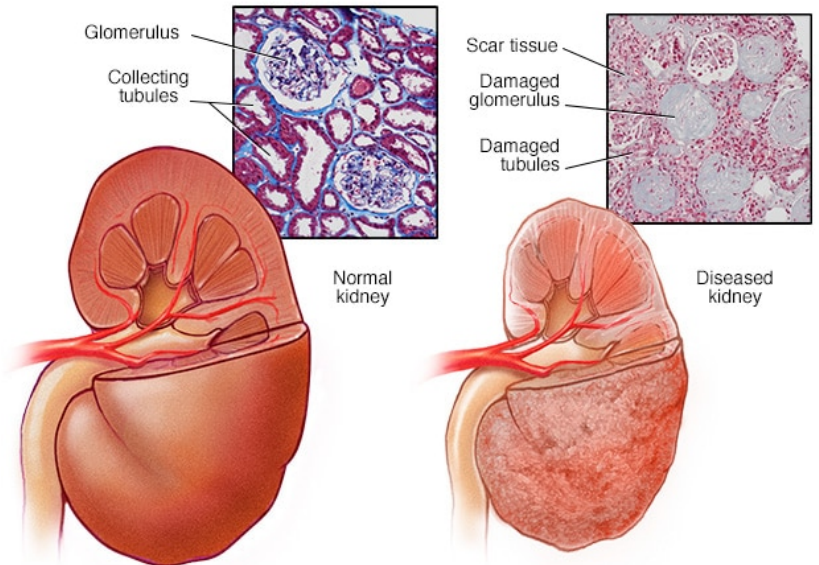


**Chronic Kidney Disease (CKD)** occurs when there is a gradual loss of kidney function. This leads to a decrease in removing excess fluids, minerals, and waste out of the blood. High levels of waste in the blood can lead to further complications such as high blood pressure, anemia, weak bones, heart disease, and nerve damage. CKD usually gets worse gradually and can progress to end-stage kidney failure, which may require kidney dialysis or a kidney transplant.

The kidneys' main job is to filter excess water and waste molecules out of the blood to produce urine. They also help keep the body working properly through the balancing of salts and minerals like calcium, phosphorous, sodium, and potassium. The kidneys' also produce hormones including, renin and erythropoietin, which regulate blood pressure and make red blood cells (RBCs). In CKD, all of these functions become impaired.



**Causes:** CKD can be caused by various factors.

The two main causes of CKD are diabetes and high blood pressure. In diabetes, chronic high blood sugar levels can damage many organs of the body including the kidneys, heart, and blood vessels. When the blood vessels of the kidneys become damaged, kidney function declines. Diabetes can drive inflammation of the blood vessels which could dramatically accelerate atherosclerosis causing renal artery hardening and narrowing leading to significantly reduced blood flow to the kidney. When blood flow is reduced, high blood pressure occurs because when the kidneys receive low blood flow, they react as if the body is dehydrated. The kidneys then respond by releasing hormones that stimulate the body to retain sodium and water. Blood vessels then fill with additional fluid, and blood pressure rises. High blood pressure can also damage the blood vessels in the kidneys which again reduce their ability to function properly. When the force of blood flow is too high, the blood vessels, including the tiny capillaries of the glomerulus, stretch so blood can flow more easily through. But eventually, this stretching can scar and weaken the blood vessels. When the blood vessels of the kidneys become damaged, they can stop removing waste and extra fluid from the body which can raise blood pressure even more and create a dangerous cycle.

Other causes of CKD include glomerulonephritis, infection, polycystic kidney disease, malformations, lupus, and obstructions caused by kidney stones or tumors. Glomerulonephritis is a group of diseases that causes inflammation and damage to the kidneys glomeruli, which are the kidneys filtering units. Chronic glomerulonephritis can cause cumulative damage and scarring of the tiny blood filters. This is the most common cause of CKD following diabetes and high blood pressure.

Infections such as a mycobacterial or fungal infection can also lead to CKD. Mycobacteria such as nontuberculous mycobacteria (NTM) can cause damage and scarring to the kidneys due to the formation of granulomas causing accelerated kidney degeneration. Fungal infections of the kidney can cause varied lesions depending upon the type of organism. Fungal infections by *Candida* or *Aspergillus* is both a cause of CKD and a common complication among end stage or renal failure patients.

Mycoplasma such as *Mycoplasma hominis* can infect the kidney and cause kidney cysts, scars, and chronic kidney disease in severe cases. Polycystic kidney disease is an inherited disorder characterized by large cysts to form in

the kidneys and damage the surrounding tissue. Lupus and obstructions of the kidneys are less common causes but can still lead to CKD.







**Symptoms:** Symptoms of CKD can vary based on how severe or advanced the condition is. Most people do not experience any severe symptoms until the kidney disease reaches those later stages. However, symptoms may show up when excessive waste and fluid retention occurs due to severe kidney damage. Patients may experience fatigue, trouble concentrating, poor appetite, trouble sleeping, muscle cramping, swollen feet and ankles, dry and itchy skin, and increased urination frequency with decreased amount. CKD patients' may also have kidney inflammation which allows albumin or blood cell leakage from the blood to the urine which causes high protein levels in the urine (proteinuria). Symptoms of proteinuria include bubbling of urine, blood in urine, chills, hot flashes, and excessive sweating. If the kidneys stop working suddenly, which is referred to as acute kidney failure, patients can experience nosebleeds, fever, vomiting, back pain, and abdominal pain.

CKD patients with kidney mycobacterial infections may have symptoms including back, flank and suprapubic pain, hematuria or dark colored urine, burning with urination, increased urination at night or bubbles in urine. Symptoms may also include body heaviness and muscle weakness. CKD patients with kidney fungal infections may have symptoms of difficult urination. Patients may have the urge to urinate, but little or no urine is passed.

**Diagnoses:** Glomerular Filtration Rate (GFR) is the best test to measure the level of kidney function and also to determine which stage of CKD the patient is suffering from. GFR is measured through the levels of creatinine in the blood factored along with age, race, and gender. Creatinine is a waste product made in the body's muscles from the metabolism of creatinine which supplies energy for muscle contractions. Creatinine level, as a marker of kidney function, should be kept at the correct level when the kidneys are functioning properly. In adults, the normal GFR number is more than 90. The normal creatinine level in the blood is between 0.6 to 1.2 mg/dL for men and 0.5 to 1.1 mg/dL for women. For patients with a mildly low GFR between 60 and 89 may not have kidney disease if there is no sign of kidney damage like protein in their urine. If there are signs of kidney damage such as protein in their urine, then they may have early kidney disease. For patients with a GFR below 60 for more than three months, they are diagnosed with moderate to severe CKD. The blood urea nitrogen (BUN) levels are also elevated in patients with CKD when the kidneys are not able to remove urea from the blood properly. The normal BUN level is between 7 to 20 mg/dL.

Stages 1-2 of CKD falls under those patients that have a GFR of above 60 but have signs of kidney disease such as protein in their urine.

Stage 3 CKD occurs when patients have a GFR between 30 and 59. In addition to their elevated creatinine and BUN levels, these patients may develop complications such as high blood pressure, anemia, and/or early bone disease. The anemia in stage 3 CKD patients is caused by a reduced production of erythropoietin

STAGES OF CHRONIC KIDNEY DISEASE		GFR*	% OF KIDNEY FUNCTION
<b>Stage 1</b>	Kidney damage with <b>normal</b> kidney function	90 or higher	 90-100%
<b>Stage 2</b>	Kidney damage with <b>mild loss</b> of kidney function	89 to 60	 89-60%
<b>Stage 3a</b>	<b>Mild to moderate</b> loss of kidney function	59 to 45	 59-45%
<b>Stage 3b</b>	<b>Moderate to severe</b> loss of kidney function	44 to 30	 44-30%
<b>Stage 4</b>	<b>Severe</b> loss of kidney function	29 to 15	 29-15%
<b>Stage 5</b>	Kidney <b>failure</b>	Less than 15	 Less than 15%

from the damaged kidney to stimulate the bone marrow to produce RBCs. As a result, patients may develop symptoms of generalized fatigue.

Stage 4 CKD patients have advanced kidney damage and a severe decrease in GFR at 15-30 while stage 5 CKD patients have below a 15 GFR. In addition to very high levels of creatinine and BUN levels, patient's blood calcium level is also severely increased. Extremely high blood calcium level is very dangerous as it can cause cardiac arrest with sudden death. Stage 5 CKD is considered end-stage renal disease and at this stage, about 85-90% of the patients' kidney function is gone and dialysis or a kidney transplant may be recommended.

Please see the "Chronic Kidney Disease and Complications" protocol to learn more about complications caused by CKD.

### **Wellness Recommendation**

Stage 1-2: The recommendation for patients with stage 1-2 CKD includes LC Balancer, KS, and Xcel. LC Balancer helps restore glomerular structure and improve microcirculation by nurturing kidney Yin. KS removes kidney infection and inflammation which also restores protein levels in the urine by clearing kidney heat. Xcel improves kidney and adrenal gland function to restore kidney filtration and the balancing of minerals by enhancing kidney Yang. BI may also be required for patients who suffer from frequent bladder infections and inflammation. Patients can experience symptom improvement in 2-4 weeks of the protocol with better energy, reduced swelling and bubbling of urine, better appetite, reduced frequency of waking up during the night to urinate and reduced blood pressure. GFR, creatinine, BUN levels, and protein in the urine can be improved in 1 month. 2-3 months of the protocol is recommended for significant improvement of the kidney's structure and function measured by the GFR, creatinine and BUN levels in the blood. A low maintenance dose at 1/3 to 1/2 dose is recommended to prevent further kidney damage. It is also recommended to address the cause of the kidney disease using additional Wei solutions.

Stage 3-5: The recommendation for patients with stage 3,4, and 5 CKD includes LC Balancer, KS, Xcel, Formula C, and Anemic Formula. The addition of Formula C helps to restore the connective tissue integrity which is often compromised in later stages of CKD. Anemic formula is also added for patients with stage 3-5 CKD due to the lack of erythropoietin which is involved in the production of RBCs. Patients can experience symptom improvement in 1 month of the protocol. 3-6 months of the protocol is recommended for patients with stage 3-4 CKD to have significant improvement of the kidney's structure and function measured by the GFR, creatinine, BUN, and calcium levels in the blood and RBC counts. For patients with end stage or stage 5 CKD, 9-12 months of protocol is recommended to have significant improvement. A low maintenance dose at 1/3 to 1/2 dose is recommended to prevent further kidney damage and avoid dialysis.

Patients on Dialysis: The recommendation for patients with end stage kidney failure who are on dialysis also includes LC Balancer, KS, Xcel, Formula C, and Anemic Formula. Patients at this stage usually have complications and additional treatment may be required. The protocol can help to reduce the frequency of required dialysis.

### **Additional Recommendations:**

CHF and Cardiovascular Complications: Cardiovascular complications have to be addressed in order to help CKD patients improve their kidney condition. Wei Lab's kidney/anemia combined treatment can help CKD patients to improve their kidney condition as well as their cardiovascular complications. Patients can experience significant improvement in their symptoms with greatly enhanced energy levels with decreased creatinine and BUN levels in their blood work. However, if patients have advanced heart complications, their blood work may show increased blood creatinine and BUN levels. This reflects the response of the heart condition to the kidney and anemia treatment by down loading the toxic waste from the heart. As patients continue the treatment, their blood work will eventually show a decrease in the blood creatinine and BUN levels. Depending on the severity of their cardiovascular complication, it may take over 9 months before their blood work shows improvement. However, after the heart complication is resolved, patients can expect a reduction of 0.1 in blood creatinine with each month of kidney treatment.

To accelerate the improvement of their heart condition, Wei Lab's heart treatment solution is recommended in combination with the Kidney/Anemia treatment including CV, Myogen, Qi Booster and B-2 with optional Kardinin if patients also have infective endocarditis. With the addition of heart formulas, the process can be shortened to 3 months or less. During the heart treatment, patients will experience further enhanced improvement of their energy while their blood creatinine and BUN keep climbing up followed with a sharp decline after the toxins in the heart have been cleared. Then patients will have 0.1 reduction of their creatinine level with each month treatment.

High Blood Sugar/Diabetes: Wei Laboratories kidney/Anemia treatment solution can help CKD patients effectively bring down their blood glucose levels into a normal range measured by fasting glucose level and HA1C. Patients can experience improved blood sugar levels with 2-4 weeks of treatment. With 6 weeks to 3 months of treatment, patients can reduce or stop taking their blood sugar medication or insulin while maintaining their blood sugar in the normal range. CV Formula is recommended to improve blood vessel properties which have been damaged due to the long-standing high blood glucose levels.

CKD Patients with diabetes and on insulin may see decreased insulin needs as their CKD becomes more advanced. The insulin endogenously secreted by the pancreas is removed from the blood by the liver, while the exogenous insulin which is taken as medicine is eliminated by the kidney. As the patients' kidneys are failing, the insulin can be circulating in the blood without being catabolized when the CKD reaches end-stage. Patients may need reduced insulin or even do not need insulin anymore.<sup>8</sup> When patients with such complications use Wei Lab's treatment, they may experience a transient increase in their blood sugar for a short period of time as the kidney starts disposing of insulin. As the treatment continues their blood sugar will be back to normal. It may be necessary to adjust their insulin intake as needed during this period of time.

Hyperlipidemia: High cholesterol or hyperlipidemia can cause atherosclerosis of the arteries including coronary and cerebral arteries as well as renal artery. Narrowing of the renal artery results in decreased blood flow to the kidney leading to the development of CKD. Cholesterol lowering drugs such as statins can cause increased blood sugar level which cause further damage to the kidney.

Wei Lab's CV Formula is recommended together with the kidney treatment to address atherosclerosis of the renal artery wall as well as the atherosclerosis of coronary and cerebral arteries.

High Blood Pressure: Wei Laboratories kidney/anemia treatment solution can help CKD patients reduce their high blood pressure into a normal range. Patients can experience improved blood pressure with 2-4 weeks of treatment. With 6 weeks to 3 months of treatment, patients can reduce or stop taking their blood pressure medication while maintaining their blood pressure in the normal range. For patients with renal hypertension, the heart treatment solution is also required to help clear the atherosclerosis. Patients' improvement can be reflected in their blood work with 6 weeks to 3 months of treatment.

If the cause of the patients CKD is due to high blood pressure it is recommend to add CV and Breez to the protocol. CV helps to improve blood vessel properties which have become damaged and stretched from the high pressure against the blood vessel walls. Breez helps to alleviate smooth muscle restriction to the blood vessel walls and lower blood pressure by clearing the Liver Wind.

Bacterial Infections: The most common type of bacteria that affects the bladder and kidneys is caused by the gram-negative bacterium, Escherichia coli (E. coli). Symptoms of a bladder infection include a strong and persistent urge to urinate, a burning sensation when urinating, passing a frequent and small amount of urine, urine that appears cloudy, strong-smelling urine, and pelvic pain. Symptoms can vary depending on where the infection occurs. If the infection only affects the urethra, the symptoms include burning with urination and discharge. If the infection spreads into the kidneys (acute pyelonephritis), symptoms can include back and flank pain, high fever, hematuria, shaking and chills, nausea, and vomiting.

The wellness recommendation for a bladder infection includes BI and UI. BI clears bladder Heat and helps to clear urinary tract inflammation. BI also helps to clear the Blood Stasis in the bladder to shed the scar tissue and heal the

damaged lining of the bladder. The healthy bladder lining will not allow the bacteria to attach and therefore prevent bladder infections from reoccurring. Herbal ingredients in BI have been shown to contain many biological activities such as antioxidant, anti-inflammation, and wound healing. UI helps clear damp toxins in the Lower Jiao. UI helps clear infections by a gram-negative bacterium, such as E. coli, in the bladder, ureters, and urethra. Herbal ingredients in UI have been shown to contain antibacterial properties and have inhibitory effects against E. coli.

If the infection has spread to the kidneys, KS is also recommended. KS helps clear kidney Heat and remove infection and inflammation from the kidney. Pyrrosia Folium, an herb utilized in KS, has been used in Chinese medicine practice for the treatment of urinary infections, urolithiasis, and hematuria caused by damp heat. If KS can't resolve kidney gram-negative bacterial infection, K-2 is recommended. K-2 helps clear damp heat toxins in the kidney and clear kidney infections caused by gram-negative bacteria. If K-2 can't resolve the condition, K-3 is recommended.

Mycobacterial and Mycoplasma Infection: Infection by atypical bacterial is also common among CKD patients. CKD patients with kidney mycobacterial infections may have symptoms including back, flank and suprapubic pain, hematuria or dark-colored urine, burning with urination, increased urination at night or bubbles in urine. Symptoms may also include body heaviness and muscle weakness.

If patients have a mycobacterial and/or mycoplasma infection it is recommend to start Nefnin and K-2 after one month of the full protocol (listed above) or if improvement plateaus. Nefnin removes mycobacteria and mycoplasma from the kidneys. K-2 helps clear the gram-negative bacteria from the kidney, since gram-negative bacterial infections is a common co-infection for patients with mycobacterial infections. If patients are infected by multiple strains and improvement plateaus with Nefnin and K-2, N-2 and K-3 are recommended. N-2 helps clear the mycobacteria and mycoplasma that survived the use of Nefnin. K-3 helps clear gram-negative bacteria that survived the use of K-2. If patient's bladder is also infected, Mycocin is recommend to clear bladder mycobacteria and UI is recommend to clear the gram-negative bacteria from the bladder.

Fungal Infections: If patients also have a fungal infection it is recommend to start KS-F after one month of the full protocol (listed above) or when improvement plateaus to remove fungus from the kidneys. If the patient's bladder is also infected, BI-F is recommended to clear bladder fungal infections. CKD patients with kidney/bladder fungal infections may have symptoms of difficult urination. Patients may have the urge to urinate, but little or no urine is passed.

Parasite Infections: Parasitic infections can be more hostile and life-threatening in CKD patients than in healthy people. The clinical manifestations range from proteinuria of >3.5 g per day, hypoalbuminemia, generalized edema, hyperlipidemia, to nephritic syndrome and diminished glomerular filtration, azotemia, oliguria, hypertension, renal insufficiency, and rapidly progressive glomerulonephritis with increased creatinine level in serum.

Wei Labs has developed effective treatment solutions to help CKD patients clear the parasite infection. The recommended formula includes Detocin for protozoan infections in the kidney and liver. Protomin is recommended if patients have protozoan infections in the bile duct. Protomin-R is recommended if patients have protozoan infections in the stomach and upper GI. WhiteHead is recommended if patients have protozoan infections in the large intestine and lower GI. Paramin is recommended for liver and bile duct parasite infection. Please refer to the Parasite Treatment Protocol for additional formulas and further required treatment recommendation.

Food Allergy and Idiopathic Nephrotic Syndrome: The most common, non-renal, chronic disorders in patients with CKD patients are gastrointestinal disorders. Common GI complications include constipation, gastroparesis, ulcers, pancreatitis, and colitis. These conditions can cause poor nutritional absorption which negatively affects their overall health, further worsening their renal conditions.

Nephrotic Syndrome is characterized by the presence of nephrotic-range proteinuria, edema, hyperlipidemia, and hypoalbuminemia with protein excretion of >3.5 g per day in adult. Steroid drugs are commonly used for the treatment to reduce kidney inflammation. Food allergies have found to be associated with idiopathic nephrotic syndrome in addition to infections.

Wei Lab's GI treatment solution can effectively improve nutritional digestion to reduce and eliminate the underlying food allergy. Patients can experience symptom improvement with 2 weeks of treatment. 6-8 weeks of treatment is required for significant and sustained improvement.

Chronic Glomerulonephritis: If the cause of the patients CKD is chronic glomerulonephritis it is recommend to start Renogen and Cellgen after three months of the full protocol or when improvement plateaus. Renogen helps to dissolve scarring and fibrotic tissue in the kidneys formed from the chronic inflammation of the nephrons. Cellgen promotes repair of cellular damage to the epithelial tissue of the glomerulus and renal tubule in the nephrons and reverse tissue degeneration.

Kidney Stones: A kidney stone may not cause symptoms until it moves around within the kidney or passes into the ureter. These symptoms include severe pain in the side and back, pain that radiates to the lower abdomen, pain with urination, pink, red, or brown urine, nausea, urinary frequency, fever, and chills if an infection is present, and urinating small amounts.

Wei Labs KS Formula helps dissolve and remove kidney stones by clearing damp and heat in the kidneys as well as clearing inflammation and infection of the kidneys. Pyrrosiae Folium, an herb utilized in KS, has been used in Chinese medicine practice for the treatment of urinary infections, urolithiasis, and hematuria caused by damp heat. This herb works through the process of diuresis, or increased urine production, to help patients pass the stone. It also contains antibacterial activities to clear the infection within the kidneys. Patients can experience improvement in their urinary frequency, urinary infection, clearing of blood in urine, and pain with urination in just one week. 2-4 weeks of treatment is recommended for dissolving and passing the kidney stone.

Polycystic Kidney Disease (PKD): PKD is a genetic disorder that causes the formation of clusters of cysts and the associated progressive fibrosis in the kidney. PKD affects 1/400 to 1/1000 live births and is a leading cause of ESKD. Symptoms include back and side pain, headaches, and hematuria. Cyst infections are common and a serious problem which is difficult to treat causing high morbidity and mortality among PKD patients.

Wei Labs recommendation for PKD includes Renogen along with the full kidney protocol. Renogen helps to dissolve kidney cysts and the buildup of fibrotic tissue. If the patient suffers from recurrent bladder/kidney infections or kidney stones, it is necessary to remove infection using BI, UI and KS before starting the full kidney protocol. B-2 and Qi Booster are also recommended to support spleen and lymphatic circulation to reduce the amount of the fluid in the cysts.

### CKD Product Summary

	Products	Function
<b>Phase 1:</b>	Xcel, LC Balancer, KS, Formula C, Anemic	Improve overall kidney function and clear inflammation/infection
<b>Phase 2:</b>	Full Protocol + Cause Specific Product	Continued support products + addressing the cause
<b>CHF/Cardiovascular</b>	CV, Myogen, B-2, Qi Booster	Improves heart function
<b>Diabetes/Hyperlipidemia</b>	CV	Improves blood vessel properties
<b>HBP</b>	CV, Breez	Improve blood vessel properties and blood restriction of the vessel
<b>Bacterial Infection</b>	BI, UI, KS, K-2, K3	Clears kidney bacterial infections
<b>Mycobacteria / Mycoplasma</b>	Nefnin / K-2, N-2 / K-3	Clears kidney mycobacterial and gram-negative infection
<b>Fungus</b>	KS-F, BI-F	Clears kidney/bladder fungal infection
<b>Parasitic Infection</b>	Protomin, Detocin, Protomin-R, Whitehead	Clears kidney parasite infections
<b>Food Allergies</b>	SJ, Spring Capsule, Formula B	Improves nutritional digestion to reduce and eliminate underlying food allergies

<b>Glomerulonephritis</b>	Renogen, Cellgen	Clears scarring in the nephron and promotes new ep tissue growth
<b>Kidney Stones</b>	KS	Helps to pass kidney stones and prevent reformation
<b>PKD</b>	Renogen, B-2, Qi Booster	Helps to dissolve kidney cysts and the buildup of fibrotic tissue

## Selected Case Studies

### Case 1: Improvement in Stage 4 Chronic Kidney Disease Patient

*Dr. John Filippini, DC, CA*

A 42 y.o. female patient under the supervision of Dr. John Filippini of Danville, California sought a solution for her stage 4 Chronic Kidney Disease. On March 22nd, the pre-treatment blood work confirmed a GFR of 20, BUN 41 mg/dL and creatinine of 2.57 mg/dL. The patient also has diabetes and is using insulin. The recommend protocol consisted of the Wei Laboratories supplements LC Balancer, Xcel, KS, Formula C, and Anemic. The Xcel helps improve the adrenal gland and kidney function, and helps with the kidney's filtration and balancing of minerals. KS helps clear inflammation and infection of the kidneys; Formula C helps restore the integrity of connective tissue and reduces its inflammation; and Anemic improves blood cell production including red blood cells by bone marrow. LC Balancer is also recommended to improve kidney structure and microcirculations in conjunction with the other kidney products. Considering patient's diabetic complication, the CV formula was added to the protocol for the second month. CV formula helps remove blood stasis to address atherosclerosis

Session(s):	Mar-18	4/23/2018	6/9/2018	8/15/2018	9/27/2018
<b>GFR Non/Afr</b>	20	27	32	28	40
<b>BUN</b>	41	40	26	39	22
<b>Creatinine</b>	2.57	1.99	1.70	2.10	1.53
<b>RBC</b>	3.48	4.13			
<b>Hematocrit</b>	31.1	36.4	31.8	34.1	
<b>HGB</b>	9.9	11.6	10.0	10.6	
<b>Calcium</b>	10.0	9.7		9.6	9.4
<b>Protein: (0-29mg/dl)</b>	100mg/dl	143.6mg/dl			
<b>Glucose/Serum</b>	NA				
<b>Uric Acid, Serum</b>	6	5.6	5.2	5.8	4.9
<b>Tot. Cholesterol</b>		112			
<b>Triglycerides</b>		197			
<b>HDL</b>		34			
<b>LDL</b>		39			

and any buildup of plaque around the artery walls to improve blood flow to the kidney. After using the Wei Laboratories kidney products for 5 months blood work showed a GFR of 40, BUN of 22 mg/dL and creatinine of 1.53 mg/dL. At the time of writing the patient is still continuing the protocol under the supervision of Dr. John Filippini.

### Case 2: Increased Kidney Function and Normalized Blood Pressure in CKD Patient

*Dr. Charles Lewis, ND, AR*

A 75-year-old male patient presented with frequent urination, joint aches, low energy, lower extremity edema, anemia, and high blood pressure of 159/81. The patient had a history of bladder infections stemming from the Vietnam War. He had been diagnosed with retinitis pigmentosa, congestive heart failure with 2 previous carotid surgeries on the right side, and stage 4 chronic kidney disease. Bloodwork on September 18th, 2017 showed GFR at 19, calcium at 9.8, BUN at 68 and creatinine at 3.02. The primary care physician was addressing his conditions through 3 blood pressure medications (metolazone, metoprolol, amlodipine), 4 urinary retention medications (furosemide, terazosin, tamsulosin, finasteride), and a statin (lipitor) for his heart. The patient was likely soon going to be recommended dialysis and was looking for a solution to enhance his quality of life.

On Oct. 26th, 2017, the patient started on 4 bottles of LC Balancer, Xcel, KS, Formula C, Anemic, and CV at full dose. LC Balancer, Xcel, KS and Formula C were added to increase microcirculation, restore kidney filtration

capability, reduce kidney inflammation, and help repair the kidney structure which then leads to improved function. Anemic formula helps improve red blood cells production while CV was added to remove plaque and repair artery damage. Within one month, the patient had reported having higher energy levels. The patient did lose some weight, but Dr. Lewis suspected the initial weight loss could be due to improved kidney function and its ability to filter out waste better.

The patient continued on 3 more months of the same protocol. On February 28th, 2018, the patient reported having the best sleep he has had in a long time. He had been experiencing pain with the left hip due to the cold and damp weather and Dr. Lewis suggested 6 Large WHITEE Patches to help provide blood flow and increased nutrient supply to the area. On March 1st, 2018, Blood work showed increased GFR at 29, decreased calcium at 9.2, decreased BUN at 50.14 and decreased creatinine at 2.18. His blood pressure was also measured in the normal range at 108/63. He also reported gaining 4 lbs. Due to these improvements, Dr. Lewis suggested the patient be on 2/3 dose starting April and the patient is looking forward to checking in with his primary care physician in hopes of remove or lowering his blood pressure medications.

	<b>9-18-2017</b>	<b>3-1-2018</b>
GFR (above 60) *	19	29
Calcium (8.5 - 9.5) *	9.8	9.2
BUN (7 - 20) *	68	50.14
Creatinine (0.5 - 1.1) *	3.02	2.18
Blood Pressure (120/80) *	159/81	108/63

### **Case 3: Reduction of Blood Pressure and Weight Loss of CKD Patient**

*Ela Corcoran, Homeopathic Practitioner, CA*

A 54-year-old female presented with Stage 4 Chronic Kidney Disease. Her kidney function has been steadily declining for the last 12 years under her primary care physician. As of February of 2018, her GFR was 27, Serum Creatinine was 2.04 mg/dL and BUN was 28 mg/dL (normal range GFR >90, Serum Creatinine 0.6 - 1.1 mg/dL, BUN 7-20 mg/dL). The patient had anemia with hemoglobin values of 11.9 g/dL (normal range 12.0 - 15.5 g/dL) and had been on iron tablets and vitamin D. The patient was once on 5 different blood pressure medication, currently on 3 blood pressure medications, but still suffered from high blood pressure, 160/80 mmHg (normal 120/80 mmHg). She was overweight at 198lbs, 5 feet 3 inches tall. Her main symptoms involved feeling fatigue and often felt she had no energy.

The patient sought out Ela in hopes of a better solution. Ela advised the patient to make lifestyle and dietary changes such as eliminating red meat, soda, and sweets in addition to some supplements to help improve her digestion. She was also put on Wei products to help improve her kidney structure and function which consisted of LC Balancer, Xcel, KS and Formula C at full dosage and Anemic formula at one-fourth dosage.

Within 2 weeks of the programs, the patient reported that she was feeling less fatigue and had a surge of energy. On March 1st, 2018, the patient reported that her blood pressure was around 112/68 mmHg and 109/62 mmHg. This was very surprising to her and her cardiologist because it had been such a long time since she had normal blood pressure and was suggested to keep on the program. Due to this, her cardiologist took her off of one blood pressure medication as she no longer needed it. The new dietary changes also helped the patient lose 19 lbs. during the first month.

The patient is very happy with her results is currently continuing her second month. She is due for another blood work to see what the progress has been.



#### **Case 4: Successful Resolution of Kidney Failure, High Blood Pressure and Anemia**

*Dr. Terry King-Bey, DMN, ND, OH*

A patient was diagnosed with diabetes and kidney failure with symptoms of high blood pressure, low energy, poor sleep and bubbles in urine. His quality of life was severely diminished and was put on dialysis 3 times a week to support the kidneys as well as anemia shots for low iron levels.

The patient began an herbal supplement protocol from Wei Laboratories consisting of their kidney formulas while keeping his medications and routine dialysis. After 2 weeks on the protocol his hemoglobin levels improved dramatically and doctors determined the patient no longer needed iron supplement injections. The patient's blood pressure levels improved to that comparable to a 17-year-old and his urine quality improved and there was a significant reduction of bubbles in the urine. This indicated less protein in the urine, a sign of improved kidney structure and function. The doctor was very impressed with these results. The patient reported much better energy levels and sleep quality. Night time urination also was no longer an issue. The patient is still undergoing treatment and is showing excellent progress.

#### **Case 5: Successful Resolution of Kidney Failure**

*Dr. Robert Schroter, DC, GA*

A female patient, 77 years of age, came to Dr. Schroter suffering from Stage 3 kidney disease. She was constantly fatigued and felt weak all over. Her kidney complications were starting to affect other areas of her life and she noticed her health declining quickly. Before beginning treatment her blood tests indicated that she was anemic as well. Her blood glucose was higher than average at 103 mg/dL and her HbA1c was at 7.6%. Her serum creatinine was at 1.22 indicating kidney damage. With a GFR rate of 43 and BUN of 23 mg/dL it was apparent that her kidney waste filtration was failing.

Dr. Schroter recommended a treatment regimen consisting of LC Balancer to strengthen the kidney and increase microcirculation, the KS formula to reduce heat and inflammation in the kidneys, Formula C to restore the integrity of the connective tissue networks within the kidney, and Xcel to support kidney function and filtration. For the first month of treatment the patient used 4 bottles of LC Balancer, 3 bottles of KS formula, 3 bottles of Formula C, and 3 bottles of Xcel. After her first month of treatment, the patient reported that she felt so much better. She noticed she had more energy and less irritation, however, she still had urinary discomfort and suffered fatigue due to her anemic state. Dr. Schroter recommended adding the BI formula to address inflammation and heat in the bladder which had been contributing to her urinary problems as well as the Anemic formula to improve the quality of her blood. In her second month of treatment the patient used 4 bottles of LC Balancer, 3 bottles of KS formula, 3 bottles of BI formula, 3 bottles of Xcel, and 2 bottles of the Anemic formula. After two months of treatment the patient happily reported that she had less frequency of urination at night, felt healthier overall and that she was gaining strength. She was still experiencing muscle cramps but overall her symptoms had improved by 60%. She no longer tested anemic.

For her third month of treatment, Dr. Schroter tailored her treatment to her recent improvement. She no longer needed the anemic formula but instead he recommended the Renogen to dissolve kidney scars by removing blood stasis. In her third month of treatment the patient used 4 bottles of LC Balancer, 3 bottles of KS formula, 3 bottles of BI formula, 3 bottles of Formula C, and 3 bottles of Renogen. After her most recent blood test, her levels demonstrate a great improvement. Her blood glucose has lowered to 80 mg/dL. Her serum creatinine has also decreased from 1.22 to 1.0 and her BUN has decreased from 23 to 22 mg/dL. Lastly, her GFR has increased from 43 to 54. The patient is ecstatic with her improvement so far and is continuing treatment in order to see further results.