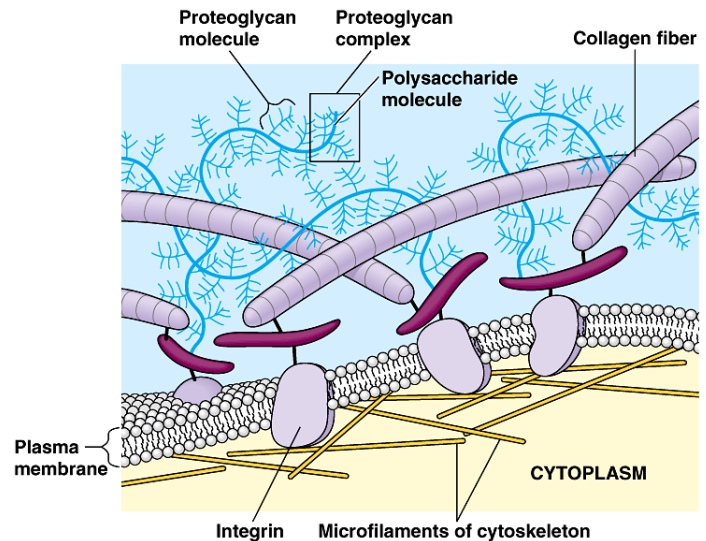


Osteoarthritis (OA) is the most common joint disorder and the major cause of disability in the adult population. The pathophysiology of the disease is characterized by progressive loss of articular cartilage, cartilage calcification, osteophyte formation, subchondral bone remodeling, and mild to moderate inflammation of the synovial lining. Symptoms include joint pain, tenderness, stiffness, inflammation, and creaking of the joints. Conventional treatment is focused on pain reduction using NSAIDs, local injections of glucocorticoid or hyaluronan, and in severe bone-on-bone cases, joint replacement surgery.

Although cartilage destruction is the hallmark of OA disease, changes in the periarticular tissues, including the subchondral bone, ligaments, tendons, menisci, and the synovial membrane is also involved. Simple 'wear and tear' due to excessive use as the underlying cause of osteoarthritis is somewhat of an outdated explanation for the role of mechanical overload/injury in osteoarthritis development.

Chondrocytes are the single cell within cartilage that is responsible for developing and maintaining the cartilage matrix. It synthesizes and secretes the collagen which is the backbone of the cartilage matrix and proteoglycans which functions as the cushion of the joint. When there is cartilage damage, the chondrocyte will synthesize new molecules to repair the damage. However, if there is too much damage, it will work in a disruptive way. Cartilage homeostasis is carefully balanced by metabolic and catabolic pathways to maintain the extracellular matrix structure and function throughout the articular cartilage zones. Mechanical overloading, age-associated changes in chondrocyte function, and disturbed cytokine activities may all initiate extracellular matrix degradation and contribute to the onset and progression of articular cartilage deterioration resulting in osteoarthritis.



Joint inflammation due to joint trauma, mechanical overload, and overuse results in the remodeling of the subchondral bone, upregulation of matrix-degrading enzymes and chondrocyte phenotypic changes which lead to the development and progression of osteoarthritis. The joint injury can cause changes in the periarticular tissues which destabilizes the joint thus causing mechanical stress to the cartilage tissue. These periarticular tissues include subchondral bone, ligaments, tendons, menisci, and synovial membranes. Other factors that influence the disease process are those that can cause joint inflammation or mechanical overload such as aging, genetic predisposition, abnormal biomechanics, obesity, and comorbidities such as cardiovascular disease, metabolic syndrome, and diabetes.

Cartilage Matrix Micro-Cracks and Joint Pain

The earliest change in the development of osteoarthritis is the loss of negatively charged polysaccharide molecules in the cartilage which results in increased water content and swelling of the cartilage matrix. The swelling of the cartilage matrix causes micro-cracks in the superficial zone. As the disease progresses, exfoliation of fragments of cartilage and deep fissures extending into the deeper cartilage layers leads to exposure of the underlying zones of calcified cartilage and subchondral bone.

Further mechanical stress and exacerbation of naturally occurring pores in the subchondral bone can also produce micro-cracks that provide conduits for vascular invasion into the calcified zone and enable diffusion of small inflammatory molecules including cytokines and chemokines into the calcified zone.

In addition to cartilage damage, the subchondral bone undergoes remodeling with the additional growth of blood vessels (red) which also contains osteoblasts, osteoclasts, and sensory nerves (green) as well as the diffusion of small inflammatory molecules. Such remodeling induces hypertrophic-like changes in chondrocytes and causes the expansion of the calcified zone. The expansion of the calcified zone leads to loss or thinning of the superficial zones. These hypertrophic-like chondrocytes also produce proangiogenic factors, including VEGF, that promotes further vascular penetration to the calcified zone at the sites of micro-cracks and fissures, accompanied by sensory and sympathetic nerves resulting in joint pain and progressive loss or thinning of the superficial zones.

Cytokine and Enzyme-Mediated Cartilage Destruction

The development of osteoarthritis is highly dependent upon the upregulation of specific matrix-degrading enzymes. The major protagonists of cartilage degradation are the metal-dependent matrix metalloproteinase (MMP), disintegrin, and metalloproteinase with thrombospondin motifs (ADAMTS) families. Damaged cartilage tissue, inflamed synovium, and other injured joint tissues release cytokines, chemokines, alarmins, DAMPs, adipokines, and other mediators into the synovial fluid. These mediators increase chondrocyte production of matrix metalloproteinases (MMPs) which breaks down the cartilage collagen network and weakens the biomechanical function of the articular cartilage.

The synovium is also a source of degradative enzymes, including MMPs and aggrecanases that can directly degrade the cartilage matrix causing the degradation of the collagenous and proteoglycan networks. The products of cartilage matrix breakdown along with damage-associated molecular patterns (DAMPs) secreted by chondrocytes also act on the adjacent synovial tissue to induce inflammation and the release of pro-inflammatory products, including cytokines and reactive oxygen species that feedback on the chondrocytes to enhance the catabolic state amplifying a vicious cycle of cartilage break down.

Chondrocyte Hypertrophy and the Bone-on-Bone Condition

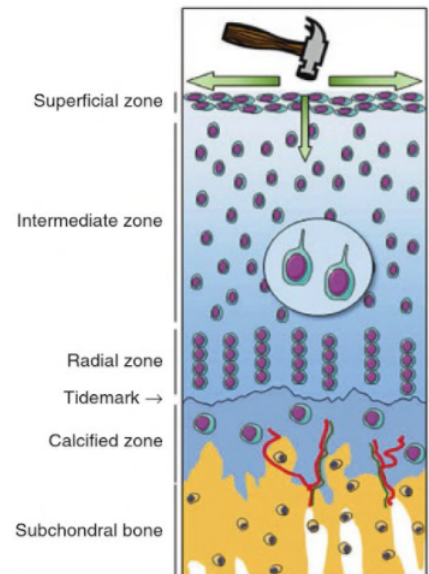
Although chondrocytes rarely divide in the healthy tissue and appear relatively 'quiescent', they are extremely mechanosensitive. Excessive mechanical loading on the chondrocytes activate the cell-surface mechanosensors and induces hypertrophic-like phenotypic changes in chondrocytes. Hypertrophic chondrocytes trigger extracellular matrix mineralization, blood vessel invasion, and the recruitment of chondroclasts/osteoclasts in the articular cartilage. Chondroclasts/osteoclasts gradually degrade the cartilage matrix, and osteoblasts replace the cartilage scaffold by bone. Eventually, the osteoarthritic joint assumes a bone-on-bone condition.

Hypertrophic chondrocytes synthesized uncarboxylated Matrix Gla Proteins which loses the ability to bind calcium and are unable to prevent unwanted calcification leading to the development of bone spur formation, a common complication of late-stage osteoarthritis.

Wellness Recommendation

The WHITEE Patch increases blood flow and lymphatic circulation and helps enhance the chondrocyte's ability to synthesize required collagen and proteoglycans to restore the damaged joint cartilage matrix, eliminate joint pain, and improve its functionality. The WHITEE Patch also helps reduce joint inflammation and matrix metalloproteinase activity to reverse joint degeneration. By converting the chondrocyte phenotype to its healthy state, the WHITEE Patch helps reverse the bone-on-bone condition. LC Balancer is also required to improve systemic microcirculation to achieve sustained results for severe and bone-on-bone conditions or patients over 50 years old.

Patients usually notice an improvement in pain, swelling, stiffness or joint creaking in 8 days for mild or moderate conditions, in 17 days for severe conditions, and in 1 month for bone-on-bone or elderly patients with osteoporosis.



Healthy joint cartilage organization. The blue area is articular cartilage which has 4 zones including Superficial, Intermediate, Radial and Calcified zones. Red is vessels. Green is nerve fibers.

Treatment times range from 2 weeks to 3 months depending on severity. If there is no significant improvement in 1 month, a customized treatment is required. Patients may feel the pain worsening during the first 8 days as healing begins. If the condition is related to aging, symptoms may return and further treatment may be required.

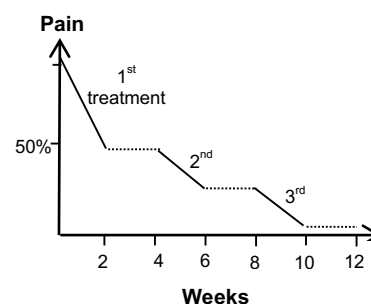
If there is also an injury in the tendons, ligaments and surrounding muscles of the joint, the FASTT Patch is required to heal those injuries so that joint balance is well established to avoid excessive mechanical stress to the cartilage matrix.

1) Mild and Moderate Osteoarthritis

6 WHITEE Patches are required for mild and moderate osteoarthritis or early-stage osteoarthritis without physical deformation and swelling. 2-4 weeks of LC Balancer is recommended for patients over 50, diabetics, or with conditions over the extremities such as finger and toe joints.

2) Severe Osteoarthritis

A continuous 3-month treatment with the WHITEE Patch and LC Balancer is required for severe osteoarthritis, osteoarthritis in multiple joints, over extremities, or at the knee/hip joints where transdermal access is limited. Each month requires 6 WHITEE Patches (48 hours on and 24 hours off for 17 days) and 4 LC Balancers. Patients should have significant pain reduction (about 50%) after the 1st session. After the 2nd session, patients generally experience about 75% symptom elimination. The 3rd session is recommended to achieve sustained optimal results.



3) Osteoarthritis in Bone-on-Bone Conditions

Patients can have 20-30% improvement with 1 month of treatment and 3 months of treatment is required for significant improvement.

4) Customized Recommendation

For patients that require a customized recommendation, please see the Osteoarthritis Customized Treatment Protocol.

Osteoarthritis Customized Treatment Summary

Complication	Products
Rheumatoid Arthritis (Spleen Damp)	Java, LC Balancer
Liver Conditions – Nerve (Liver Deficiency)	Brown
Liver Conditions – Autoimmune (Liver Deficiency)	Brown, Java, LC Balancer
Food allergies, Leaky Gut, Gastritis (GI Deficiency)	SJ, Spring Capsule, Formula B, Probiosis
Osteoporosis, Osteopenia (Myco)	Ostenin, Martial, Fibro
Kidney infections/stones (Kidney Deficiency)	Xcel, KS

Usage Information

WHITEE Patch: Keep the patch on for 48 hours. Take a 24-hour break before applying a new one. The small patch is for finger and toe joints. The medium patch can be used for most other joints. The large patch is recommended for hip or severe knee osteoarthritis. Patients with swollen joints may retain extra fluid under the patch during the first week. Please remove the patch, clean off the fluid, and then reapply the patch. The tape is water-resistant. Patients can shower or swim with it. Use vegetable oil to remove possible herbal residue on the skin and use Oxi-Clean to remove stains from clothes/sheets.

LC Balancer: 1 capsule, 3 times a day

Brown: 3 capsules, 3 times a day

Java: 2 capsules, 2 times a day

Xcel: 2 capsules, 3 times a day

Patch Placement for Knee

1. Find the location of the sharpest pain to indicate the most severely injured or affected point in the knee and apply the patch to that area (If no imaging has been done) with the knee flexed at a 45-degree angle.
2. For knee osteoarthritis place a large patch horizontally on the soft spots which are below the knee cap with the knee flexed at a 45-degree angle (**Figure One**) or place a medium sized patch on the lower left and/or right sides of the knee cap with the knee 45-degree flexed (**Figure Two**).

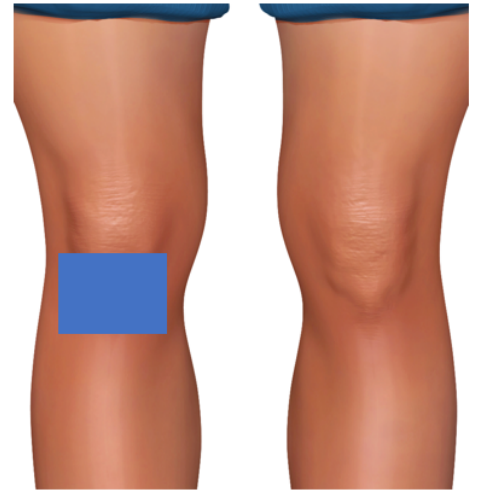


Figure One

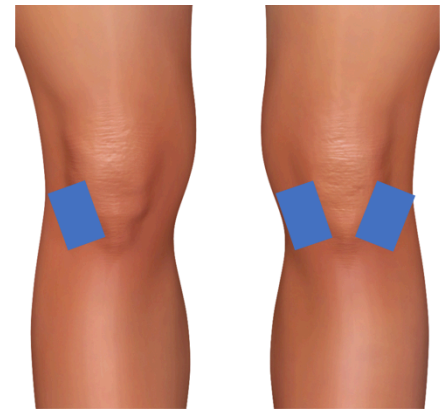


Figure Two

Patch Placement for Hip Joint

1. Find the location of the sharpest pain by palpating the hip area to indicate the most severely injured or affected point of the hip and apply the WHITEE Patch to that area.
2. If there is no clear pain spot or if the location is uncertain, apply the WHITEE Patch between the great trochanter of the femur and the coccyx (tailbone), 1/3 the distance from the great trochanter protrusion, across the buttocks (**Figure Three**).
3. If the patient is overweight, then place the WHITEE Patch in the front of the hip at the thigh-groin junction across the femoral head and acetabulum joint (**Figure Four**). This placement will ensure the herbs are being absorbed at an optimal rate.

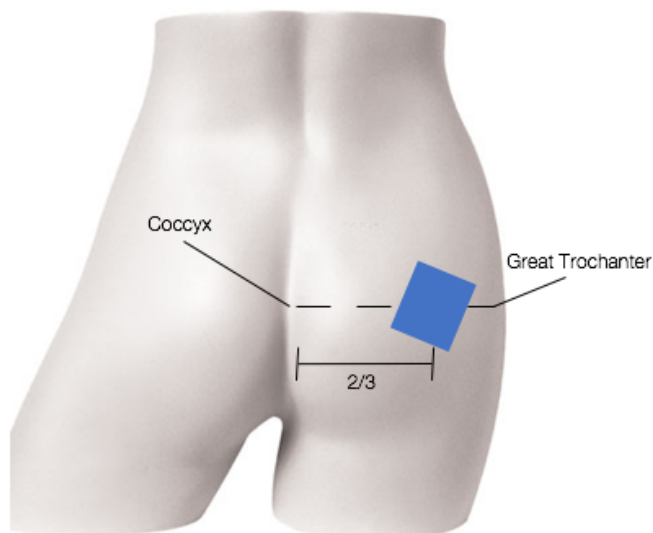


Figure Three

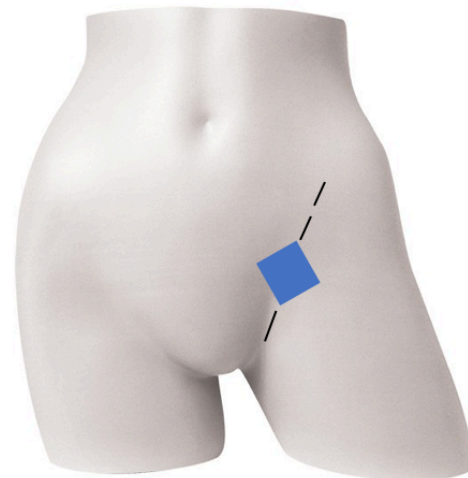


Figure Four

Precautions

- 1) Avoid using ice to reduce pain since it slows and interrupts the body's repair processes.
- 2) Slight skin irritations have been observed in 50% of chronic cases because of the disposal of metabolic toxins through the skin. This 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 aches or loose stool, since the LC Balancer generates healing pain while treating the stomach condition. It goes away within a week while continuously taking it.
- 4) Patients who are taking a high dose of vitamins or minerals should reduce them to a regular dose to avoid overdose since LC Balancer improves absorption.
- 5) If patients experience fatigue, or a flu-like feeling and hot sensation, the metabolic waste may have built up in the blood during the healing process. Xcel formula is recommended to help the kidneys secrete the wastes more effectively.

Selected Case Studies

Case 1: WHITEE Patch Eliminated Knee Osteoarthritis Pain in 2 Weeks

Donald Chu, PT/PhD, Stanford University, California

As a practicing, physical therapist that has spent a lot of time participating in recreational sports over the last 20 years, I have incurred osteoarthritis in both knees. This is the result of 4 prior knee surgeries on my right knee and 3 on my left to correct orthopedic injuries. Despite rehabilitation, time and age has taken its toll. I would like to comment that the "WHITEE Patch" gave me relief above and beyond all conventional physical therapy treatments. I used the patches for 9 days without much effect, but on the 10-12 days I noticed a significant reduction in the level of pain and inflammation. The most amazing thing is the lasting effect of the patches. I occasionally have a "flare-up" or twinge of pain after activity. A simple application of the patch for two consecutive days eliminates the pain and returns me to a much more comfortable state.

I have recommended the "WHITEE Patch" for several of my patients and they have reported similar results. Herbal medicine is time tested in many cultures and I am pleased that I have had the opportunity to sample this herbal remedy for so aggravating a condition such as osteoarthritis.

Case 2: Osteoarthritis Successfully Reversed

Felicia M. Dyess, Jacksonville, Florida, 2011

A 62-year-old female patient came to see me in early November 2011 complaining of inflammation and pain in her left hand. The patient was diagnosed with osteoarthritis with visual arthritic changes (swelling) in the knuckle of both her thumb and forefinger. Her hand was stiff and hot to the touch and unable to make a fully closed fist. I treated the patient with acupuncture for several weeks and recommended additional herbal therapy with Wei Lab's WHITEE patches and LC Balancer to decrease inflammation, improve circulation and speed up the healing. The patient came in for her acupuncture session after 6 days of herbal therapy. The inflammation and swelling were gone and the patient's skin was malleable and her hand was no longer hot to the touch. The patient had used a series of 2 WHITEE patches on both knuckles within the past week and took the LC Balancer at full dose. The patient was now pain-free and able to make a closed fist. She was extremely happy with the quick results and has not felt the need to come in for treatment to date.

Case 3: WHITEE Patch Eliminated Knee Pain from Bone-on-Bone Osteoarthritis

Kathy Ulrich, DC, Albuquerque, New Mexico

I'm writing to thank you for the benefit my patients have received from your healing patches. One of my elderly patients, a woman in her mid 80's, has used the WHITEE Patch for her right knee. Her x-ray examination indicates a bone-on-bone condition. Yet in her 2nd month with treatment she is once again capable of using her stationary-bicycle to exercise. She is next considering applications to her shoulders and low back. I am encouraging all patients at my chiropractic office to use the WHITEE patches. Thanks again!

Case 4: WHITEE Patch Eliminated Knee Pain from Bone-on-Bone Osteoarthritis

Patient from Massachusetts, June 2008

In December of 2006, I had arthroscopic knee surgery which was only mildly successful. Although it cleared up scar tissue, it was, obviously, unable to replace the cartilage which I have almost completely lost in my left knee due to bone-on-bone osteoarthritis condition. Six months of painful physical therapy brought me no closer to mobility and I was finally referred for a knee replacement. I am only 56 years old and I refused.

At that point, I started using the WHITEE patch and drinking the LC Balancer--I did the first two months of a three-month prescription and since then have occasionally done touch up treatments. I whole heartedly believe in this product. I can't say that I am 100%, but I am very active and only mildly uncomfortable compared to what I felt before. Someone at work just randomly handed me a sample patch that she had picked up somewhere and after wearing it for several days I was sold---that quickly!

Case 5: Successful Improvement of Osteoarthritis and Knee Pain

Robert Bartosh, DC, Danville, Illinois

An 83-year-old female suffered from bone on bone osteoarthritis in her left knee and had trouble with her right knee as well. She was receiving regular collagen injections but her other doctors told her she would not be able to continue the collagen shots for pain control. She had been unable to climb stairs due to her constant pain. The patient was considering a double knee replacement.

Dr. Bartosh recommended an herbal treatment of WHITEE Patches and LC Balancer for osteoarthritis. After 3 months of treatment, the patient reported a complete absence of pain, was ambulating fine and was happy and engaged in all activities of daily living.

She had stopped using the products when she went to Florida on vacation and had suffered a setback. However, she reported an improvement of over 80% in pain and mobility. She is very satisfied with the results.

Case 6: Successful Treatment of Chronic Arthritis in Left Knee

Valerie Ozsu, MSN, CNM, NP, Vacaville, California

A male patient, 60 years old, had been diagnosed with chronic arthritis in his left knee when coming for treatment in 2011. He suffered from severe pain and mitigated the symptoms with four pain pills per day.

The practitioner applied a combined program composed of FASTT and WHITEE patches as well as a nutritional change. After two weeks of herbal treatment with the patches the pain level had been reduced such that only one pain pill per 2-3 days was necessary. In addition, the practitioner employed dietary optimization to enhance functioning of the organs.

So far, the progress has been amazing (ongoing treatment). The patient has far less pain by now and feels a lot happier. He can walk further as well.

Case 7: Treat Hip Osteoarthritis and Piriformis Syndrome

Ronald Mullen, AP, Stuart, Florida

Rob is in his mid-70s and has severe restriction of mobility through both hip joints. He reports bilateral hip pain with radiation down the lateral thighs to the knee, the right side being most affected. He reports left side hip replacement five years ago due to severe osteoarthritis in the joint. Unfortunately, he continues to experience pain even after the operation. The osteoarthritis in the right hip has continued to progress and the hip is now extremely painful.

Upon examination, there is severe hip tightness with hardening of the muscle and connective tissue surrounding the hip joint involving the piriformis muscles bilaterally creating Piriformis Syndrome. Rob is very concerned about the pain and the progression of osteoarthritis on the right side and wants to prevent another hip replacement.

Dr. Mullen applied Wei Laboratories' WHITEE Patches onto the hip joint and recommended LC Balancer to improve microcirculation. Dr. Mullen also recommended Spring Formula, SJ, and Formula B to improve digestive tract function and alleviate Piriformis Syndrome. Therapy was started and he noticed easing of symptoms within the first week. His left side (with the hip replacement) is responding especially well with much more mobility and much less pain. Two weeks into therapy, he is able to walk much easier with significantly less pain and stiffness.

Conclusion: Rob is now just starting the third week of treatment and is progressing very well. He is expected to continue to progress in the following weeks and his overall prognosis is excellent with continued therapy.

Case 8: Successful Treatment of Hip Osteoarthritis

Nancy Stern, DC, Albuquerque, New Mexico

A female patient, age 64, was diagnosed with right hip osteoarthritis in 2009. She had a restricted range of motion and suffered from pain upon walking.

Dr. Stern prescribed a combined treatment program composed of three WHITEE patches, non-forced chiropractic care as well as dietary and homeopathic remedies (three sessions).

As a result, the pain had been eliminated completely. She was in far better condition and showed an improved range of motion as well as greater ease of walking. The results sustained for two years before some maintenance became necessary.

Case 9: Severe Hip Pain and Digestive Problems Can Be Eliminated

Brian Hess, DC, Culpeper, Virginia

John is a 55-year-old very active male. His hobbies are surfing, dancing and he dearly loves the outdoor Florida lifestyle. He came to me complaining of bilateral hip pain, which started about five years previous. He has tried a lot of different therapies without very much success and was very concerned he would have to give up dancing because of restricted mobility and pain. He was very much interested in the prevention of hip replacement in future years.

During the consultation, he also reported having low energy, felt stiff all over and had a history of acid reflux, stomach ulcers and periodic stomach pain. Upon examination, it was discovered that he had severe bilateral hip tightness with noticeable limitation of mobility and his hips felt cold to the touch with hardening of the hips and surrounding muscle tissue.

I told him his prognosis was very good if he followed our treatment plan. He expressed interest in getting started right away and so began his treatment. At his follow-up consultation two weeks later, he reported an immediate increase in energy upon starting the therapy.

Dr. Hess applied Wei Laboratories' WHITEE Patches onto the hip joint and recommended LC Balancer to improve microcirculation. Dr. Hess also recommended Spring Formula, SJ, and Formula B to improve digestive tract function. The first week into the treatment his hips felt a little more painful, especially at night. By the second week the hip pain had subsided and he felt that he was moving better. He was told to continue his treatment protocol and return two weeks later. At week three his Tango instructor commented on his improved flexibility.

John has continued to improve and at his recent visit reports that the pain in his hips is gone and he can now do a 180-degree contra-body twist in his dance class. He also had much more energy and his digestive symptoms have all been resolved. He sleeps better now than he has for many years.

Case 10: Healing of Cervical Arthritis in Elderly Female

Patricia Blaine, LAC, Bothell, Washington

A female patient, age 83, had a medical history of cervical osteoarthritis characterized by extreme pain levels and severe restrictions of motion. She had gone through a variety of treatments (e.g. gold injections). None of those provided relief. The symptoms started in 2004 and were particularly located in the neck area. The patient arrived at Dr. Blaine's office in 2009.

Dr. Blaine prescribed an exclusive treatment program with 12 WHITEE patches (2 days on and 1 day off) for a total of 6 weeks. The pain seemed to get a little worse during the first two weeks. As a result, Dr. Blaine increased the resting period without patch from one to two days. As a consequence, the pain level started to continuously decrease. The pain did not completely disappear during the treatment program but became reduced from 10 to 3. Two weeks after the patches had been completely eliminated the pain disappeared. It never came back ever since. The results have been sustained for two years now.

Note that Dr. Blaine had to impose a lot of convincing to keep the patient on the patches. Once the treatment had completely removed the pain the patient became ecstatic.

Case 11: Successful Improvement of Osteoarthritis and Knee Pain

Dr. John Filippini, DC, P.Dsc, Danville, California 2017

An 83-year-old female suffered from bone-on-bone osteoarthritis in her left knee and had trouble with her right knee as well. She was receiving regular collagen injections but her other doctors told her she would not be able to continue the collagen shots for pain control. She had been unable to climb stairs due to her constant pain. The patient was considering a double knee replacement. She was recommended 3 months of treatment for osteoarthritis using Wei Laboratories WHITEE Patch and LC Balancer in combination with other therapies. After 3 months of treatment, the patient reported a complete absence of pain, ambulating (moving/walking) fine and was happy and engaged in all activities of daily living. She had stopped undergoing treatment when she went to Florida on vacation and had suffered a setback. However, she reported an improvement of over 80% in pain and mobility. She is very satisfied with the results.

Case 12: Successful treatment of Osteoarthritis, Bulging Disc and Bone-on-Bone Arthritis

John Filippini, DC, Danville, California

An 80-year-old female (retired teacher) presented with low back pain that radiated into her right hip, knee and leg. She presented the information regarding her low back with an MRI demonstrating osteoarthritis and disc bulges. I put her on a 3-month treatment program of spinal decompression, chiropractic adjustments (Arthrostim), along with large WHITEE Patches on the lower lumbar discs and LC Balancer- herbal treatment formulas from Wei Laboratories.

Her back pain was gone within the first month, but she continued to complain about her hip and knee. I questioned her further about any arthritis in either joint, and she remembered that they did do X-rays and found bone-on-bone arthritis in both. I therefore switched the placement of WHITEE patches to her hip and knee, and by the second month she was only experiencing occasional pain with the bad weather. By the end of the third month, she was completely out of pain, and only felt slight discomfort if it was going to rain.

The patient reported:

When I came in to see Dr. Filippini, I was in excruciating pain. I could not straighten up. I had to walk in a walker, and I was in a bad way. After 3 months of treatment, I can walk pain free...and without any medications. My life has improved a great bunch...I'm going to start babysitting my great grand baby pretty quick.

Case 13: Functional Restoration from Spinal Joint Degeneration

Gregory Lind, DC, Milpitas, California

A 60-year-old female patient was diagnosed with Lombard scoliosis (L4/L5), disc degeneration and osteoarthritis in November 2010. The patient suffered from severe pain in her lower back and hip (pain level: 6-7 out of 10). The pain seemed to be constant and the back showed a high amount of stiffness. The neuromuscular system appeared to be in the process of shutting down.

Dr. Lind prescribed a combined treatment program composed of adjustments, physical therapy (to induce blood supply to the critical region), herbal remedies from Wei Laboratories including WHITEE Patches and LC Balancer, and home exercise. The patient has completed 16 sessions between November 2010 and June 2011. Long-term maintenance will be necessary because of the severe level of degeneration. The goal of the comprehensive treatment program is to make the patient function without pain and ensure a quality lifestyle. Part of the treatment focuses on metabolic treatment to eliminate her back inflammation.

The results have been promising so far. The patients pain level has been reduced to 3 out of 10 (from 6-7). Her back has been stabilized. The patient shows slow but steady improvement. The trend is right and the achieved results have always sustained.

Case 14: Successful Treatment of Bone-on-Bone Osteoarthritis

Merle Friedman, AP, LAC, LD/N, PA, Brandon, Florida

A male patient, 42 years old, came for treatment in 2009. He had been diagnosed with bone-on-bone osteoarthritis in his left knee. Several arthroscopic procedures had been executed. The patient suffered from severe pain (9 out of 10). He was not able to walk the stairs (up and down) without pain. As a passionate tennis player, he could not do his usual sport. The patient had been scheduled for knee replacement.

A combined treatment program was applied. It consisted of acupuncture with electrical stimulation on meridians as well as herbal remedies from Wei Laboratories including WHITEE Patches and LC Balancer. One treatment session per two weeks was applied for a total of one and a half months (3 sessions).

The results went accordingly. The patient had become pain-free upon completing the program. The results have been sustained ever since. He plays tennis again and is very happy.

Case 15: WHITEE Patch Eliminated Pain from Wrist Osteoarthritis and Thumb Tenosynovitis

Khaled Alfaqih, D.C., Walnut Creek, California

I wish to thank you personally for your carefully researched products. I think they are brilliant. I had a total remission of pain in my wrist and a good increase in its range of motion as result of one treatment cycle with WHITEE Patches. The problems I am dealing with are direct result of 32 years of working with my hands as a Chiropractor. This has resulted in advanced osteoarthritis of the right wrist and related tenosynovitis of the right thumb both quite painful and threatening to limit my ability to work. I will be using these products in my practice as well of course. Please accept my congratulations on the results of what must have been a difficult and concentrated effort to come up with such remarkable products.

Case 16: Successful Treatment of Foot Pain

James Callahan, DC, Amesbury, Massachusetts

A female patient in her late 50s came for treatment in March 2011. She had been diagnosed with consistent arthritis type pain in her right foot. The pain level was severe (7-8 out of 10).

Dr. Callahan applied a combined treatment program composed of chiropractic adjustment and herbal remedies (8 WHITEE patches; 2 days on, 1 day off) for a total of 24 days.

The results have been very positive. Upon completing the treatment, the pain has been completely eliminated. No maintenance has been needed. The results have been sustained. The patient is very happy.

Reference

Grässel, Susanne, and Attila Aszódi, eds. Cartilage: Volume 2: Pathophysiology. Springer, 2017.