did not realize black mold was growing and sustaining in my master bedroom closet. I began having a consistent cough for years. While training in Chinese Medicine, I tried a round of herbal treatments, but to no avail, and it was pretty pricey for a student. As time has passed, each winter, I had a really bad time breathing, this went on for over 15 years, turns out I was allergic to Christmas trees. But having that extreme allergic reaction and lung inflammation every year, the damage was done to my lungs. Every time I would catch a cold, it would last for 6 weeks, which is always involved in western treatments of antibiotics, inhalers, and steroids.

In 2020, at the end of February, I was very sick, going into sepsis, temperature 103 and eventually hospitalized with double pneumonia. Of course, all the regular western medicines were needed. Once I got out of the hospital, I was still struggling and my doctors put me on 40 mg of Prednisone for 10 days, coughing medicine, inhalers, and home Albuterol treatments. I just felt worse with all these drugs.

Therefore, I reached out to the Wei Laboratories, and shared my concerns and story with Nick Bachinski. He then shared with 3 devoted expert Chinese doctors that specialize in Herbology. I know I had tried herbal formulas years before but felt I needed to do something more natural than what I was doing. This is the protocol that was given to me: Week 1: Silver Flower - 3 caps, 3 times a day. Week 2: CL & CL-F - Both are 2 caps 3 times a day. Week 3: Soup A, Soup B, and LC Balancer - The Soup A & B are both 2 caps 3 times a day, and the LCB is 1 cap 3 times a day. After the two-month protocol, my cough was gone and my lung capacity felt fuller and clearer. Again, there is a cost to this. Herbal formulas are expensive. But I also have a \$10,000 hospital bill. When you look at the cost and the years I have suffered, there is no comparison. Very grateful to this company and their expertise.

Case Study #5: Increased Lung Inspiration & Elimination of Cough with Silver Flower

Jen Gayaut, AP (April 2020)

A 40-year-old female patient contacted my office after experiencing flu-like symptoms persisting for 3 weeks. The patient's main complaint was the inability to hold her breath for longer than 2 seconds without coughing. Her coughing spells were so violent that she felt like she was going to pass out or lose consciousness. The patient's oxygen saturation was at 93 and pulse rate at 78.

After doing some research, we started the patient on Silver Flower from Wei Labs. The first day she took 6 capsules at 8 am, 3 capsules at 12 pm, and another 3 capsules at 4 pm. By 8 pm that same day, the patient was able to hold her breath for 10 seconds without an interruption of coughing. The patient continued on with the formula at 3 capsules 3x/day to clear all remaining lung congestion. All of her symptoms were gone within three days of starting the formula and she reduced her dose to 2 capsules 2x/day until the bottle was empty. We started the patient on Golden Flower from Wei Labs to continue to support her immune system and lung function.

Case Study #6: Symptom Reduction in 74-Year-Old Respiratory Viral Infection Patient

Wei Labs Practitioner (March 2020)

A 74-year-old male, non-smoker, in general good health, developed an abrupt dry cough, headaches, aggressive onset of fatigue; began expectorating blood-tinged sputum, and a fever of 100.5. The patient was referred to a local Conventional Medical System for Coronavirus testing and imaging studies. A complete blood count revealed normal WBC count but depleted percentage of lymphocytes, characteristic of early viremia. CXR was 'normal'. The patient was discharged from the ER with no Coronavirus testing done.

In addition to his home-care of Vit C and Vit D3, the patient began taking Silver Flower Caps, 3 TID. After 2.5 days, the patient stated he was asymptomatic. He was instructed to reduce Silver Flower to 1 cap TID and continue Vit C and D3. Hours later, the patient stated his cough had relapsed and was instructed to return to 3 caps TID.

Case Study #7: Improved Shortness of Breath in Suspected COVID-19

Laisha Canner-Ward, AP (April 2020)

An eleven-year-old female patient was experiencing symptoms of fever, headache, dry cough, shortness of breath, and abdominal pain. It was suspected that she had COVID-19. On March 21st, the practitioner started the patient on Silver Flower from Wei Labs, 2 caps 3x/day. The next day, the patient was feeling “fine” and was riding her skateboard for an extended time. On March 29th, the patient was still a little tired but the mother contributed that to having to be inside for most the day because of the quarantine. The patient’s symptoms continued to improve over the course of the next week. By April 7th, the patient was feeling good and experiencing no shortness of breath at all. She has been playing soccer and tennis in the driveway with no issues.

Case Study #8: GI Symptom Improvement with Golden Flower Herbal Tea

Dr. Boris Schwartz (March 2020)

A male patient had started the Golden Flower tea from Wei Labs to help prevent illness during this pneumonia season. To the patient’s surprise, the tea was helping with his bowel issues as well. As of last summer, the patient was experiencing chronic loose stools and had tried many different formulas that addressed gram-positive, gram-negative, mycobacteria, parasites, and fungus within his GI tract with little to no improvement. After drinking the tea, the patient noticed an 80% improvement in his GI symptoms and started having semi-solid stools. It was suspected that the patient may have had a stomach viral infection.

Case Study #9: Positive Coronavirus Patient Cleared 8 Days After Silver Flower Usage

Dr. Anish Bajaj, DC (April 2020)

A 69-year-old male in Seattle Washington who has high blood pressure, type II diabetes, high cholesterol, and a history of arthritis returned from Panama on March 15th. On the 19th, he started to notice a cough, fatigue, and loss of appetite. The patient started to get concerned on the 23rd when he developed a 101-degree fever with severe chills and mild body aches. The patient was also experiencing a severe cough which caused abdominal pain and mild shortness of breath, as well as an intermittent sore throat and altered taste and smell. He lost 20 pounds due to loss of appetite. He was experiencing diarrhea and vomiting with consumption of food. The patient was bed ridden.

On the 30th of March, he tested positive for COVID-19. On the 6th of April, he started taking Silver Flower from Wei Laboratories, 3 cap 3x/day. Within the first five days of starting Silver Flower, the patient’s symptoms incrementally improved by 50%. The patient was able to get out of bed to walk around the house as well as eat solid food. He was cleared by his primary doctor eight days later.

Case Study #10: Near Resolution of Symptoms in COVID-19 Positive Patient with Use of Silver Flower Formula

Chris Aragona, L.Ac, FL (April 2020)

A 62-year old male patient, with a history of previous health concerns (overweight, diabetes), tested positive for COVID-19 and double pneumonia on Wednesday, April 1st. Days prior to testing, the patient had begun experiencing cold/flu-like symptoms; fever, fatigue, chest tightness, and a persistent dry cough. Upon leaving the hospital on April 1st, he was administered a 5-day Z-pack antibiotic and recommended Tylenol for relief. Over the following days, (Thursday April 2nd - Friday, April 3rd), the patients’ symptoms continually worsened.

On Saturday, April 4th, the patient started on the Silver Flower formula from Wei Labs and by Monday, April 6th, saw a significant turn and improvement in his symptoms - a reduction in chest tightness, dry cough, and fatigue. By Wednesday, April 8th, the patient no longer had a fever and described himself as feeling “the best I’ve felt since my initial symptoms 1.5 weeks ago”. As of Thursday, April 9th, the patient feels close to “asymptomatic” and was even able to go outside on a 20-minute walk. The patient is still taking Silver Flower at full dosage, and will continue for his remaining 2 weeks (2 bottles).

Case Study #11: Overall Wellness Improvement in Suspected Coronavirus Patient

Dr. Anish Bajaj (March 2020)

A 67-year-old male patient was experiencing a cough for two-three weeks. He had notified his Primary Care doctor who advised him to not come into the office. He stayed at home for two weeks and did not receive any testing/treatment. The patient had congestion, dry cough, shortness of breath, and brain fog. He was presumed to be diagnosed with COVID19 by his physician. The patient didn't know what to do other than wait for recovery.

On March 27th, 2020, the patient started taking Silver Flower (three capsules, three times daily) and Golden Flower (one teaspoon, two times daily) from Wei Labs. By March 30th (4th day of treatment), the patient could hold a six-minute conversation without coughing. His sleep was even better than before the illness. His overall wellness improved by 70%. By April 1st (6th day of treatment) the patient felt well enough to return to work. However, he was advised to stay home for the safety of himself and others until he tests negative. The patient is finishing their two-week course of Silver Flower and will continue taking Golden Flower for further support.

Case Study #12: Complete Symptom Resolution in Positive Coronavirus Patient

Dr. Anish Bajaj (March 2020)

A 25-year-old female patient who was a very active restaurant worker, started experiencing flu-like symptoms on March 15th, 2020. The patient had lost her sense of smell and taste. She was tested on the 24th for COVID-19 and was confirmed positive on the 27th. Her primary care doctor gave her Tylenol with codeine for her fever and body aches. She was experiencing difficulty and painful breathing, headache, dry cough, congestion, and difficulty speaking. Everything was labored. By the 30th, the Tylenol and Codeine helped the fever subside. However, there was no improvement in body aches, breathing, cough, and congestion.

The patient started taking Silver Flower (three capsules, three times daily) and Golden Flower (one teaspoon, two times daily) from Wei Labs. Within two days, her body aches had improved by 50%. By the third morning, she started to expel chest congestion and after day three, the patient's body aches/pains and congestion were almost completely gone. All symptoms were resolved by day six however, the patient is finishing their two-week course of Silver Flower and will continue taking Golden Flower for further support.

References:

1. Kennedy, J. L., Turner, R. B., Braciale, T., Heymann, P. W., & Borish, L. (2012). Pathogenesis of rhinovirus infection. *Current opinion in virology*, 2(3), 287–293. <https://doi.org/10.1016/j.coviro.2012.03.008>
2. Singh A, Avula A, Zahn E. Acute Bronchitis. [Updated 2020 Jun 24]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK448067/>
3. Chen, X., Liu, S., Goraya, M. U., Maarouf, M., Huang, S., & Chen, J. L. (2018). Host Immune Response to Influenza A Virus Infection. *Frontiers in immunology*, 9, 320. <https://doi.org/10.3389/fimmu.2018.00320>
4. Liu, Q., Zhou, Y. H., & Yang, Z. Q. (2016). The cytokine storm of severe influenza and development of immunomodulatory therapy. *Cellular & molecular immunology*, 13(1), 3–10. <https://doi.org/10.1038/cmi.2015.74>