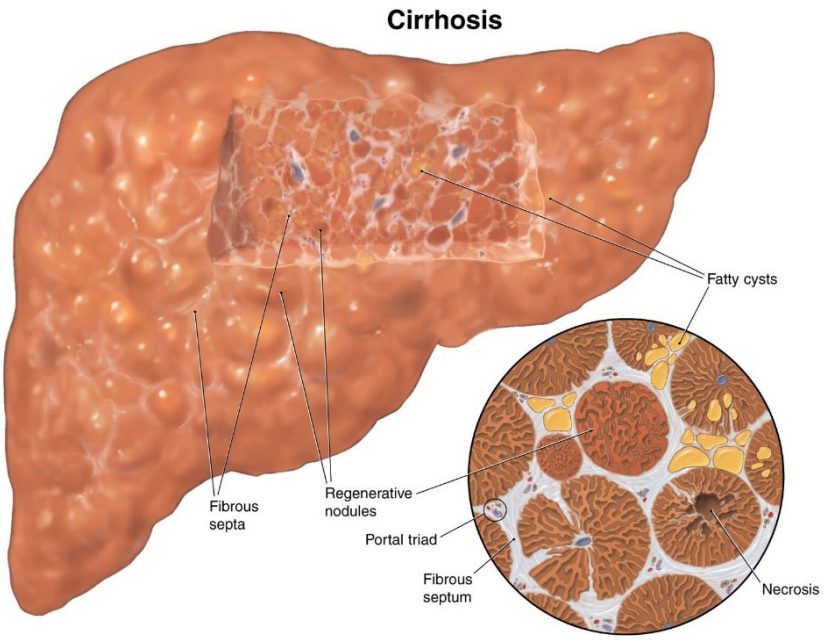
Liver Cirrhosis Protocol

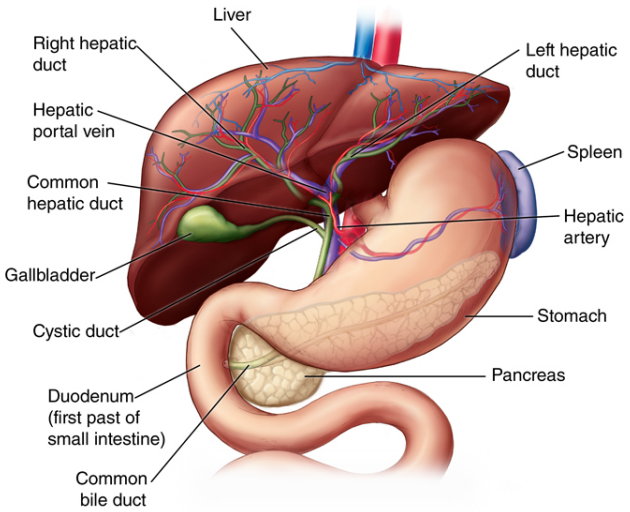
Cirrhosis is a slowly developing chronic liver condition in which liver tissue is replaced with scar tissue. Damage to the liver produces scarring and fibrotic tissue which can block blood flow through the liver and eventually slows the liver's ability to process hormones, nutrients, drugs, and toxins. Cirrhosis also reduces the production of proteins secreted from the liver such as albumin, fibrinogens, and apolipoproteins. Eventually, the liver can no longer function and liver failure occurs. The most common causes include chronic alcohol abuse, nonalcoholic fatty liver disease, hepatitis B and C or other types of liver infections, prescription drugs, and prolonged exposure to environmental toxins.



Cirrhosis typically occurs in stages as the liver becomes damaged. The first stage in the progression of the disease is liver inflammation. Alcoholic liver disease (ALD), nonalcoholic fatty liver disease (NAFLD), chronic hepatitis C and B, and other types of liver infections such as gram-negative bacteria or fungus can cause chronic liver inflammation. Prolonged liver inflammation triggers the production of a wide array of cytokines and chemokines that cause scar tissue to grow in the extracellular matrix that results in hardening of the liver. This is considered the fibrosis stage, when scar tissue prevents blood from flowing through the liver and blood infusion to the liver cells. In liver fibrosis, the liver cells and general liver structure are still intact. But the liver then has to work harder to make up for the deficiency. Liver inflammation also causes elevations in blood levels of aspartate amino transferase (AST) and alanine aminotransferase (ALT). These liver enzymes can leak from the injured liver and into the bloodstream.

The next stage is classified as cirrhosis of the liver when thick bands of fibrotic tissue and nodules replace normal hepatic parenchyma. The progression toward cirrhosis is a slow process and can take many years. Patients may not be fully aware until the progression gets to a severe state. With the further progression of liver cirrhosis, the liver's fundamental structure is deformed, and the framework begins to collapse. Cirrhosis can eventually lead to chronic liver failure which can be deadly.

The first signs of liver disease may include easily bleeding or bruising with difficulty healing from injuries because liver fibrosis can cause enlargement of the spleen leading to a higher turnover rate and the destruction of platelets and other blood cells. Liver fibrosis can cause portal vein hypertension resulting in ascites, stomach varices, esophageal varices, and gastrointestinal bleeding.



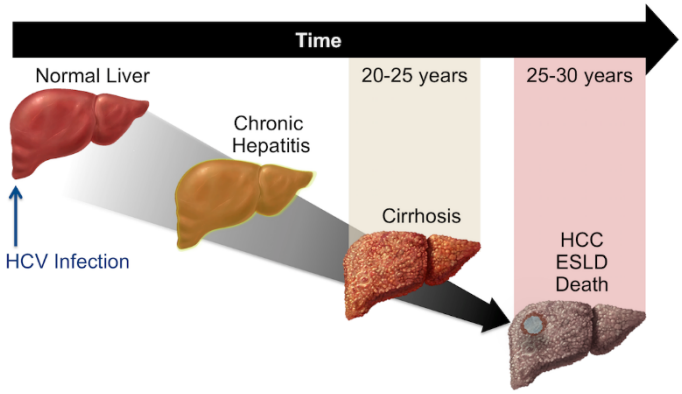
The symptoms in the stage of cirrhosis may include fluid buildup in the legs and abdomen, jaundice, itchy skin or stabbing or burning pain of the skin, sensitivity to medications, fatigue, poor appetite, weight loss, type II diabetes, pale or clay-colored stools, blood in stool, and toxin build up in the brain that can cause memory and sleeping issues, confusion,

personality changes, and fever. Cirrhosis can also cause a number of other health-related complications such as liver cancer.

The most common causes of cirrhosis include alcoholic liver disease (ALD), nonalcoholic fatty liver disease (NAFLD), and chronic hepatitis C and B. ALD can occur due to prolonged use of alcohol since the liver is one of the main sites of alcohol metabolism. The two pathways of alcohol metabolism in the liver include alcohol dehydrogenase and cytochrome P450 2E1. Alcohol dehydrogenase oxidizes the ethanol and at the same time reduces NAD+ to NADH. High concentrations of NADH generated as the result of alcohol consumption inhibits gluconeogenesis by preventing the oxidation of lactate to pyruvate causing triacylglycerol accumulation in the liver and leading fatty liver. An upregulated amount of P450 2E1 creates free radicals which causes inflammation and fibrosis. Chronic alcohol use also promotes TNF- α which contributes to oxidative stress and promotes hepatocyte apoptosis.

In NAFLD there is also fat deposits in the liver but not caused by alcohol consumption. Usually NAFLD results from a metabolic syndrome characterized by high blood pressure, high cholesterol, and insulin resistance. NAFLD can advance to nonalcoholic steatohepatitis (NASH), a more serious form of the disease, in which the liver becomes inflamed when the excessive fat deposits in the liver comes in contact with an increased amount of reactive oxygen species (ROS) and/or or bacterial endotoxins or mycotoxins. The increased ROS can be caused by a stress induced blood flow reduction from the hepatic artery. The bacterial endotoxins or mycotoxins usually come from the gut. A bacterial infection or small intestinal bacteria overgrowth (SIBO) can cause inflammation of the gut lining and increase its permeability allowing the toxins to be absorbed to the blood and travel to the liver through the hepatic portal vein circulation.

Chronic viral hepatitis can lead to cirrhosis due to prolonged liver inflammation and the resulting scar formation. Certain factors can speed up the development of cirrhosis for patients with chronic hepatitis B and C such as alcohol use, infection with another virus besides hepatitis B and C viruses, and high levels of iron in the blood.



While viral hepatitis and associated chronic liver diseases are most common, bacterial liver disease is also an important health issue. Chronic liver disease patients have an impaired immune system that worsens over time which increases the chance of a microbial infection. Bacterial pathogens from the GI tract can enter into the liver through the biliary tract, portal vein, or the hepatic artery. The most common microbes responsible for liver infection are gram-negative enteric and pneumococci. Infections from these bacteria can cause persistent chronic liver inflammation leading to liver fibrosis and cirrhosis.

Infections caused by fungus can also trigger hepatitis leading to cirrhosis. Fungus produces mycotoxins which are metabolites capable of causing disease in humans. Typically, fungus is ingested through the GI tract in which mycotoxins can cause perturbation in the gut, especially the intestinal epithelial. These toxins can enter into the blood through the altered gut lining and travel to the liver from the hepatic portal vein where it can infect the liver and cause hepatotoxicity. Fungal infections of the liver can lead to liver inflammation which gradually worsens overtime. Chronic liver inflammation caused by fungal infections and toxins progresses to liver fibrosis and may eventually lead to cirrhosis.

Mycobacteria can also infect the liver through the GI tract causing liver disease and primary biliary cirrhosis (PBC). PBC is a progressive cholestatic liver disease characterized by the destruction of biliary epithelial cells and granuloma formation due to infectious organisms. The most common infectious agent is mycobacteria, such as leprosy and pulmonary tuberculosis. Although mycobacterial liver infections are less common, non-tuberculous mycobacterium can cause granulomatous hepatitis. Mycobacterium avium complex (MAC) that is present in dust, soil, fresh and salt water can cause hepatosplenomegaly in healthy immunocompetent patients.

Drug induced liver disease can also lead to cirrhosis. Drugs such as over-the-counter medications, vitamins, hormones, illicit drugs, and environmental toxins can all lead to drug induced liver disease. Some drugs can directly injury the liver while others are converted into harmful chemicals that can cause injury to the liver. For example, acetaminophen can cause a dose-dependent toxicity if enough of the drug has been taken. Certain types of drugs can cause chronic hepatitis that can eventually lead to liver cell death and cirrhosis. The most common drug-induced cirrhosis is due to alcohol but other drugs such as methotrexate, amiodarone, and methyldopa can also lead to chronic liver disease and cirrhosis.

Wellness Recommendation

The wellness recommendation for cirrhosis includes Brown, LC Balancer, Levera, and Cirrhonin. Brown and LC Balancer enhance the livers blood flow from the hepatic artery to improve overall liver health and tissue repair and increases production of glutathione to clear ROS. Levera reduces liver inflammation and clears pro-inflammatory cytokines to prevent further progression of the disease. Cirrhonin breaks down the fibrotic tissue that causes hardening seen in cirrhosis. Patients should see symptom improvement in one to two weeks and three months of the protocol is recommended for significant improvement with sustained results. Gold and Qi Booster may also be required to assist the liver in breaking down the hardened or calcified tissues and clear the cell debris.

For patients who are over 50 years old or have kidney deficiency, Xcel is recommended to enhance kidney function and secrete the toxins effectively. For patients who have developed ascites, stomach and/or esophageal varices due to the back log of blood in the portal vein and resulting portal vein hypertension, Lido is recommended to help resume the regular blood flow from the portal vein through the liver.

If the patient also has bile duct inflammation and destruction, Levera-R is recommended to help clear infection and inflammation from the extrahepatic bile ducts. Paramin-R is recommended to clear the obstruction and blockage in the bile ducts caused by grassy bile precipitates, infectious agents or parasites. Cirrhonin-R is recommended to help dissolve bile duct fibrosis tissue and scarring and resume the bile flow. Bilegen is recommended to boost liver immunity to aid in liver and biliary duct repair and help clear infection and inflammation. Riocholis may also be required to help resolve intrahepatic bile duct inflammation and infection. Patients should see symptom improvement in one to two weeks and four to six weeks of the protocol is recommended to see significant improvement with sustained results.

If the root cause of the condition is a liver infection, it is highly recommended to address the infections to avoid the reoccurrence of the liver fibrosis and cirrhosis. For patients with liver fungal or candida infections, Glymycin and Formula G are recommended. Glymycin helps clear the fungal or candida infection from the liver and Formula G helps clear fungal or candida infection from the liver bile duct and intestines. Patients should see symptom improvement in one to two weeks and four to six weeks of the protocol is recommended to see significant improvement with sustained results.

For patients with a gram-negative bacterial infection, L-2 is recommended to clear gram-negative bacteria in the liver. L-3 may also be required if the patient's liver is infected by multiple strains of gram-negative bacteria. Patients should see symptom improvement in one to two weeks and four to six weeks of the protocol is recommended to see significant improvement with sustained results.

For patients with a mycobacterial infection in the liver or bile duct, Leviticin is recommended to clear the mycobacterial infection in the liver and Leviticin-R is recommended to clear the mycobacterial infection in the bile duct. Patients should see symptom improvement in one to two weeks and four to six weeks of the protocol is recommended to see significant improvement with sustained results. Cirrhonin and Cirrhonin-R are also required if patients have developed primary biliary cirrhosis (PBC) with granuloma formation due to the mycobacterial infections.

If the patient has a viral infection affecting their liver such as hepatitis B or C, the recommendation includes Woad, Woad-R, Bitter, Brown, Qi Booster, and LC Balancer to clear the extracellular virus and enhance innate immunity. Patients should see improvement in within 3 days. After 2-6 weeks, it is recommended to continue using Brown

and LC Balancer with a reduced dosage of Woad and Woad-R. At the same time, Pleurum is also recommended to add to the protocol which clears persistent viral infections in the liver. Patients can experience further symptom improvement within 3 days and 4-8 weeks of the protocol is recommended for significant and sustained results. Please refer to the Viral Infections protocol to learn more.

Liver Cirrhosis Product Summary

Liver Cirrhosis + Specific Protocols	Product Recommendatio	Product Description
Liver cirrhosis	Brown, LC Balancer Levera Cirrhonin	Improve overall liver health and tissue repair Reduce liver inflammation Break down fibrotic tissue
Kidney deficiency	Xcel	Enhance kidney function Secrete toxins effectively
Ascites, stomach and/or esophageal varices	Lido	Resume the regular blood flow from the portal vein through the liver
Bile duct inflammation and destruction	Levera-R Paramin-R Cirrhonin-R Bilegen Riocholis	Clear infection and inflammation from the extrahepatic bile ducts Clear the obstruction/blockage in the bile ducts Dissolve bile duct fibrosis tissue and scarring Boost liver immunity Resolve intrahepatic bile duct inflammation and infection
Liver fungal or candida infections	Glymycin Formula G	Clear the fungal or candida infection from liver Clear the fungal or candida infection from bile ducts
Liver gram-negative bacterial infection	L-2, L-3	Clear gram-negative bacteria in the liver
Liver mycobacterial infection	Leviticin Leviticin-R Cirrhonin/Cirrhonin-R	Clear mycobacterial infection in liver Clear mycobacterial infection in bile ducts Dissolve scar and granulomas in liver and bile duct
Hepatitis B or C	Woad, Woad-R, Bitter, Brown, Qi Booster, LC Balancer	Clear the extracellular virus and enhance innate immunity

Selected Case Studies

Case 1: Successful Resolution of Liver Cirrhosis and Failure

Jack Kucheran, DC, Alberta, CA

A 36-year-old male patient had liver failure resulting from cirrhosis, psoriasis and very poor liver function due to genetic deficiency. The patient began a regime of herbal products from Wei Laboratories including Brown, LC Balancer, and Xcel. After three months of the protocol, the patient saw great improvement in overall well-being as well as less irritability, stress, insomnia and depression. Liver blood work was done and the lab results came back as normal.

Case 2: Successful Reduction in Viral Blood Count for Hepatitis C

Donna F. Smith, ND, PhD, CCN, TX

This 49-year-old female patient presented to Dr. Smith with a medical diagnosis of Hepatitis C after several decades of alcohol and illegal drug and other substance abuse. Her medical prognosis was 6-12 months to live. She was extremely exhausted and had multiple other health challenges. Dr. Smith provided a clinical nutrition analysis of her general blood chemistries and Hepatitis C laboratory reports from her physician. Dr. Smith designed and dispensed a therapeutic whole food supplement program and dietary plan to detoxify (internal biological cleansing) and assist

the patient's body in repairing and regenerating new, healthy liver cells. Dr. Smith also dispensed Brown and LC Balancer from Wei Laboratories and in only six weeks, her viral blood count dropped from 6.5 million to 2.5 million.

It is now three years since this patient presented herself to Dr. Smith, she is alive and grateful to Dr. Smith and Wei Laboratories for saving her life.

Case 3: Successful Resolution of Liver/Bile Duct Blockage

Julia Gu, Lac, CA

A 69 y.o. female patient has diagnosed with liver biliary blockage with bile duct stones formations. Her liver and vein under the tongue were dark purple. She had constant bloating. Her physician had recommended a liver transplant. Her abdominal ultrasound exam revealed 1) gallbladder atrophy, with a size of 5.7x2.6cm while the normal length is 7-10 cm; 2) Cholestasis in the gallbladder; 3) enlarged intrahepatic bile duct and intrahepatic bile duct stones; 4) common bile duct stones and enlarged common bile duct.

Julia recommended Wei Laboratories herbal regimen for her liver bile duct and gallbladder stones, the initial treatment included: LC Balancer, Brown, Xcel and Gallbladder Capsule.

After 1 month of the protocol, the patient had seen significantly less bloating. Ultrasound exam revealed more exciting improvement: 1) gallbladder is no more atrophic, it shows a normal size and shape; 2) no more cholestasis in the gallbladder; 3) no more enlargement in intrahepatic bile duct; intrahepatic bile duct stone in the left lobe of liver disappeared; 4) no more enlargement in the common bile duct; common bile duct stone is not seen. Based on the improvement, Julia recommended adding Levera-R and Paramin-R, and stopped Gallbladder capsules. The patient was continuing with the new treatment for further improvement.

Case 4: Normalization of Platelet Count and Liver Enzymes

Roopa Chari, MD, CA

A 48-year-old female presents with hypothyroidism, trouble sleeping, and difficulties with weight loss. Since her twenties, she has been struggling with her weight and has tried numerous diets. When she would eat carbohydrates, she noticed it affected her weight dramatically and she could not keep the weight off, which has affected her emotional health and self-confidence. She initially weighed 141 lbs. and was hoping to lose 10-15 lbs. Her trouble sleeping has also been a major issue with her quality of life. She can only get 5 hours of sleep a night and wakes up, unable to fall back asleep. The patient has been taking certain Glandular products from Xymogen for her thyroid and adrenal function for the past two years.

The patient had her initial medical consultation with Dr. Chari in August 2017. Dr. Chari had ordered a food sensitivity test to create a dietary plan based on the results of said testing. The results of her food sensitivity test showed she was to avoid alcohol, dairy, eggs, gluten, and even certain vegetables. Dr. Chari also ordered comprehensive lab tests to assess her liver enzymes, thyroid function and complete blood count. Those results showed that her liver enzymes were very elevated: AST was 65 IU/L, ALT was 99 IU/L and GGT was 98 IU/L (normal liver enzyme levels range from 0-60 IU/L). Her platelet count was also a concern since it was decreased at 124 x10E3/uL (normal range 150-379 x10E3/uL). In early September 2017, she started Wei Laboratories supplements consisting of LC Balancer (1/3 dose) to help with her microcirculation and Spring Juice (half dose) to aid in her digestion. At the end of September, Brown Formula was added to help with her liver function, trying to specifically help with her stress response to her weight loss and sleeping issues. Formula C was also added to aid in her connective tissue structure throughout her body.

In October 2017, the patient reported her clothes were fitting better and she noticed she was not always hungry. Her sleep had also increased by an hour each night; from 5 to 6 hours. On October 2, 2017, she continued Wei products consisting of Brown, LC Balancer, Formula C, KS, and Xcel all at full dose (which were ordered to help with her kidney function and kidney heat symptoms affecting her sleep). Dr. Chari started weaning her off the Glandular products from Xymogen at this time. At the end of October, she was taking Brown, LC Balancer, Xcel,

KS, Probiosis and Luna all at full dose (Probiosis and Luna were added for digestive health). By the end of October, she ceased taking all Glandular products from Xymogen. She reported that her sleep was dramatically improving. She was sleeping 6 hours per night and also found it easy to fall back asleep upon waking up in the middle of the night.

In November 2017, she was finishing up her 3-month diet plan and her products consisted of Brown, LC Balancer, Xcel and KS at full dose. The patient reported that she now was 129 pounds and had lost 12 pounds with the dietary program from Dr. Chari and Wei formulas.

In December 2017, Dr. Chari repeated lab work to check on the status of her liver enzymes and platelet count. Her AST had decreased from 65 IU/L to 17 IU/L, ALT decreased from 99 IU/L to 20 IU/L and GGT decreased from 98 IU/L to 20 IU/L. However, her platelet count remained low at 128 x10E3/uL. Focus was then placed on improving her platelet count and continuing to remove any liver heat affecting her thyroid levels. At the end of December 2017, her protocol consisted of Brown, Levera, Cirrhonin, and Lido all at 2/3 dose, taking these products in the morning. Stemgen and Glucogen were also added at a 2/3 dose in the evening to target her spleen and improve her platelet count.

In February 2018, the patient went through another series of lab testing, ordered by Dr. Chari, to see how her blood levels have changed after being on the Wei products. After 5 months of working with Dr. Chari, dieting and using Wei products, her platelet count increased to 174 x10E3/uL which was now within normal range. This was a big improvement from August 2017, when her platelet count was only at 124 x10E3/uL. Her liver enzymes continued to stay within normal range: AST 14 IU/L, ALT 21 IU/L and GGT 30 IU/L. Her Triglycerides also had improved with treatment (see table 1 below).

Dr. Chari had a follow-up medical consult with her in March 2018. The patient reported her sleep has continually been better and her energy levels were great. Overall the patient reported that the biggest improvement for her was that she kept off and maintained her weight loss with the program from Dr. Chari and the Wei products. Even after stopping her diet plan in January 2018, where she allowed herself to eat a lot of carbs and drink wine occasionally, she was able to keep that 12 pounds off and her sleep quality was sustained. The patient was extremely happy with the results and now feels like a new person!

Table 1: Patient's blood work results from August 2017 to February 2018

	8/9/17	**12/19/17**	**2/26/18**
Platelets (150-379 x10E3/uL)	124 x10E3/uL	128 x10E3/uL	174 x10E3/uL
AST (0-40 IU/L)	65 IU/L	17 IU/L	14 IU/L
ALT (0-32 IU/L)	99 IU/L	20 IU/L	21 IU/L
GGT (0-60 IU/L)	98 IU/L	20 IU/L	30 IU/L
Triglycerides (0-149 mg/dL)	171 mg/dL	85 mg/dL	109 mg/dL

Case 5: Successful Resolution of Sarcoidosis and Liver Cirrhosis

Michael Biamonte, ND, FL

A 49 y.o. male patient had been diagnosed with sarcoidosis based on his Acer score a couple of years ago. His symptoms included shortness of breath and chest tightness. More recently, his primary doctor found granules in the liver, indicating cirrhosis with elevated liver enzymes. Dr. Biamonte recommended Soup A, Soup B and LC Balancer from Wei Laboratories for his sarcoidosis condition and Brown, Cirrhonin and Xcel for his liver condition. After 2 weeks of the protocol, the patient reported 15-20% improvement in his breathing. After 2-3 months with the liver protocol and 4 to 5 months of the lung protocol, his breathing had improved significantly. Then the patient went to his Pulmonologist to have another test on his lungs. The results were amazing. The patient is not having any Acer score.

Case 6: Removal of Right Upper Quadrant, Shoulder, Neck and Pain

Paul Varnas, DC, IL

A 52-year-old male visited Dr. Varnas complaining of right upper quadrant pain (RUQ pain), right shoulder pain, and neck pain. The patient said these problems have been bothering him for over a year. The patient is in good health and has a history of losing over 50 pounds 10 years ago.

Chiropractic care offered some relief. Nutrition to thin bile was avoided because we wanted to rule out gallstones. The patient had an ultrasound and it was confirmed that no stones were present. After the ultrasound, therapy included phosphatidylcholine, Wei Lab Bilegen, Gallbladder Formula and Brown. Bilegen was used to help boost liver immunity to clear any infections and repair the liver and biliary duct damage, Gallbladder Formula was used to help reduce the gallbladder inflammation, increase the liver and gallbladder contraction, and relax the bile duct, and Brown helped improve the overall health of the liver and repair any remaining liver damage. Bile duct release with the Fulfort precursor was added (2x/week) along with the chiropractic care.

In two weeks, significant improvement in the RUQ and shoulder pain was achieved. Therapy continued for two more weeks and the symptoms abated, with minor recurrences that could be resolved with treatment including chiropractic and precursor after the patient discontinued the supplements.

Case 7: Successful Reduction of Viral Load in Hepatitis C Patient and Normalized Liver Enzymes

Stephen Warren, DC, OK

A Vietnam veteran had been diagnosed with hepatitis C. He got infected by vaccinations with the spray gun when signing into the military. Evidently, contaminated liquid had been absorbed by the body via the skin. The disease had not been identified for many years. As a result, the patient had incurred substantial liver damage. His liver deficiencies had reached chronic character with potential for soon liver failure.

In addition, the patient suffered from several other symptoms such as trauma and effects from Agent Orange exposure. He had also been ejected through the closed canopy of a fighter jet during his service in Vietnam.

Due to the critical liver condition, medical doctors had recommended to start an interferon treatment. One shot per month for a period of one year was to be applied. The treatment has a number of serious side effects and is considered similar to the nature of chemotherapy. Side effects such as potential suicide and depression are quite expected. As few as 10 to 20% of the patients are expected to get better. In most cases the side effects result in an overall decline of health.

Comparing the treatment options including expected side effects the patient decided to try an herbal regimen with Traditional Chinese Medicine from Wei Laboratories. The program comprised a six-week protocol with Wei Laboratories Brown and LC Balancer.

Upon completion and in preparation for the interferon treatment recommended by the medical doctor the patient did another blood test. The results were amazing. Liver enzymes turned out to be almost normal and the viral load appeared to be almost non-existent.

The results had been so remarkable that the patient's medical doctor did not trust them and still suggested an interferon treatment. However, based on the results from the blood test the patient turned down the advice.

As a preventative measure, the six-week herbal program with Wei Laboratories Brown and LC Balancer was repeated one year after the initial success. The annual blood test afterwards confirmed the positive results seen the first time. This time the liver enzymes turned out to be completely normal and the viral load was identified to be zero.

Three years later another preventative 6-week protocol had been applied. The blood work afterwards turned out to be essentially normal. The patient's liver has shown proper health ever since.

Case 8: Successful Liver Cirrhosis Improvement & Decrease in MELD Score

Ray Repoush, LAC 2021

A 71-year-old male patient was diagnosed with stage 4 liver cirrhosis and was recommended for a transplant. The patient was experiencing fatigue, abdominal pain, swelling, muscle mass loss, irregular stool movement, and poor sleeping habits. He was on a strict diet to help prevent further progression of his condition but he was not seeing any improvement in his blood work.

The patient's wife reached out to a product specialist at Wei Labs for additional help. The patient was recommended a combination of Cirrhonin, Levera, Brown, and LC Balancer to help break down the scarring and repair the structural damage of his liver.

After the first month, the patient reported a drop in his Model for End-Stage Liver Disease (MELD) score from 19 to 15. His medical practitioner felt he no longer needed a liver transplant due to these improvements. The patient continued to experience irregular bowel movements and was put on an herbal formula, Luna, to help address the GI discomfort.

Ray had encouraged the patient do acupuncture along with the herbal formulas. By the completion of the patients 3rd month on the herbal formulas his meld score went down to a 12. He reports more energy, less swelling and abdominal pain. The patient is very satisfied with his results and the improvement in his blood work.

Starting MELD Score	1st Month on Formulas	3rd Month on Formulas
19	15	12