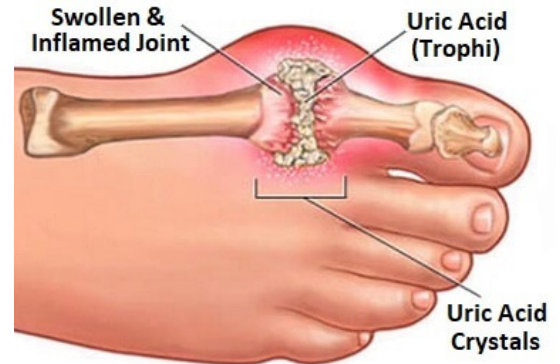


Gout is a complex form of arthritis that is characterized by sudden and severe attacks of pain, redness and tenderness in the joints. Gout most commonly affects the metatarsophalangeal joint at the base of the big toe. The cause occurs when urate crystals accumulate in the joint and cause inflammation.



The body naturally produces uric acid when it breaks down purines. Purines are naturally found in the body but can also be ingested by foods like steak, seafood, and beverages that contain fructose. Normally, uric acid is dissolved in the bloodstream where it passes through the kidneys and is excreted from the body as urine. In an individual with gout, their blood uric acid levels are high. In most gout patients the increased blood uric acid levels is due to patients' kidneys can't eliminate uric acid efficiently as a result of weak kidney function. About 25% of people with moderate-to-severe kidney disease also have gout. Less commonly in gout patients their body is producing too much uric acid. This is usually caused by poor liver function which leads to increased purine synthesis or enhanced purine nucleotide degradation. Research has found that the level of uric acid in patients with hepatitis B was significantly higher than that in patients without hepatitis B. The level of uric acid was positively correlated with the damage of liver function indexes.⁵

When uric acid builds up, it can form sharp, needle-like urate crystals in a joint or surrounding tissue that cause pain, inflammation and swelling. Chronic gout can also lead to deposits of hard lumps of uric acid in the tissues, particularly in and around the joints and may cause joint destruction, decreased kidney function, and kidney stones.

There are risk factors that can lead to the development of gout when combined with high serum urate levels. These include irritation, low temperatures, and previous disease.¹ Patients with gout tend to have urate crystal deposition at sites of trauma or irritation, and the metatarsophalangeal joint is a common site for mechanical stress. Low temperatures favor crystal deposition which may explain why the foot is most susceptible.² It is likely that it is the combination of trauma and low temperatures that contribute to disease onset.

In the joint space, the synovial lining cells are the first to be phagocytized by the crystals.³ The phagocytosis of these cells causes IL-1 beta to be realized which is the most important mediator of an acute gout attack. IL-1 beta stimulates the release of chemokines, other cytokines, and a variety of proinflammatory molecules.⁴ The chemokines attract neutrophils into the synovial tissue and fluid which is a key feature in an acute attack.

According to Traditional Chinese Medicine, the uric acid builds up due to poor secretion by the kidneys is a condition referred to as Kidney Yang deficiency. The increased uric acid levels due to too much uric acid production due to poor liver function is referred to as Liver Yin deficiency.

Wellness Recommendation

The wellness recommendation for gout includes the WHITEE Patch, LC Balancer, and Xcel. The WHITEE Patch helps repair joint and cartilage damage by increasing local blood flow. It also helps to reduce inflammation through decreasing proinflammatory cytokine activity and increasing local lymphatic circulation. The herbal ingredients in the WHITEE Patch also help to break down the buildup of the uric acid crystals. LC Balancer is also recommended to nurture Kidney Yin and improve systemic microcirculation which helps with the release of urate from the joint and also strengthens kidney structure. Xcel is recommended to enhance Kidney Yang and boost kidney filtration to assist the body in removing the excess urate from the blood. If patients also have kidney inflammation or kidney stones, KS is also recommended to remove Kidney Heat. For patients whose high uric acid levels are caused by uric acid over production, Brown is recommended to nurture Liver Yin and help improve liver function.

Patients usually notice improvement in 3 weeks and a continuous 3-month treatment with the WHITEE Patches, LC Balancer, and Xcel is recommended. Each session takes 1 month and requires 6 WHITEE Patches (17 days on and 14 days off) and 4 bottles of LC Balancer and Xcel. Patients should notice about 50% symptom improvement after the 1st session. After the 2nd session, patients may experience 75% symptom elimination. With the 3rd session patients can achieve significant improvement with sustained results.

Usage Information

WHITEE Patch: Keep the patch on for 48 hrs; take a 24 hr break before applying the next one. The tape is waterproof. Use vegetable oil to remove any herbal residue. Use Oxi-Clean to remove stains from cloth.

LC Balancer: Take 3 capsules, 3 times a day.

Xcel Capsule: Take 2 capsules, 3 times a day.

Precautions:

- 1) Avoid using ice or anti-inflammatory medications to reduce pain as they slow and interrupt the body's repair processes.
- 2) Slight skin irritations have been observed in approximately 50% of chronic cases caused by the disposal of metabolic toxins at the skin. It usually lasts less than a week. Topical Aloe Vera Gel is recommended to cope with itching.
- 3) Patients with pre-existing stomach conditions such as gastritis may experience light stomach ache or loose stool, as the LC Balancer generates healing pain while helping the stomach condition. Symptoms should dissipate after a week.
- 4) Patients who are taking high dosage of vitamins or minerals should reduce them to regular dosage to avoid overdose, as LC Balancer improves absorption.

Case: Successful Resolution of Gout and Stage III Chronic Kidney Disease

Dr. John Filippini, DC, CA

66 y.o. male patient presented to Dr. Filippini with Severe Gout (on crutches from the pain in his feet and ankles) and was in stage III Chronic Kidney Failure. The gout had been flaring up about every 2 weeks since 2014. The pain was so severe that he had to get prednisone injection every time it flared up. But his MD was concerned about giving him too much prednisone due to his Chronic Kidney Failure condition. His kidney function was at 31%. Initial lab work demonstrated uric acid level at 12.80, BUN at 36.00, Creatinine at 2.14 and his GFR at 31. Dr. Filippini worked with the patient for several months using Apex and Premier Research Lab products, along with an intensive detox program. He also utilized Rife technology and PEMF on his swollen joints. These only resulted in temporary relief, with him having to return to his MD for prednisone shots, which calmed his pain down temporarily. The treatment was only able to reduce his uric acid down to 10.5.

On Dec. 14, 2016, Dr. Filippini began working with Wei Lab protocol, applying Whitee patch, an external herbal product from Wei Lab, to the swollen joints, along with Wei Lab internal formulas LC Balancer and Xcel. Whitee Patch helps repair joint and cartilage damage by increasing local blood flow and microcirculation, and enhancing local nutrient supply and cellular activity. LC Balancer improves microcirculation and kidney function to increase nutrient absorption and delivery. Xcel helps improve kidney function to help secrete the uric acid. After the treatment the gout inflammation went down, but switched to another joint. The Whitee patches were discontinued. After one month of continued treatment, not much change was noted. Dr. Filippini then added Wei Lab formulas KS, and Brown at 1/2 dose. KS helps clear inflammation and infection of the kidneys. Brown helps improve liver function. These were added on 1/12/17. By 1/25/17, the patient reported that his symptoms had resided, but he was still skeptical, because his bouts of inflammation would generally calm down for a few days, and then returned. It turned out that the patient only had a mild flare-up about a week later, the pain was not severe so that he did not require a prednisone shot. The flare-up calmed down after a few days, and had stayed in remission to the date this article was written (Apr 3, 2017).

Follow up lab work was repeated on 3/30/17, and his GFR had increased from 31 to 39 (normal range 90-120); his Creatinine had decreased from 2.14 to 1.77 mg/dL (normal range 0.6-1.2 mg/dL in adult males), his BUN had decreased from 36 to 19 mg/dL (normal range 7-20 mg/dL), and his uric acid had decreased from the beginning 12.8 to 8.6 mg/dL (normal range 2.4-6.0 mg/dL).

For the first time, the patient has hope, and is continuing on with his care in order to fully restore his kidney function and permanently reverse his Gout.

Case 2: Elimination of Painful Gout Symptoms

Jon Porman, DC, AZ

A 75-year-old male patient was diagnosed with gout. On certain days his gout was so bad that he could not walk. Most days he had to be careful of how he put his shoes on because of the pain and if he bumped his foot he would be in excruciating pain. This affected his life greatly since he had to spend most of his time in bed due to the pain.

He began a natural herbal protocol from Wei Labs consisting of LC Balancer, Xcel and WHITEE Cream. He also began a diet to cut back on carbs to decrease uric acid production. He also avoided foods high in purines.

After three months on the protocol, the patient not only eliminated all gout related symptoms but also lost 40 lbs. He no longer has any visible uric acid deposits and his pain is at a 0 out of 10.

References:

1. Mandell, Brian F., et al. "The Pathogenesis of Gout." *Cleveland Clinic Journal of Medicine*, 25 Sept. 2018, www.mdedge.com/ccjm/article/94990/pathogenesis-gout/page/0/1.
2. Loeb JN. The influence of temperature on the solubility of monosodium urate. *Arthritis Rheum* 1972; 15:189–192.
3. Schumacher HR Jr, Wortmann RL. The pathology of crystal-induced arthropathies. In: Wortman RL, Schumacher HR Jr, Becker MA, Ryan LM, eds. *Crystal-Induced Arthropathies*. New York, NY: Taylor & Francis Group; 2006:291–319.
4. Chen CJ, Shi Y, Hearn A, et al. MyD88-dependent IL-1 receptor signaling is essential for gouty inflammation stimulated by monosodium urate crystals. *J Clin Invest* 2006; 116:2262–2271.
5. Xu P, Han X, Shen S, Li M. The Relationship between Serum Uric Acid Level and Liver Function in Patients with Hepatitis B in China. *Clin Lab*. 2021 May 1;67(5). doi: 10.7754/Clin.Lab.2020.200904. PMID: 33978375.