

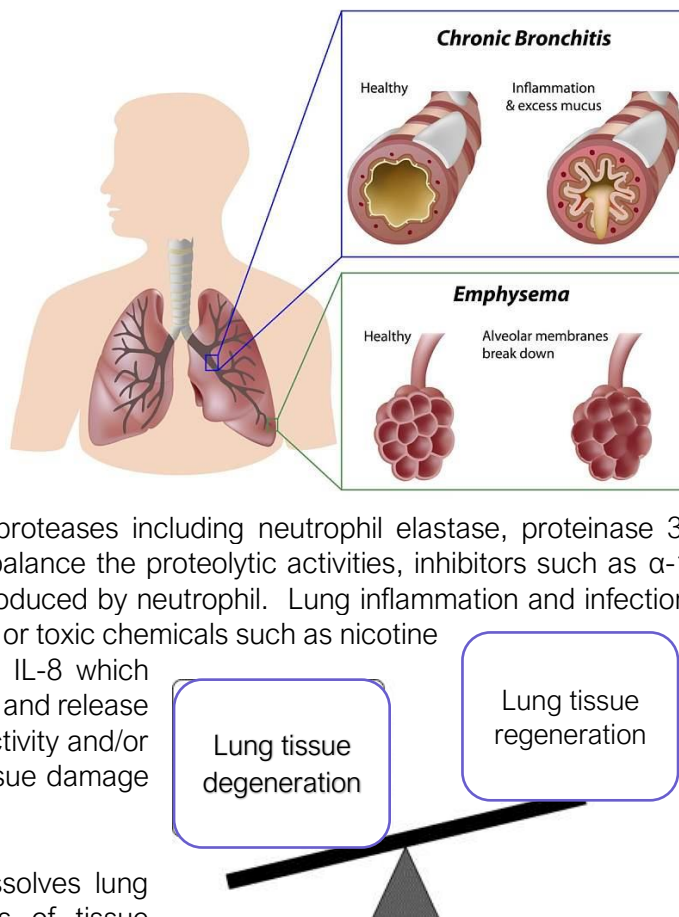
**Chronic obstructive pulmonary disease (COPD)** is a condition involving both emphysema and chronic bronchitis. Emphysema is characterized by permanent enlargement of the bronchiole and alveoli (air sacs) due to loss of elasticity. The condition is also accompanied by destruction of the lining between the air sacs where the exchange of oxygen and carbon dioxide occurs. The damage of the alveolar walls reduces the surface area for oxygen and carbon dioxide exchange causing reduced oxygen intake. The loss of the elasticity makes it difficult to blow air out from the lungs. The most common symptom is shortness of breath, especially on exertion. Other symptoms include wheezing, dry cough, and chest tightness with exercise, phlegm production, and unproductive cough. Patients may need oxygen support as their condition progress due to airflow obstruction in severe emphysema caused by the collapse of the elastic tissue surrounding the alveolar septa.

To maintain a healthy lung structure, the lungs have the ability to remove unhealthy cells and replace them with new healthy cells. The removal process is catalyzed by the proteases including neutrophil elastase, proteinase 3, macrophage elastase and matrix metalloproteinases. To balance the proteolytic activities, inhibitors such as  $\alpha$ -1 antitrypsin produced by the liver can inhibit the elastase produced by neutrophil. Lung inflammation and infection from bacteria or influenza virus and reactive oxygen species or toxic chemicals such as nicotine from smoking can trigger TNF and chemokines including IL-8 which cause infiltration of neutrophil and macrophage to the alveoli and release of high amounts of proteases. Abnormal high proteolytic activity and/or decrease or deficiency of  $\alpha$ -1 antitrypsin results in lung tissue damage and loss of elasticity.

In addition to abnormally high proteolytic activity that dissolves lung tissue, emphysema can also be caused by low levels of tissue regeneration and repair due to low enzyme activities including histone deacetylases (HDACs), factor-1 $\alpha$  (HIF-1 $\alpha$ ) etc. HDACs are a class of enzymes with activities that increase the tightness of the histones to wrap the DNA. Such activity regulates gene expression and controls the maintenance of lung alveolar septal structures. Research has found that HDAC expression in the lungs are abnormally low in COPD patients. Inhibitors that suppress HDAC activities causes partially reversible emphysema in animal studies. Low HDAC can be caused by genetic, infections, malnutrition, smoking or alcohol. The reduced metabolic activity towards tissue growth and/or increased metabolic activity toward tissue dissolving causes lung structure degeneration leading to the development of emphysema.

Chronic Bronchitis is the chronic inflammation of the bronchi due to infection or inflammation. It causes bronchi lining degeneration and hypertrophy of goblet cells with hypersecretion of mucus. The excessive mucus blocks the airway further exacerbating inflammation and infection. Over time the condition leads to the degeneration of bronchi bronchiolar wall fibrosis and eventually, scar tissue forms in the lungs which obstruct the airflow and doesn't allow the lungs to take in as much oxygen as needed. Chronic bronchi inflammation will also cause emphysema. Chronic bronchitis is almost always coexistent with emphysema. Symptoms include shortness of breath, cough and sputum production, wheezing, and difficulty breathing when lying down.

## Chronic Obstructive Pulmonary Disease (COPD)

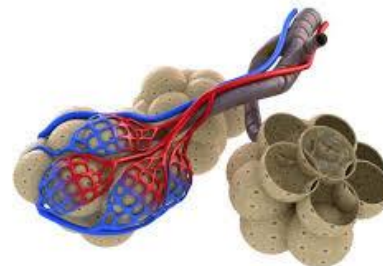


## Wellness Recommendation

Soup A, Soup B and LC Balancer are recommended for chronic lung conditions including COPD, emphysema, and chronic bronchitis. In TCM, the degeneration of the lung structure is referred to as a Lung Yin deficiency. Wei Laboratories Soup A helps repair the damage and facilitate new tissue growth through increasing the metabolic activities of tissue regeneration, known as Lung Yin nurturing in TCM. Soup A helps increase the biosynthesis of proteins, DNA and mRNA, etc. as well as the supply of building blocks including amino acid, carbohydrate and other cofactors necessary to speed up new tissue growth of the alveoli and bronchioles.

Patients with scarring in the lungs also require Soup B. Soup B helps dissolve nodules and remove lung scars by triggering the necessary catabolic process and enhancing the body's endogenous enzymatic activities toward scar removal.

Lung degeneration also causes compromised blood circulation due to the collapse of the pulmonary capillaries surrounding the alveoli. LC Balancer strengthens the microcapillaries and helps open it up to improve systematic microcirculation so that the herbal components, as well as nutrients, can be delivered to the individual alveoli and bronchioles. Enhanced microcirculation also helps clear up mucus and bronchial tubes inflammation. The use of LC Balancer will greatly enhance the treatment results of Soup A and Soup B. Wei Laboratories statistical research has shown that the use of LC Balancer increased the response rate from 40% to 80%.



**Mild Conditions:** Mild or stage I condition is defined as FEV1 > 80% and patients with mild conditions are usually under 50 years old and are usually not dependent on oxygen since there is no significant scar tissue formation. The treatment should focus on facilitating new tissue growth and requires only Soup A and LC Balancer. Soup B is usually not required. Patients can experience symptom improvement within 1 week with less shortness of breath and coughing with phlegm. 2-4 weeks of treatment is required for significant improvement with sustained results. \*

**Moderate Conditions:** Moderate or Stage II condition is defined as FEV1 at 50%-79% and patients with a moderate condition are usually between 50 and 65 years of age. Most patients at this stage are not on oxygen yet and only require Soup A and LC Balancer. \* However, some patients with moderate conditions may have developed lung scarring and require Soup B. Patients usually experience symptom improvement within 2 weeks with less shortness of breath and coughing with phlegm. 1-2 months of treatment is required for significant improvement with sustained results.

**Severe Conditions:** Severe or stage III conditions are defined with an FEV1 at 30%-49% and patients are usually over 65 years old. Extensive amounts of lung scarring may have developed, and patients are usually dependent on oxygen. Required treatment includes Soup A, Soup B and LC Balancer to help new tissue growth and scar tissue removal. Patients can experience symptom improvement in 2 weeks with reduced shortness-of-breath, coughing with phlegm, wheezing, improved energy levels, a more productive cough and significantly quicker oxygen saturation when it is re-plugged reflecting improved lung function. After 1 month of treatment, patients should have reduced oxygen dependence. 3 to 4 months of treatment is required to achieve significant improvement in their lung structure.

**Very Severe or End-Stage Conditions:** Very severe or stage IV conditions are defined with an FEV1 < 30%. Patients are usually on oxygen 24/7 due to respiratory failure and have developed one or more complications such as heart failure. The required treatment includes Soup A, Soup B and LC Balancer and additional formulas to address the complication. Most end-stage patients will require additional formulas based on the types of complications in order to experience symptom improvement in their breathing, coughing, phlegm, wheezing, energy levels, and oxygen saturation and usage. Please refer below for additional formulas recommended. With the treatment of Soup A, Soup B, LC Balancer and other additional formulas, patients can experience symptom improvement within 1 month. 6 months of treatment is required to achieve significant improvement in lung structure and function. However, the lung structure damage may not be fully reversed.

Stage	FEV1 %	Oxygen	Age	Protocol Length for Significant Improvement	Noticeable Symptom Improvement
Mild (1)	>80%	none	<50	1 month	1 week
Moderate (2)	50-79%	none	50-65	1-2 months	2 weeks
Severe (3)	30-49%	yes	65+	3-4 months	2 weeks
Very Severe/End Stage (4)	>30%	24/7	65+	6 months	1 month

### Maintenance Treatment

Patients with degenerative lung conditions may have weak lungs due to genetics or lung structure damage. The use of Wei Lab's herbal formulas provides a semi-permanent fix. In many patients, however, their lung degeneration may reappear. A maintenance treatment is required to help maintain the lung structure integrity. The amount and frequency of the maintenance treatment is varied from patient to patient.

- In general, if patients start to experience shortness of breath, coughing with phlegm, severe cough due to cold or flu, or continued cough after the cold or flu is gone, 1-2 week of treatment is recommended to help repair the lung damage.
- It is highly recommended that patients who used to be on oxygen should take the 1-2 weeks of maintenance treatment every 6-12 months especially each year before the flu season to prevent flare-ups and avoid or reduce emergency room visits during the flu season.
- Some patients, especially those with very severe or end-stage conditions, may need a continuous maintenance treatment at 1/3 to 1/2 of regular dosage. This will help patients to keep a normal lifestyle and hold the further progression of their lung degeneration.

Stage	Required Maintenance Treatment
Mild (not on oxygen before treatment)	1-2 week if symptoms reappear
Moderate (not on oxygen before treatment)	1-2 week if symptoms reappear
Severe (on oxygen before treatment)	1-2 week every 6-12 months and before flu season
Very Severe/End Stage (on oxygen 24/7 before treatment)	Continuous maintenance use at 1/3 to 1/2 dosage

### Complications and Additional Treatment Recommendations

Patients with severe or end stage conditions usually have developed one or more complications and require additional formulas to address their complications to help them experience improvement in their lung symptoms. If the patient did not respond well to Soup A, Soup B and LC Balancer treatment in 2-4 weeks, additional customized treatment described below in combination with the Soup A, Soup B and LC Balancer is required. Common complications and required formulas include:

#### Lung Inflammations and Colored Phlegm

Lung inflammation and/or immune response to toxic chemicals is referred to as Lung Heat in TCM. Patients may experience excessive phlegm, and/or colored phlegm along with shortness of breath and an unproductive cough. CL is recommended to clear the Lung Heat by reducing the excessive pro-inflammatory cytokines in the lungs and reduce lung inflammation. Patients can experience symptom improvement in 1-3 days. 3 days to 4 weeks of usage may be required depending on the severity of the condition.

#### Congestive Heart Failure (CHF) and Lower Extremity Edema

CHF is the most common complications among late or end stage chronic lung disease patients because the heart works harder to compensate for reduced lung function. It usually occurs on the right side of the heart which pumps blood to the lungs. Symptoms include lower extremity edema and shortness of breath. In severe CHF conditions, patients may also develop portal vein congestion leading to enlarged spleen and liver, pleural effusion and ascites. Treatment with diuretics such as Lasix helps relieve ankle swelling by pushing the kidney to expel more water. However, they do not help with breathing. Mild or moderate CHF in the right side can be improved by itself after the

lung function has improved. However, if the CHF is severe, patients will not experience any breathing improvement unless the CHF is addressed. Java improves lymphatic circulation to lower the burden on the heart and improve the heart failure condition. Patients can have clear improvement in their breathing and water retention in 1-2 weeks. 2-4 weeks of Java in combination with Soup A, Soup B and LC Balancer may be required, depending on the severity of the condition.

Left-sided congestive heart failure can be an independent problem. The left side of the heart pumps blood to the body. Left-sided CHF can cause more severe shortness of breath than COPD does. Left-sided CHF can be caused by heart attack, hypertension, mitral or aortic valve disease, and primary myocarditis. Treatment recommendation includes Myogen, CV, B-2 and Qi Booster. Patients can experience breathing improvement in 1-2 weeks. 2-6 weeks of treatment is recommended for significant improvement and sustained results.

### **Coronary Artery Disease and Atherosclerosis**

Coronary artery disease due to atherosclerosis can cause shortness of breath. CV, B-2, and Qi Booster help remove the atherosclerotic plaque. Patients can experience breathing improvement in 1-2 weeks. 2-6 weeks of treatment is recommended for significant improvement and sustained results.

### **Asthma**

Asthma is also a common condition among COPD patients. Asthma is a chronic inflammatory disorder of the airway that causes recurrent episodes of wheezing, breathlessness, chest tightness and cough, particularly at night and/or early in the morning. It is caused by airway hypersensitivity and intermittent airway obstruction due to chronic bronchial inflammation involving eosinophils infiltration and bronchial smooth muscle cell hypertrophy and hyper-reactivity. There are two types of asthma: atopic and non-atopic.

Atopic asthma is usually started in childhood and patients also have severe allergies, eczema or hay-fever symptoms and the attack is usually triggered by external allergens. The allergic reaction involves IgE and representing typical Type I immune hypersensitivity. The inflammation and infection of the respiratory tract make the airway to become highly sensitized and the bronchi will respond with a spasm to any irritants. Patients may also have vertigo or dizziness or muscle spasm in addition to respiratory symptoms. EzAir is recommended for atopic asthma. Patients can experience symptom improvement in 1 day. 1-3 weeks of treatment is recommended for significant improvement with sustained results. Bitter may also be required for severe conditions and/or if patients also have non-respiratory allergic symptoms.

Non-atopic asthma does not involve IgE and is usually caused by internal toxins. Breez is recommended for non-atopic asthma. Patients can experience symptom improvement in 1 day. 1-3 weeks of treatment is required depending on the severity of the condition.

### **Lung Infections**

Many chronic lung diseases are caused by infections which cause lung inflammation, structure damage and scar tissue formation. In some patients, the infection has to be addressed in order to experience improvement in their symptoms. In some patients, however, they will experience initial improvement and then experience flare ups because the infection that is dormant can become active as the lungs receive nutrients. Without addressing the infection, patients cannot continue the treatment. Patients should be evaluated for infection clearing protocols. Depending on the types of infections, the following treatments are recommended:

### **Cold, Flu, and Pneumonia**

Acute viral infections from cold, flu, or pneumonia can cause lung inflammation with symptoms of increased cough with phlegm. 1-4 weeks of CL is required to clear viral infections and inflammation. 1-2 weeks of Silver Flower is recommended for patients with COVID or severe types of flu. If patients have pneumonia or a severe lung infection with non-respiratory symptoms such as high fever, Bitter, Brown, Qi Booster and LC Balancer for 2-6 weeks are recommended. Jade may also be required to enhance lung immunity if patients can't recover from their lung infection, flu or cold.

### Viral Infections

To help patients with an acute or chronic viral respiratory infection, Woad in combination with CL, Bitter, Brown, Qi Booster and LC Balancer is recommended to clear the virus in the extracellular space. Patients can experience symptom improvement within 3 days and 4-6 weeks of the treatment is recommended for significant improvement. If viruses have already entered into the cell and become latent in the lungs, patients may have symptoms of difficulty breathing especially while laying down. Perilla is recommended to help clear chronic viral infections in the lung and bronchi. Patients should experience symptom improvement with better breathing within 3 days. 8-12 weeks of treatment may be required for significant improvement. During the viral clearing process, there will be an increased amount of toxins and wastes. Brown, LC Balancer and Xcel are also required to help clear these wastes. For patients with severe chronic lung diseases such as COPD or pulmonary fibrosis, Jade may also be required to enhance their lung immunity to help clear the viral infected cells.

### Mycobacterial Infections, Post-nasal Drip

Mycobacterial infections are caused by intracellular bacteria that lack a peptidoglycan layer or bacterial cell wall structure. The infection can cause chronic lung diseases. Treatment with routinely used antibiotics targeting bacterial cell walls synthesis may not be effective. Common types of mycobacteria include *Mycoplasma pneumoniae*, *Chlamydophila pneumoniae* and *Mycoplasma avium complex (MAP)*. Symptoms of mycobacterial infections can be similar to typical pneumonia which include chills, fever, chronic cough with or without mucus, and shortness of breath. But the symptoms are less severe and usually emerge gradually. If the infection also involves the upper respiratory tract, patients may experience post-nasal drip, nasal congestion, excessive phlegm production, and a hoarse voice in addition to typical respiratory symptoms. They can also remain in the extracellular space in an inactive state and become active periodically causing a decline of the lung function after each acute exacerbation.

Mycobacteria can also be embedded in the scar tissue. As the scar tissue is dissolving with the lung treatment, the encapsulated mycobacteria may release and become active. Patients may experience their breathing issue worsen, a more wet cough with increased phlegm, low grade fever, hot flashes and sweating, chest heaviness, tightness, and flu like symptoms. CL, Jade, Java, and NewBase helps clear the infections. Patients can experience symptom improvement in just 1 day and symptom elimination in 3 days. 3-4 weeks of treatment is required. A couple of rounds of treatment may be required to clear the infections.

### Gram-negative Bacterial Infections

Chronic lung infections are usually caused by slow growth gram-negative bacteria. Patients with mycobacteria infection usually have coinfection of gram-negative bacteria. Mycobacteria is able to inhibit the immune system's normal anti-microbicidal response causing impairment of effective phagolysosome formation. The suppression of immune function favors mycobacterial proliferation and harboring of other slow-growth gram-negative bacteria. Symptoms include chronic cough, phlegm production, post-nasal drip, and sinus congestion. CL-2 is recommended to clear gram-negative bacterium in the lung. Patients can experience symptom improvement in 3-7 days. 2-3 weeks of treatment is required. If the nasal passage is also infected by gram-negative bacteria, Rhinocin is also required.

### Lung Fungal Infections

Patients can get lung fungal infections by living in a house with mold or due to other environmental factors. Fungus has a very thick cell wall and the toxins are very irritating and can cause lung inflammation. Patients usually experience symptoms of dry cough, difficulty inhaling air into the lungs, chest tightness, and progressive dyspnea especially upon exertion. Patients with severe lung fungal infections may develop tachycardia, tachypnea, focal pulmonary consolidation with reduced lung expansion. CL-F in combination with CL is recommended to clear fungal infections by removing Lung Heat Toxins. CL helps clear lung inflammation and reduce the fungal die-off effect. Patients should experience symptom improvement in 3 days. 3-4 weeks of treatment is required to have significant improvement and sustained results. If patient's nasal passage is also infected by the fungus, Wave and/or Wave-2 are required.

### Lung Parasite Infections

Parasitic infections are another type of chronic lung infections caused by parasitic microorganism such as Pneumocystis jiroveci and other types of protozoa, nematodes and trematodes which can cause lesions or cysts in the lung. Severe lesions or cysts may mimic tuberculosis and malignancy. Patients may be asymptomatic from the parasitic infection and lung lesions. However, the cysts can cause symptoms by compression of adjacent structures, and patients may experience chest pain, cough, phlegm production, hemoptysis (coughing up blood) or pneumothorax. Patients may also experience fever, wheezing if antigenic material is released from the cyst. The larvae of many parasite species can migrate to the lungs to mature through blood circulation as part of their life cycle causing lung irritation. Patients may experience cough, phlegm production and wheezing.

Lung parasite infections can also cause pulmonary hypertension due to the irritation of the parasite toxin to the lung blood vessels. Symptoms include of shortness of breath and chest pressure as well as coughing up blood. Other non-respiratory symptoms include heart palpitations, dizziness, fatigue and water retention. Pulmin with Respanin are recommended for lung parasite infections. Pulmin helps clear the infection and Respanin helps clear the die-off effect and the irritation to the pulmonary blood vessels from the parasite toxins. Patients can experience symptom improvement in 3 days, and 3-4 weeks of treatment is required for significant improvement and sustained results. Soup A, Soup B, and LC Balancer are also recommended if patients have cyst or lesions in the lungs.

Patients may develop symptoms of acute infections as the immune system starts to attack the bacteria. Treatment with Bitter, Brown, Qi Booster, and LC Balancer are recommended to assist the immune system to clear the bacteria from the respiratory tract.

### **Acid Reflux, Poor Digestion and Constipation**

GI conditions such as acid reflux, poor digestion, constipation, food allergy, gluten intolerance, dry mouth, or low stomach acid are also common complication which causes insufficient nutritional support to maintain lung structure. Patients with GI conditions may have difficulty in digesting and absorbing the herbal ingredients and may not experience improvement with the lung treatment. Acid Reflux can cause irritation to the throat, bronchi, and esophagus resulting in a cough with phlegm. The use of acid blockers and proton pump inhibitors can cause poor digestion resulting in poor absorption of nutrients as well as the herbal ingredients. Spring, SJ and Formula B are recommended to restore GI health and resolve the acid reflux to improve digestion and nutrient absorption. The GI treatment can help patients achieve the desired results with the lung treatment. Patients can experience symptom improvement in 3 days and 3-4 weeks of treatment is required for significant improvement and sustained results.

Constipation can cause over absorption of metabolic wastes causing irritation to the lungs. If the patient's constipation can't be resolved by Spring, SJ and Formula B, Luna is recommended to help lubricate the intestines and resolve the constipation. If patients' constipation is caused by IBS, Luna and Probiosis are recommended.

### **Liver Deficiency**

High levels of stress, fatty liver, diabetes, alcoholism, and hepatitis can cause liver deficiency and decreased  $\alpha$ -1 antitrypsin production.  $\alpha$ -1 antitrypsin is a protein that helps protect the lungs from being damaged by neutrophil elastase, an enzyme that digests the damaged or aged cells and bacteria in the lungs. If there is not enough  $\alpha$ -1 antitrypsin, the enzyme will work harder and attack healthy cells.  $\alpha$ -1 antitrypsin deficiency is an inherited disorder that can cause COPD. Patients who do not have this disorder but have poor liver function can have a low level of  $\alpha$ -1 antitrypsin. Patients with such a condition do not respond well to the lung treatment. Brown is recommended to improve liver function. Patients should experience symptom improvement in 1-2 weeks. 2-6 weeks is required.

### **Kidney (Adrenal) Deficiency**

Chronic adrenal deficiency and poor kidney function can cause poor secretion of metabolic wastes and an imbalance in minerals which can irritate the lung tissue. Symptoms include low energy, exhaustion, fatigue, frequent urination, hair loss, difficulty staying asleep, cold hands or feet, restlessness and water retention. Adrenal deficiency among chronic lung disease patients can be caused by the use of corticosteroids such as inhalers, oral prednisone, and other common medications. If patients with such complications do not respond well to the lung treatment, Xcel is recommended to improve adrenal and kidney function. Patients should experience symptom improvement in 1 week. 2-6 weeks of treatment is recommended to have significant improvement and sustained results.

## Pulmonary Hypertension

Pulmonary hypertension occurs due to pathologic vasoconstriction of the blood vessels in the lungs causing a narrowing of the blood vessels. This causes poor blood circulation in the lungs with less oxygen in the blood. The narrowing of the lung's blood vessels can be caused by blood clots, blood vessel obstruction, increased vasoconstriction, lung infections, as well as emphysema or pulmonary fibrosis. Difficulty breathing and fatigue are the main symptoms. Patients may also have symptoms coughing, ear pounding sound and upper body pressure sensation. Pulmonary hypertension can lead to portal vein congestion leading to enlarged spleen and liver, pleural effusion and ascites. Patients may take diuretics such as Lasix to get rid of ankle swelling by pushing the kidney to expel more water. However, diuretics do not help breathing and long-term can cause kidney damage. Mild or moderate CHF in the right side and pulmonary hypertension can improve by itself after the lung scarring and the restriction to the lung's blood vessels are addressed. However, for patients with a more severe condition, may not experience breathing improvement unless the CHF is addressed. Java is recommended to improve the right-side CHF by enhancing lymphatic circulation to lower the burden on the heart and improve patients' breathing. Patients should experience improvement in their breathing and water retention in 1-2 weeks with Java in combination with Soup A, Soup B and LC Balancer. 2-4 weeks or longer periods of treatment may be required depending on the severity of the condition for significant improvement.

Pulmonary hypertension can also occur as an independent condition caused by pathologic vasoconstriction of the blood vessels in the lungs with a narrowing of the blood vessels due to blood clot formation and lung infections. This causes poor blood circulation in the lungs with less oxygen in the blood. If the patients' condition is caused by vasoconstriction, blood clot formation, or blood vessel obstruction, Respanin is recommended to enhance Lung Yang and remove Lung Blood Stagnation to increase the contraction of the lung arteries and reduce the resistance of blood flow. Respanin helps improve blood circulation of the lungs to lower the lung's blood pressure. Breez is recommended to clear Liver Wind and decrease vasoconstriction to relieve the constriction of the lung's blood vessels to lower the lung's blood pressure. Patients can experience symptom improvement in 1 week. 4-6 weeks of treatment is required for significant improvement.

## Poor Blood Supply to Heart and Lungs

Compromised blood supply to the heart, lungs, and upper body can cause poor heart and lung function. Patients with compromised blood supply may experience chest tightness or shoulder weakness. Qi Booster enhances blood flow to the heart, lungs, and shoulders. Patients should experience improvement in 1 week. 2-4 weeks of treatment is recommended to have significant improvement.

Complication	Recommended Protocol	Protocol Length for Significant Improvement	Noticeable Symptom Improvement
Congestive Heart Failure and Lower Extremity Edema	Java and/or Myogen, CV, B-2 and Qi Booster	2-6 weeks	1-2 weeks
Cold and Flu	CL and/or Bitter, Brown, Qi Booster and LC Balancer	1-4 weeks	1 week
Asthma	EzAir and/or Breez	1-3 weeks	1 day
Mycobacterial Infections	Java, Jade, ClearLung and NewBase	3-4 weeks	3 days
Gram-negative Bacterium	CL-2, Rhinocin	2-3 weeks	3-7 days
Fungus	CL-F, Wave, Wave-2	3-4 weeks	3 days
Virus-Acute	Woad	4-6 weeks	3 days
Virus-Chronic	Perilla	8-12 weeks	3 days
Lung Parasite	Pulmin and Respanin	3-4 weeks	3 days
Poor Gastrointestinal Health	Spring, SJ and Formula B	3-4 weeks	3 days
Liver Deficiency	Brown	2-6 weeks	1-2 weeks
Kidney (Adrenal) Deficiency	Xcel	2-6 weeks	1 week
Pulmonary Hypertension	Respanin and Breez	4-6 weeks	1 week
Poor Blood Supply	Qi Booster	2-4 weeks	1 week



## Selected Case Studies

### Case 1: Statistical Study on the Treatment Results of COPD with Soup A

*Wei Laboratories Inc. San Jose, CA*

A Stanford University Statistics Department graduate student conducted a statistic study over the treatment responses of 1,721 patients using Wei's Soup A. The patients were divided into 2 groups. Group I: 957 patients who used a 3-day treatment. Group II: 764 patients who continued the treatment after 3 days of treatment. All patients were contacted with 2 random phone calls and asked if their symptoms, including shortness of breath, coughing with phlegm and oxygen dependence, improved during the treatment. Those patients who couldn't be reached with two phone calls were excluded from the data analysis. In Group I, 163 patients were reached with 55 patients reported a positive response. In Group II, 400 patients were reached with 306 (77%) reported a positive response. Without treating any other conditions, symptom relief is highly correlated to Soup A treatment.

### Case 2: Management of COPD with Natural Products

*Dr. Tom Yarema MD, Santa Cruz, CA*

A 55-year-old female presents with chronic bronchitis & chronic obstructive pulmonary disease. The patient has a history of 32 years of heavy tobacco use, abstinent now for 15 years. Ten years ago, the patient also had a resection of the base of her left lung for the benign process. She has also endured radiotherapy for right central bronchogenic carcinoma complicated by radiation pneumonitis a year and a half ago. The patient was becoming increasingly oxygen dependent as well as dependent upon others to push her around in a wheelchair and cook her meals. She stated that her bronchodilator inhalers no longer worked, and steroid inhalers gave her painful oral lesions. She had to go to the local hospital ER's approximately three times per month for acute shortness of breath. During ER visits, the patient would receive costly blood tests, Chest X-rays, Chest CT's, bronchodilator nebulization, IV steroids, and prescriptions of oral antibiotics and steroids for the management of her COPD.

The patient presented to the clinic and the clinician's suggestion included lessening of her infectious and bronchospastic processes and management of her pulmonary inflammation as demonstrated by fewer ER visits and less antibiotic and steroid use. The clinician expected the patient to experience improvement in the quality of life by breathing better, having more energy to walk, and having less dependency on portable oxygen with the overall goal of remaining more functionally autonomous.

The patient began Soup A, Soup B, LC balancer (at full doses); the protocol was conducted over 3 months. During this period, the patient had no ER visits for shortness of breath, no antibiotics, and no steroids. Weekly acupuncture treatments were administered. The patient experienced voluminous diarrhea at onset of her treatment course which abated with a 3-day cessation of Wei Products and restarting at a ½ dose.

During the 3-month course of treatment, the patient had no ER visits or hospitalizations. She received no intravenous steroids, no prescriptions of antibiotics or steroids. She did continue to use bronchodilator inhalers out of habit, but not steroid inhalers. She required no ER, office, or home-based nebulizer treatments. There was no utilization of Emergency Medical Services. The patient was able to drive and shop on her own while pushing a shopping cart. Her monthly portable oxygen consumption decreased. She began cooking for herself.

This case demonstrates the effectiveness of Wei Products in the functional management of a highly progressed and complicated chronic respiratory disease. Noteworthy is the cost-savings when a patient is shifted from high-cost-of-care allopathic ER and hospital-based chronic disease management, to office-based and home-based care using well-conceived and individually-targeted high-quality, high-potency Wei Products.

Summary of Results			
Groups	Patients Questioned	Patients Improved	Percent Improved
I – 3 Day Treatment	163	55	34%
II – Full Treatment	400	306	77%

### Case 3: Successful Symptom Reduction and Elimination of Inhaler Usage for COPD Patient



*Dr. Chen-Ying Huang, DAOM, Snohomish, Washington*

A physically active 64-year old female presented with COPD and Emphysema. A CT scan finding showed there were biapical pleural parenchymal scarring and mild destructive upper lobe. She was consistently dealing with shortness of breath, spasmodic coughing episodes, and suboccipital headaches resulting from coughing that interfered with her daily life. She had tried using an inhaler (Albuterol), steroidal breathing treatments and other supplements (B-complex, Vitamin C, Turmeric, Ox-Bile, Krill Oil, etc.) with little to no relief. She realized she needed to look for an alternative solution.

The patient went to see Dr. Huang for a consultation on January 18th. After examination, Dr. Huang suggested acupuncture and Wei Laboratories' Soup A, Soup B, LC Balancer, and Jade. The wellness recommendation intended to help repair the lung structural damage, remove lung scars, facilitate new tissue growth, and boost the lung immunity to fight infections.

Before treatment, the patient experienced a 7/10 for shortness of breath, 10/10 for coughing, and 10/10 for headaches. After one month of treatment of the Wei formulas and three sessions of acupuncture, the patient's shortness of breath was a 2/10, coughing was a 0/10, and headaches was a 0/10. On January 27<sup>th</sup>, just nine days after starting treatment, she discontinued using her inhaler.

Three months later, the patient was followed up on and the results have been sustained.

#### **Case 4: 68-Year-Old Female Diagnosed with COPD and Pulmonary Fibrosis**

Examination: Chest, PA/LAT (2VW) - (ADX/0022), By C, N. Simopoulos, MD

"Patient reports 80% reduction in shortness of breath after 2 weeks. Symptoms are 95-98% eliminated and is able to exercise regularly after 1 month."

Before Treatment: Feb 03, 2006 (Top)

Impression: Moderate pectus deformity. COPD with scattered fibrosis

After Treatment: Aug 24, 2006 (Bottom)

Impression: No active cardiopulmonary disease



#### **Case 5: Improvement of Pulmonary Fibrosis and Oxygen Saturation**

*Rita Hannahs N.D., Lansing, MI*

Age 61 male with severe pulmonary fibrosis suffered from shortness of breath, COPD, tight chest, wheezing, coughing blood, cough, lung problems, difficulty breathing and oxygen saturation of 80 upon exertion. Dr. Hannahs recommended an herbal treatment from Wei Laboratories called ClearLung for lung infection and bacteria. After one week, the coughing had decreased but his oxygen saturation was taking a long time to rise. Dr. Hannahs then recommended adding the Soup A, Soup B and LC Balancer and after one additional week of treatment his oxygen levels was measured at 95! Before treatment, he had trouble getting his oxygen levels to 90 with 6 months of strict nutritional therapy and diet.

#### **Case 6: Successful Resolution of COPD, Emphysema and Asbestosis**

*Michael Pierce, DC, Santa Clara, CA*

An 88-year-old male patient, came for treatment as he had been diagnosed with severe COPD and Emphysema (from asbestos). He was on oxygen and was told he would live a few more days in the hospital. Herbal treatment composed of Soup A, Soup B and LC Balancer was recommended for an initial two weeks while the patient stayed in the hospital, and the treatment was repeated 3 times later on. The results have been outstanding. The patient was able to leave the hospital after two weeks, and he was able to walk around again. His life was extended by 1.5 years.

#### **Case 7: Successful Resolution of Severe COPD in 1 Month**

*Dr. Karen Sigel, LAC, Sugarland TX*

A 64-year-old male diagnosed with severe COPD presented with shortness of breath, wheezing, chest tightness, a persistent cough with colored and excessive phlegm, and low energy. The patient's Pulmonologist recommended inhalers and a nebulizer to help with these symptoms. The patient still had breathing problems, even with these treatments. The patient noted severe symptom exacerbation upon waking. He reported that he could not get air in and this would cause his eyes to bulge, become panicky, and make him sweat heavily while he attempted to breath. His nebulizer could provide some relief in these types of situations. Even with the patient's nebulizer and inhalers, his symptoms were still severe. He could not walk more than 20 feet without having to stop and take a break, which meant that he could not work. He began looking for other options to help with his COPD so he could get back to work.

With the guidance of his LAC, Karen Sigel, he began Wei Laboratories COPD protocol. He started taking Soup A, Soup B, LC Balancer, and ClearLung on July 17<sup>th</sup>, 2018. The Clearlung was used to help clear out infection in the lungs, signified by the colored phlegm. Soup A helps increase the biosynthesis of proteins, DNA and mRNA, etc. as well as the supply of building blocks including amino acid, carbohydrate and other cofactors necessary to speed up new tissue growth of the alveoli and bronchioles. Soup B helps to break down scar tissue and nodules in the lungs. The LC Balancer helps with systemic microcirculation and brings additional nutrients to the lungs to begin the repair process. Prior to treatment he reported that his shortness of breath was a 9/10, his cough at an 8/10, his energy level at a 2/10, and his phlegm production at a 7/10 with a yellow color to it.

On July 30<sup>th</sup>, 2018, the patient reported to his practitioner, Karen Sigel, that his shortness of breath was a 5/10, his cough a 4/10, his phlegm production a 3-4/10 with a slight yellow color, and his energy level improved to a 4/10. He could now walk around without shortness of breath, he also could upstairs without having to take a break. He also bought an exercise bike and could work out for 3-5 minutes without breaks. The patient a week later had also spent 3 hours outside working in his yard, something that he was not able to do prior to treatment.

On August 14<sup>th</sup>, 2018, the patient reported that he had gone back to work and was symptoms free. He no longer had any chest tightness or shortness of breath. He reported the mornings were no longer a struggle for him to breath, and that he no longer had excessive phlegm production.

### **Case 8: Successful Improvement of COPD Lung Function**

Lynn, a 76-year-old female entered by office seeking relief from chronic, severe breathing difficulty. Her diagnosis: chronic COPD. She had been on full-time oxygen for the past several years. Her goal was to improve her lung function, increase her energy levels and to eliminate or cut back her oxygen use to part-time. She would like to get back to doing outdoor activities with her husband. After seven weeks of treatment using acupuncture and Soups A and B and LC Balancer, she was re-evaluated by her Pulmonologist and was told her lung function had not been this good in several years. She was able to increase her activity level and decrease her oxygen to an as needed use rather than full time. Her lung function had improved as demonstrated by Spirometric testing.

### **Case 9: Improvement of COPD with Natural Products**

*Joseph Sevlie DC, Red Wing, MN, March 2018*

A 67-year-old male presented with extreme shortness of breath that has hindered his quality of life and career. He had been an avid smoker for 50 years where he would smoke 1-2 packs/day. He was initially diagnosed with COPD in 2015 through multiple CT scans, where nodules were also found. After his diagnosis, he was put on Symbicort and Spiriva in hopes to manage his disease. In February of 2017 he had spirometry testing done at Hennepin County Medical Center that confirmed his diagnosis. His job requires heavy lifting, climbing ladders, and intense endurance. He noticed that he needed to stop and rest for minutes at a time to catch his breath upon exertion, and it had become increasingly difficult to carry certain materials required to do his job. He also mentioned he had moderate to severe chest tightness, and a sense of choking when trying to breathe at times. His wife also noticed that he was slowing down, so at the beginning of May 2017, he sought out a more natural route of healing from the Center for Natural Health Care & Sevlie Chiropractic.

Upon his first visit, Dr. Sevlie ran diagnostic tests to assess the progression of his COPD. The first was food sensitivity testing with a goal to identify specific foods that his body, in particular his airways, were reactive to contributing to his COPD. The second test was spirometry testing. His initial forced vital capacity (FVC) was 75%, and his interpretation showed a severe obstruction, with minimal levels of inspiration and expiration. His sitting oximetry testing (oxygen saturation levels of the blood) showed a mean of 89.2% and his sitting pulse rate was 81.9 bpm. He also performed a stress test where he walked at a normal pace back and forth down a hallway. During this test, his average pulse was 103.6 bpm with an episode of tachycardia (greater than 120 bpm). Other tests included a comprehensive blood chemistry exam and Bioimpedance analysis to assess body composition. Dr. Sevlie started the patient on Wei Institute natural herbal treatment for COPD, and a 4-day rotational diet plan. He also performed chiropractic adjustments, acupuncture and myofascial release therapy to his thoracic cage to ease his chest tightness, allowing him to breathe more easily.

After 9 weeks of treatment with Wei Institute herbal treatment, a comprehensive diet, and necessary dietary supplements, the patient experienced a significant improvement in his breathing. He noted he has much more endurance, his pulse rate lowered significantly with his work and daily activities, and his need to stop and rest while at work completely ceased to be an issue. His wife was also very excited to report that they were able to walk around the entire circumference of the lake near their home. He was able to keep up with her at a steady pace and did not need to stop and rest like he has in the past on this walk. The patient stuck to his diet and the dosing of the Wei Institute herbal treatment even while traveling, which he said was difficult at times, but he was excited about what this program had done for him.

Post spirometry testing also indicates this improvement. He went through a series of retesting at the end of July 2017. His FVC increased by 15% (from 75% to 90%) in just 9 weeks. His inspiration and expiration have also dramatically improved and his spirometry test results changed from severe to a more moderate obstruction (see test results below). His oximetry reading increased from 89.2% in May, to 92% on his retest. His resting pulse also dropped to 79.9 bpm from 81.9 bpm. During his stress test, his average pulse was at 94.3 bpm (from 103.6 bpm in May) and had zero episodes of tachycardia.

The patient and his wife are happy with the improved quality of life and the results from the first 9 weeks. He continued this program for a total of 4 months to see sustained results (see results on following pages).

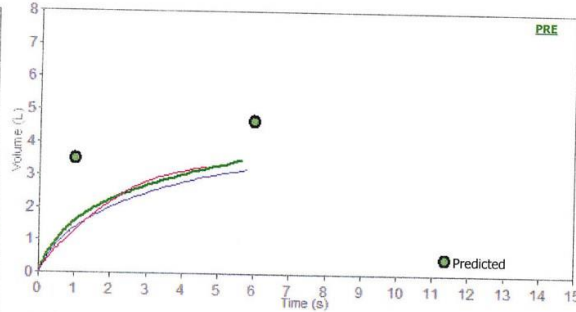
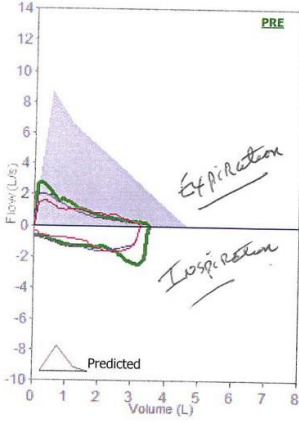
**Test results before treatment:**

**Pulmonary Function Test Results**

**Visit date 5/9/2017**

Patient code  
 Surname  
 Name  
 Date of birth  
 Ethnic group **Caucasian**  
 Smoke  
 Patient group

Age 67  
 Gender Male  
 Height, in 71  
 Weight, lb 176  
 BMI 24.69  
 Pack-Year



Quality Control Grade: D Variability: FEV1=0.02L (1.24%), FVC=0.24L (7.38%)  
 1 Acceptable trials

**Interpretation**  
 Severe Obstruction

**PRE Trial date 5/9/2017 8:50:16 AM**

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC	L	3.75	4.68	3.49*	75	-2.05	3.49	<b>3.23</b>	<b>3.25</b>	*	
FEV1	L	2.68	3.48	1.63*	47	-4.67	1.63	<b>1.44</b>	<b>1.30</b>	*	
FEV1/FVC	%	64.5	74.2	46.7*	63	-4.68	46.7	<b>44.6</b>	<b>40.0</b>	*	
PEF	L/s	6.49	8.84	3.06*	35	-3.99	2.83	<b>2.11</b>	<b>1.68</b>	*	
ELA	Years		67	110	164		110	113	116		
FEF2575	L/s	1.08	2.71	0.75	28	-1.98	0.75	<b>0.67</b>	<b>0.94</b>		
FET	s		6.00	5.66	94		5.66	5.83	4.69		
FIVC	L	3.75	4.68	3.98	85	-1.20	3.98	4.00	<b>3.37</b>		
FEV1/VC	%	64.5	74.2								

\*Best values from all loops - BTPS 1.101 23 °C (73.4 °F) - Predicted NHANES III

**Conclusion / Medical report**

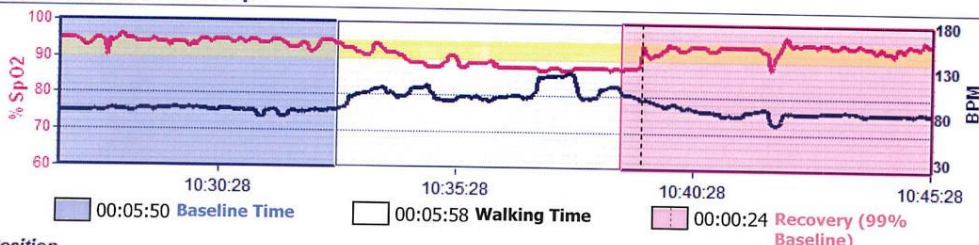
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Instrument used  
 Spirodoc S/N W03935

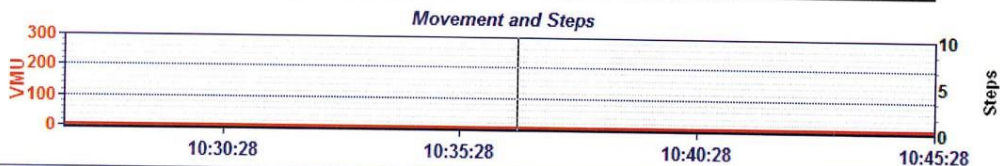


Patient code  
 Surname \_\_\_\_\_ Age 67  
 Name \_\_\_\_\_ Gender Male  
 Date of birth \_\_\_\_\_ Height, in 71  
 Ethnic group Caucasian Weight, lb 176  
 Smoke \_\_\_\_\_ Pack-Year \_\_\_\_\_  
 BSA, m<sup>2</sup> 2.00 BMI, Kg/m<sup>2</sup> 24.69

**SpO2 and Pulse Rate Graph**



**Position**  
 Walk \_\_\_\_\_  
 Up \_\_\_\_\_  
 Front \_\_\_\_\_  
 Right \_\_\_\_\_  
 Left \_\_\_\_\_  
 Back \_\_\_\_\_



SpO2 Details		6MWT (Six-Minute Walk Test)		Pulse Rate Details	
<b>% SpO2</b>		<b>Distance (m) - VMU 0 - steps 0</b>		<b>BPM</b>	
Baseline	94.2	End	87	Baseline	81.9
Min	87	Max	94	Min	84
Mean	89.2			Max	126
Analysis Time	00:05:58	Walked	1000	Mean	103.6
T90 (<90%)	69.8%	Predicted	576 (174%)	T 40 (<40 BPM)	0%
T89 (<89%)	52.5%	Predicted min	423 (236%)	T 120 (>120 BPM)	12.3%
T88 (<88%)	9.5%	AUC/Distance	1.8	<b>Pulse Rate Events</b>	
T2 [D SpO2 >=2%]	00:05:20	O2 --	O2-Gap (L/min) 0.2	Bradycardia (<40 BPM)	0
T4 [D SpO2 >=4%]	00:04:24			Tachycardia (>120 BPM)	1
		Dyspnea (Borg scale)	0 0 0		
		Fatigue (Borg scale)	0 0 0		
		Blood Pressure	-- --		

Conclusion / Medical report

Instrument used Spirodoc S/N W03935  
 printed by winspiroPRO 7.3.0

Signature \_\_\_\_\_

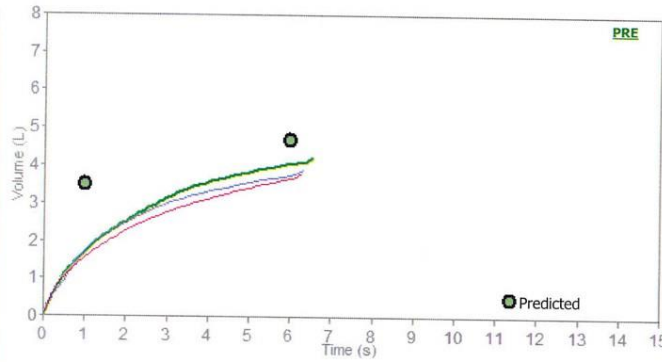
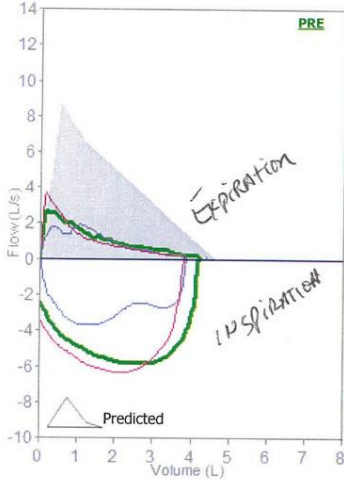


Test results after treatment:

**Pulmonary Function Test Results**

Visit date 5/9/2017

Patient code  
Surname  
Name  
Date of birth  
Ethnic group Caucasian  
Smoke  
Patient group  
Age 67  
Gender Male  
Height, in 71  
Weight, lb 176  
BMI 24.69  
Pack-Year



Quality Control Grade: D Variability: FEV1=0L (0%), FVC=0.35L (9.02%)  
1 Acceptable trials

**Interpretation**

Moderate Severe Obstruction  
WARNING: FEF2575 PRE = 32%Pred.

PRE Trial date 7/18/2017 8:56:55 AM

Parameters	LLN	Pred	Best	%Pred	Z-score	PRE # 1	PRE # 2	PRE # 3	POST	%Pred	%Chg
FVC L	3.75	4.68	4.23*	90	-0.78	4.23	3.88	3.82	*		
FEV1 L	2.68	3.48	1.74*	50	-4.39	1.74	<b>1.74</b>	<b>1.62</b>	*		
FEV1/FVC %	64.5	74.2	41.1*	55	-5.63	41.1	<b>44.8</b>	<b>42.4</b>	*		
PEF L/s	6.49	8.84	3.74*	42	-3.52	2.75	<b>1.96</b>	<b>3.74</b>	*		
ELA Years		67	107	160		107	107	110			
FEF2575 L/s	1.08	2.71	0.86	32	-1.87	0.86	<b>0.86</b>	<b>0.72</b>			
FET s		6.00	6.53	109		6.53	6.35	6.26			
FIVC L	3.75	4.68	4.56	97	-0.21	4.56	3.86	4.35			
FEV1/VC %	64.5	74.2									

\*Best values from all loops - BTPS 1.092 25 °C (77 °F) - Predicted NHANES III

**Conclusion / Medical report**

Small Airway Disease = a reduction in FEV<sub>1</sub> - Forced expiratory flow @ 25% + 75% of the pulmonary volume

Signature

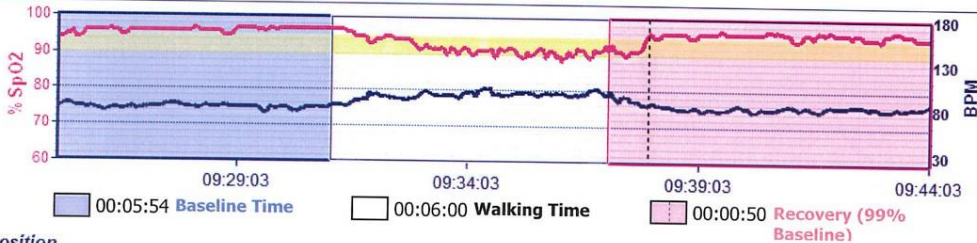
FEV<sub>1</sub>/FVC → dropped due to an increase in FVC and less of an increase in the FEV<sub>1</sub> → proportionately

Instrument used  
Spirodoc S/N W03935



Patient code  
 Surname \_\_\_\_\_ Age 67  
 Name \_\_\_\_\_ Gender Male  
 Date of birth \_\_\_\_\_ Height, in 71  
 Ethnic group Caucasian Weight, lb 176  
 Smoke \_\_\_\_\_ Pack-Year \_\_\_\_\_  
 BSA, m<sup>2</sup> 2.00 BMI, Kg/m<sup>2</sup> 24.69

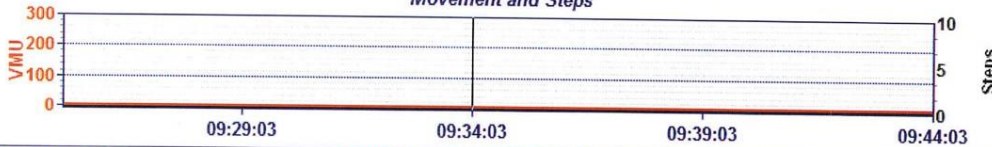
**SpO2 and Pulse Rate Graph**



**Position**

Walk \_\_\_\_\_  
 Up \_\_\_\_\_  
 Front \_\_\_\_\_  
 Right \_\_\_\_\_  
 Left \_\_\_\_\_  
 Back \_\_\_\_\_

**Movement and Steps**



**SpO2 Details**

% SpO2			
Baseline	96.1	End	91
Min	88	Max	97
Mean	92		
Analysis Time		00:06:00	
T90 (<90%)	7.8%	00:00:28	
T89 (<89%)	0%	00:00:00	
T88 (<88%)	0%	00:00:00	
T2 [ D SpO2 >=2%]		00:05:02	
T4 [ D SpO2 >=4%]		00:04:06	

**6MWT (Six-Minute Walk Test)**

Distance (m) - VMU 0 - steps 0			
Walked	425		
Predicted	576 (74%)		
Predicted min	423 (100%)		
AUC/Distance	3.4		
O2 --	O2-Gap (L/min)	0	
		<b>Baseline</b>	<b>End</b>
Dyspnea (Borg scale)		0	0
Fatigue (Borg scale)		0	0
Blood Pressure		--	--

**Pulse Rate Details**

BPM			
Baseline	79.9	End	95
Min	82	Max	104
Mean	94.3		
T 40 (<40 BPM)			0%
T 120 (>120 BPM)			0%
<b>Pulse Rate Events</b>			
Bradycardia (<40 BPM)			0
Tachycardia (>120 BPM)			0

**Conclusion / Medical report**

Signature \_\_\_\_\_

Instrument used Spirodoc S/N W03935  
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