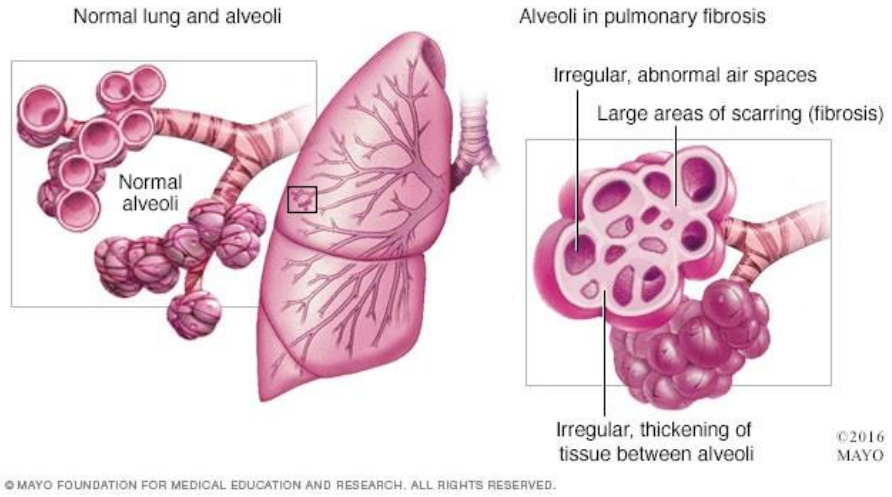
Pulmonary Fibrosis and Interstitial Lung Disease Protocol

Interstitial lung disease and IPF

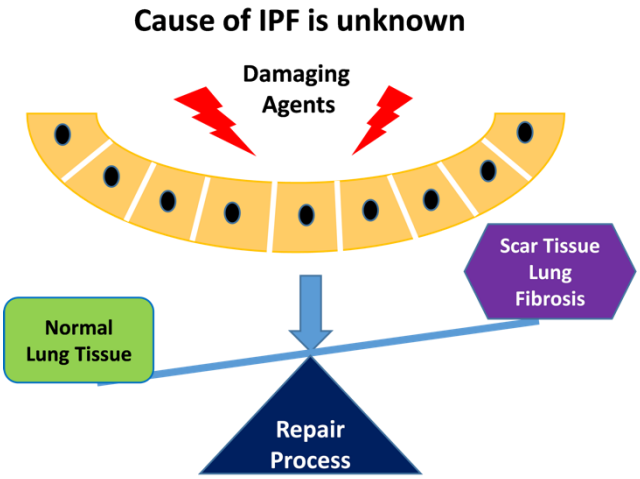
Interstitial lung disease is a group of disorders characterized by lung inflammation and thick, stiff, or scarred lungs. Such lung fibrosis causes breathing difficulties and reduced oxygen intake into the bloodstream. Interstitial lung disease includes hypersensitivity pneumonitis and idiopathic pulmonary fibrosis.



Hypersensitivity Pneumonitis

Hypersensitivity pneumonitis is lung inflammation due to inhaled hazardous materials such as asbestos, silicon dust or coal dust, smoking, bacteria, fungus, molds, mycobacteria, or chemicals. Blood-born toxins, medications or drugs, and radiation can also be the cause. When these toxic substances are initially exposed, they may not cause noticeable problems. However, after a large dose of exposure or repeated exposure, it can cause alveolar inflammation called alveolitis. The alveolar walls may be filled with white blood cells or with fluid in some cases. Patients may start to develop symptoms including dry cough, shortness of breath, chest tightness, fever, chills, and tiredness.

Hypersensitivity pneumonitis is completely reversible in the early stages. If the person is no longer exposed to these toxins, the inflammation and resulting symptoms will get better within a few days as the injury to the lung is repaired naturally by the body. However, if a person's lungs are repeatedly exposed to these toxic substances, the air sacs of the lung will be continuously injured and the repair process continues. Ordinarily, our body generates just the right amount of tissue to repair damage. However, in some individuals such repeated injury may trigger an abnormal healing response in which the repair process goes awry and the tissue around the air sacs becomes scarred and thickened, and pulmonary fibrosis can occur.



In such abnormal healing responses, injury to the alveoli activates macrophages to release pro-fibrotic factors such as tumor necrosis factor alpha (TNF-a) and transforming growth factor beta (TFG-β) which attract fibroblasts and stimulate their proliferation causing scar formation. Such repair processes will further stimulate pneumocytes to secrete chemotactic factors to attract additional macrophages to the alveolar milium leading to parenchymal injury and proliferation of fibroblasts causing the development and progression of interstitial pulmonary fibrosis. Patients will start to have trouble breathing with symptoms of shortness of breath at rest or with activity, dry cough, and unintentional weight loss.

Once lung scarring occurs, it is irreversible and the condition will become progressively worse. Chest X-rays will show diffuse infiltration by small nodules, irregular lines, or “ground-glass shadows”. The end stage of the condition is diffuse infiltration pulmonary fibrosis. Patients will not get enough oxygen even with oxygen support and will suffer from respiratory failure. Patients will develop complications

with pulmonary hypertension and enlargement of the right ventricle of the heart which can result in peripheral edema. A lung transplant will be recommended as an option.

Idiopathic pulmonary fibrosis (IPF)

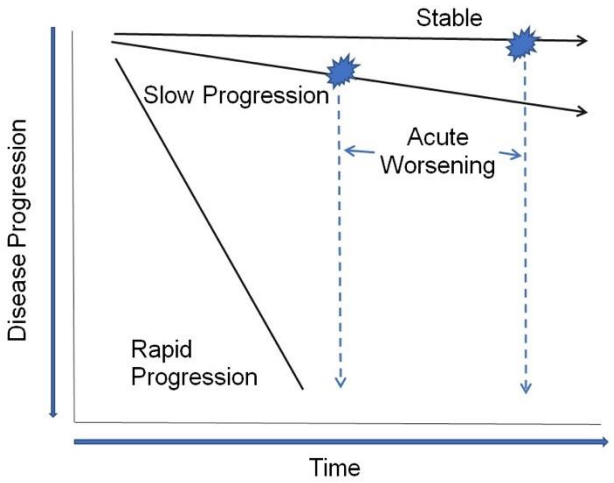
Comparing to the pulmonary fibrosis caused by hypersensitivity pneumonitis, idiopathic pulmonary fibrosis (IPF) occurs when scarring or fibrosis of the lungs occurs due to an unknown reason. It is characterized by patchy lung fibrosis and formation of cystic spaces. Scarring typically starts at the edges and progresses towards the center of the lungs. Patients usually develop symptoms of shortness of breath and a dry cough. As the condition progresses, patients will need oxygen support and can suffer from respiratory failure. Late stage IPF patients will also develop complications with pulmonary hypertension and enlargement of the right ventricle of the heart which can result in peripheral edema. The progression of IPF is relentless despite therapy, and the mean survival is 3 years or less. Intensive research has been conducted to find what causes IPF. It has been found that IPF is strongly associated with gastroesophageal reflux disease (GERD), a condition where stomach acid flows back into the esophagus. It's estimated that 90 percent of people with IPF have GERD. There are many theories about the connection of IPF with GERD and researchers are investigating whether aspiration of stomach acid is the cause of IPF or it causes the acute episodes and worsening of the lung scarring. Recent studies have found that treating people who have IPF for GERD is beneficial.

A 2011 study found that people with IPF who used GERD medication had median survival rates about twice as long as those patients who didn't use the medication. Also, there was less lung scarring. A small 2013 study of patients with IPF found that those taking GERD medication had a slower decline in their breathing capability and fewer acute episodes and the authors suggest that GERD is a contributing factor in IPF.

Viral infections have also long been known to be a risk factor for development of IPF. These viruses include EpsteinBarr virus, influenza A virus, hepatitis C virus, HIV, and human herpesvirus. Accumulating research results suggests that infections may be the initiators and exacerbating agents. One or more of the herpes viruses' DNA including cytomegalovirus (CMV), herpesvirus-5 (HHV-5), Epstein-Barr virus (EBV), human herpesvirus-7 (HHV-7), and HHV-8 were consistently detected in lungs of patients with IPF. The presence of herpes viral DNA and epithelial cell stress found in the lungs of IPF patients and additional research has demonstrated that preceding viral infections appear to reprogram lung epithelial cells during latency to produce pro-fibrotic factors, making the lung susceptible to subsequent fibrotic insult. Whereas, active viral replication later on or other acute viral infections such as from the cold or flu cause exacerbations of existing fibrosis with rapid fibrotic tissue formation.

Progression of Interstitial Lung Disease and IPF

Interstitial lung disease including IPF is a progressive and life-threatening lung disease. Although it has an overall poor prognosis, the clinical course of individual patients varies from slow progression to acute decomposition and death. Patient's life expectancy can be over ten years from the onset of symptoms if their condition is in slow progressive course. However, if their condition is in rapid progressive course, their life expectancy can be as short as three years. Acute exacerbations are the main accelerator of the disease progression.



Complications

Lung fibrosis can lead to a series of life-threatening complications, including pulmonary hypertension and right-sided heart failure or corpulmonale. Unlike systemic high blood pressure, pulmonary hypertension affects only the arteries in the lungs. It begins when scar tissue restricts the smallest blood vessels, limiting blood flow through the lungs. This in turn raises pressure within the pulmonary arteries. Pulmonary hypertension is a serious illness that becomes progressively worse. Right-sided heart failure occurs when the heart's lower right chamber (right ventricle) which is less muscular than the left has to pump harder

than usual to move blood through obstructed pulmonary arteries. Eventually the right ventricle fails from the extra strain which can result in peripheral edema. This is often a consequence of pulmonary hypertension.

Wellness Recommendation

Soup A, Soup B and LC Balancer are recommended for interstitial lung disease including idiopathic pulmonary fibrosis and pulmonary fibrosis caused by hypersensitivity pneumonitis. Wei Laboratories Soup A helps repair the lung 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 in the lungs.

Patients with lung fibrosis 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 scarring and fibrosis also causes compromised blood circulation due to the collapse of the pulmonary capillaries surrounding the alveoli. LC Balancer strengthens the microcapillaries and helps open them up to improve systemic microcirculation so that the herbal components, as well as other nutrients, can be delivered to the individual alveoli and bronchioles. Enhanced microcirculation also helps clear up mucus and bronchial tube 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%.

However, the complications associated with the idiopathic pulmonary fibrosis and pulmonary fibrosis caused by hypersensitivity pneumonitis are different.

Early Stage IPF: (not on oxygen)

Early stage patients who are not on oxygen can experience improvement in their shortness of breath, coughing with phlegm, and energy in 2-4 weeks. 1-3 months of treatment is required for significant improvement.

Late Stage IPF: (on oxygen)

Late stage patients who are using oxygen can experience improvement in their shortness of breath, coughing with phlegm, and energy in 1-2 months. They will have reduced oxygen usage in 2-3 months. 4-6 months of treatment is required for significant improvement.

End Stage IPF: (Terminal)

End stage patients who are on oxygen 24/7 usually have developed complications such as heart failure and other formulas in addition to Soup A, Soup B, and LC Balancer may be required (please refer to Customized Treatment section below). Patients can experience improvement in their shortness of breath, coughing with phlegm, and energy in 2-3 months with the combined treatment of Soup A, Soup B, LC Balancer and other recommended formulas. Patients can have reduced oxygen dependence in 5-6 months. 8-9 months of treatment is required for significant improvement.

Pulmonary Fibrosis Due to Hypersensitivity Pneumonitis (Late Stage)

Patients with pulmonary fibrosis caused by hypersensitivity pneumonitis are usually at late stage upon diagnosis even though the patients are not on oxygen yet. The major difference between pulmonary fibrosis due to hypersensitivity pneumonitis and IPF is extensive lung inflammation. Recommended treatment includes Soup A, Soup B, LC Balancer together with CL. CL should be included in the protocol from the very beginning to help clear the lung inflammation. The time frame of the protocol is similar to late stage IPF. Patients can experience improvement in their shortness of breath, coughing with phlegm, and energy in 1-2 months. 4-6 months of treatment is required for significant improvement. If the lung inflammation is due to a lung infection, additional formulas that address the infection are also required depending on the types of the infection (please refer to Customized Treatment section below).

Pulmonary Fibrosis Due to Hypersensitivity Pneumonitis (Terminal)

The patient's condition is usually at terminal stage if patients are on oxygen. The time frame of the protocol is similar to terminal stage IPF. Patients can experience improvement in their shortness of breath, coughing with phlegm, and energy in 2-3 months with combined treatment of Soup A, Soup B, LC Balancer and CL. Patients can have reduced oxygen dependence in 5-6 months. 8-9 months of treatment is required for significant improvement. If the lung inflammation is due to a lung infection, additional formulas that address the infection are also required depending on the types of the infection (please refer to Customized Treatment section below).

Lung Fibrosis with Rapid Progression:

If patients' disease progressions are in rapid progressive course, their life expectancy may become very limited even though they are not on oxygen. For patients with such condition, the treatment may not be able to achieve symptom improvement in the initial 3-6 months. The protocol is able to either hold the rapid progression or change the rapid progression to slow progression during the initial 3-6 months. Patients may experience no change in their symptoms or their symptoms worsening becomes less rapid. A continued treatment of 9 months may be required to experience symptom improvement. Over 12 months of treatment may be required to achieve significant symptom improvement and/or better quality of life.

Many patients may also have developed complications (please refer to Customized Treatment section below) and additional formulas may also be required. After the full protocol, a continuous maintenance treatment with Soup A, Soup B, and LC Balancer at 1/3 to 1/2 regular dosage is recommended to help maintain the lung structure integrity.

Stage	FEV1 %	Oxygen	Protocol Length for Significant Improvement	Noticeable Symptom Improvement
Early Stage IPF	>75%	none	1-3 months	2-4 weeks
Late Stage IPF	25-49%	yes	4-6 months	1-2 months
End Stage IPF	>35%	yes	8-9 months	2-3 months
Hypersensitivity Pneumonitis (Late Stage)	25-49%	yes/no	4-6 months	1-2 months
Hypersensitivity Pneumonitis (Terminal Stage)	>35%	yes	8-9 months	2-3 months
Rapid Progression	depends	yes/no	9 months with maintenance	3-6 months

Maintenance Treatment

Wei Laboratories herbal formulas can help regain lung health by repairing lung damage and dissolving lung scarring and fibrosis. However, for patients with an end-stage condition or unaddressed underlying cause of the lung fibrosis, the use of Wei Lab's herbal formulas provides a semi-permanent fix. A maintenance treatment may be 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 a cold or flu, or continued cough after the cold or flu is gone, 1-2 weeks of Soup A, Soup B and LC Balancer is recommended to help repair the lung damage. It is highly recommended to take 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.
- For patients with end-stage conditions and unaddressed underlying causes of lung fibrosis, a continuous maintenance treatment with Soup A, Soup B and LC Balancer at 1/3 to 1/2 of regular dosage is recommended to help patients keep a normal lifestyle and hold the progression of their lung fibrosis.

Stage	Required Maintenance Treatment
Early Stage IPF	1-2 week if symptoms reappear
Late Stage IPF	1-2 week every 6-12 months and before flu season
End Stage IPF	Continuous maintenance use at 1/3 to 1/2 dosage
Hypersensitivity Pneumonitis (Late Stage)	Continuous maintenance use at 1/3 to 1/2 dosage
Hypersensitivity Pneumonitis (Terminal Stage)	Continuous maintenance use at 1/3 to 1/2 dosage
Rapid Progression	Continuous maintenance use at 1/3 to 1/2 dosage

Complications and Additional Treatment Recommendations

Complications such as congestive heart failure can be caused by the lung fibrosis. However, many complications such as infection, acid reflux, and poor liver/kidney health can be the cause of lung fibrosis. If the patient did not respond well to the Soup A, Soup B and LC Balancer treatment in 2-4 weeks, additional formulas in combination with Soup A, Soup B and LC Balancer are required depending on the type of complication as described below. If patients are responding well, however, additional treatments are also highly recommended to eliminate the cause of the lung fibrosis.

Congestive Heart Failure, Pulmonary Hypertension, and Lower Extremity Edema

Pulmonary fibrosis can lead to pulmonary hypertension when scar tissue restricts the smallest blood vessels limiting blood flow through the lungs. This in turn raises pressure within the pulmonary arteries and cause right-sided heart failure, also called cor pulmonale. The heart's lower right chamber (right ventricle) which pumps blood to the lungs is less muscular than the left and has to pump harder than usual to move blood through the obstructed pulmonary arteries. The main symptoms of CHF include lower extremity edema, shortness of breath, and fatigue. Pulmonary hypertension can cause symptoms of 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 can damage the kidneys with long-term use. 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 is reduced. However, for patients with a more severe condition, they 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 the patients' breathing.

Patients can 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.

Left-sided congestive heart failure can be an independent problem which may not be related to the lung fibrosis. 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.

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. Difficulty breathing and fatigue are the main symptoms. Patients may also have symptoms of 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.

If the patients' condition is caused by vasoconstriction or blood clot formation, 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 through the arteries of the lungs. Respanin helps improve blood circulation of the lungs to lower the lung's blood pressure. Breez is recommended to clear Liver Wind and relieve the constriction of the lung's

blood vessels to improve blood flow and lower the lung's blood pressure. Patients can experience symptom improvement in 1 week. 4-6 weeks of treatment is required for significant improvement.

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.

Lung Inflammation 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. This occurs more often in patients with pulmonary fibrosis due to hypersensitivity pneumonitis. The extensive lung inflammation drives the lung scar formation leading to pulmonary fibrosis. CL is recommended to clear the Lung Heat by reducing the excessive pro-inflammatory cytokines in the lungs and reducing lung inflammation. Patients can experience symptom improvement in 1-3 days. 3 days to 4 weeks or longer periods of treatment may be required depending on the severity of the condition.

Lung Infections

Pulmonary Fibrosis, especially pulmonary fibrosis due to hypersensitivity pneumonitis, can be caused by lung infections which include viruses, bacteria, mycobacteria, or fungus. The infections cause progressive lung inflammation leading to scar tissue and fibrosis formation. In some patients, the infection has to be addressed at the very beginning in order to achieve breathing improvement. In other patients, they can experience initial improvement and then flare ups because the infection can become more active as the lungs receive nutrients. Without addressing the infection, patients cannot continue to experience the improvement. For patients with such complications, it is recommended to have an evaluation for following infection clearing protocols.

The lung scars may contain embedded pathogens. When the scar tissue is breaking down, the embedded pathogens can be released and start actively proliferating. This can cause symptoms of chest heaviness, tightness, difficulty breathing, low-grade fever, and flu like symptoms. The pathogens can also get into the blood and flow to the heart causing heart irritation with symptoms of a heart murmur, chest pain, and difficulty breathing. If patients experience these symptoms following the lung treatment, they should be evaluated for following infection clearing protocol.

Cold, Flu, or Pneumonia

Acute viral infections from a cold, flu, or pneumonia can cause severe lung inflammation with symptoms of increased cough with phlegm. Lung inflammation caused by many flu viruses such as COVID trigger lung fibrosis formation. 1-4 weeks of CL is required to clear viral infections and inflammation from cold and flu. 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.

Lung Viral Infections

DNA viruses such as herpesvirus can cause chronic viral infections in the lungs triggering the formation of lung fibrosis. A recent study was conducted which used DNA probes derived from numerous portions of the herpesvirus saimiri genome to test the tissue specimens from 21 individual IPF patients. It was found that every single one was positive with the viral probes, suggesting an exceedingly strong correlation between the herpesvirus saimiri and IPF. It was equally impressive that testing of fibrotic lung specimens from patients without IPF were found all negative with the DNA probes. These non-IPF specimens included lung cancer, emphysema, pneumonitis and viral infections from measles, adenovirus, hantavirus or rotavirus.

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. Patients can experience symptom improvement within 3 days and 4-6 weeks of the treatment is recommended for significant improvement.

If viruses have 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 lungs and bronchi. Patients can 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, 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)*. The infection can trigger inflammatory responses in the lung and cause accelerated progression of lung fibrosis. 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 infection. 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 mycobacterial infection usually have a coinfection with 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 slow-growth gram-negative bacteria. Symptoms include chronic cough, phlegm production, post-nasal drip, and sinus congestion. CL-2 is recommended to clear the 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

Pulmonary fibrosis can be caused by lung fungal infections due to living in a house with mold or other environmental factors. Fungus has a very thick cell wall and the toxins are very irritating and can cause lung inflammation leading to fibrosis formation. 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 can 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 infection 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 lungs blood vessels. Symptoms include 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.

Gastroesophageal reflux disease (GERD), Poor Gastrointestinal Health, and Constipation

One of the causes of IPF is GERD or acid reflux in which the stomach acid enters the lungs during sleep triggering alveolitis. Chronic lung inflammation can cause fibrotic tissue formation leading to pulmonary fibrosis. 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. Patients may complain of stomach irritation with less optimal treatment results with the lung protocol. Spring Capsule, SJ, and Formula B are recommended to resolve the acid reflux and improve digestion and nutrient absorption. The GI protocol can help patients achieve the desired results with the lung protocol. 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 Capsule, 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 and Kidney (Adrenal) Deficiencies

Poor liver and kidney function can cause slowed metabolic toxin processing. Many metabolic toxins have to be modified by the liver or kidney oxygenase's to oxidize them by adding –OH or =O groups, or by methylation enzymes to add –CH3 groups, so that the kidneys can secrete them out. If these toxic compounds are processed too slowly by the liver and kidneys, or the kidneys can't secrete them promptly after being modified, the toxic waste molecules can be accumulated at high concentrations in the blood. As water is evaporating from the lungs as we breath, these toxic compounds can be condensed in the lungs and cause irritation to lung tissue triggering alveoli inflammation. This leads to fibrotic tissue formation and pulmonary fibrosis. Symptoms of a liver deficiency include anxiety, difficulty falling asleep, headache, nausea, abdominal fullness, mood swings, or bad temperament. Symptoms of a kidney deficiency include low energy, difficulty staying asleep, water retention, flu-like symptoms, or high blood pressure. Brown is recommended to nurture the liver and improve liver function and Xcel is recommended to improve kidney function. Patients can experience symptom improvement in 1 week. 2-6 weeks of treatment is recommended to have significant improvement and sustained results.

Asthma

Asthma is also a common condition among IPF 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 usually begins in childhood and patients also have severe allergies, eczema or hay-fever symptoms. 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 highly sensitized and the bronchi will respond with a spasm to any irritants. Patients may also have vertigo or dizziness or muscle spasms 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.

Complication	Recommended Protocol	Protocol Length for Significant Improvement	Noticeable Symptom Improvement
Lung Inflammation	CL	3 days-4 weeks	1-3 days
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 Silver Flower Bitter, Brown, Qi Booster and LC Balancer Optional: Jade	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, Optional: Jade	4-6 weeks	3 days
Virus-Chronic	Perilla, Optional: Jade	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: Reversal of COPD and Lung Fibrosis with Chest X-Ray

C, N. Simopoulos, MD

A 68-year- old female diagnosed with COPD and pulmonary fibrosis treated with Soup A, Soup B and LC Balancer for 1 month.

Chest X-ray PA/LAT (2VW) - (ADX/0022) Pre-treatment diagnosis on 2/3/2006: “Moderate pectus deformity. COPD with scattered fibrosis” Post-treatment diagnosis on 8/24/2006: “No active cardiopulmonary disease”

After 2 weeks of treatment, the patient noticed 80% reduction in shortness of breath. After 1 month, the patient reported symptoms 95-98% elimination and was able to exercise regularly. Post-treatment chest X-ray shows no sign of COPD or fibrosis, indicating a complete reversal of COPD and lung fibrosis.

Case 2: Improvement in Symptoms and Reduction in Oxygen Dependency in IPF Patient

Ela Corcoran, Homeopathic Practitioner, CA

A 77-year-old male presented with shortness of breath and violent dry coughs throughout the day due to Pulmonary Fibrosis. The patient was diagnosed with Pulmonary Fibrosis in early 2018 through MRI scans after complaints of getting out of breath for over a year. The patient also had constant sinus drainage and even though his physician found no known allergies, the doctor still concluded he was allergic to something. The patient was also diagnosed with High Blood Pressure, High Cholesterol, and a Thyroid Disorder. He was on oxygen 24/7.

After evaluation, Dr. Corcoran put the patient on Soup A, Soup B, LC Balancer in February 2018 to provide necessary nutrients to help repair the lung structure and enhance its function. The patient has been on the protocol for 6 months (currently Aug 2018). ClearLung was added as needed to clear out gram-positive bacteria, and inflammation in his lungs and to reduce his coughing bouts. In March, the patient reported seeing improvement from his dry to wet cough with more productive coughing with phlegm. In May, the patient reported only needing to use oxygen 50% of the time while his phlegm was light brown in the morning turning into clear mucus during the day. The patient reported in July that he was able to get off of oxygen completely.
In August 2018, the patient reported still breathing stronger while finding himself using oxygen occasionally when the weather in Southern California is affected by the humidity or the recent fires. However, overall, the patient reports seeing benefits and improvement from his symptoms related to Pulmonary Fibrosis.

Case 3: Improvement of Oxygen Saturation

Rita Hannahs N.D., Lansing, Michigan

A 61-year-old male with severe pulmonary fibrosis and COPD suffered from shortness of breath, tight chest, wheezing, coughing blood, cough, difficulty breathing, and oxygen saturation of 80 upon exertion. Dr. Hannahs recommended ClearLung from Wei Laboratories for a lung bacterial infection. After 1 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. After 1 additional week, his oxygen levels were measured at 95. Before treatment, he had trouble getting his oxygen levels to 90 with 6 months of strict nutritional therapy and diet.

Case 4: Elimination of Oxygen Usage in IPF Patient

Charles Lerner, DC, Lac, Bantam, Connecticut

A 65-year-old female diagnosed with pulmonary fibrosis came for therapy in 2005. Her pulmonologist had identified the state of the disease as being terminal. He had anticipated her remaining life time to be about 2 years. She had to use an oxygen tank to facilitate her breathing.

Dr. Lerner prescribed a combined treatment composed of acupuncture and herbal remedies from Wei Laboratories including Soup A, Soup B, and LC Balancer for a total length of 3 months. The results have been remarkable. She did not have to use her oxygen tank anymore and was able to exercise again (e.g. playing tennis). She did really well and the results have sustained for 6 years.

Case 5: Return of Daily Activities after IPF Program

Robert Schwartz, ND, Lac, The Dalles, Oregon

An 86-year-old man had been diagnosed with life threatening pulmonary fibrosis from orchard spray and toxic waste from industrial plants. As all health care providers understand, Pulmonary Fibrosis has two main causes and either one is virtually a lock on a death sentence. The two causes both destroy so much lung tissue there is no way to pass oxygen to the tissues of the body and death ensues. It is a rapid downward spiral. The two main causes are external and internal. The external is anything toxic that can destroy the lung tissue at the alveolar level such as pesticides, industrial gaseous by products, etc. The internal cause which I might add is extremely common is GERD (gastric esophageal reflux disease). This problem causes stomach acid (HCL) at night to be allowed to go into the lung tissue, thus destroying it.

This gentleman also had hypertension and high fat content in the blood. I instituted a heavy metal chelating regime and put him on the Wei Laboratories protocol for pulmonary fibrosis with Soup A, Soup B and LC Balancer. Within 3 months the patient, who could hardly walk into my clinic, was playing 18 holes of golf, volunteering as a mailman, and taking care of his rental property as well as doing landscaping and maintenance work. 5 years later he is doing the same.

Case 6: Successful Resolution of Pulmonary Fibrosis

Brian Hess, DC, Culpeper, Virginia

A male patient, around 70 years old, had been diagnosed with pulmonary fibrosis. The patient identified himself as an active man who liked to exercise (e.g. hiking). Dr. Hess applied a program including Soup A, Soup B, and LC Balancer from Wei Laboratories for a total length of 3 months. The treatment yielded perfect results. Upon completing the herbal program, the patient was able to hike 9 miles without any resting period (before he had to stop every 100ft). The old strength has been restored and the results have been sustained.

Case 7: Reduction of Symptoms of Idiopathic Pulmonary Fibrosis and Chronic Fatigue

Bio Wellness Center, LA

A female patient presented to the Bio-Wellness Center on September 13th, 2017 after being diagnosed with Idiopathic Pulmonary Fibrosis with symptoms of shortness of breath, low energy, constipation, and acid reflux. She was diagnosed with mixed connective tissue disease with Raynauds phenomenon manifesting symptoms of cold hands and feet. She had difficulty gaining weight due to a severe lack of appetite. Her primary care physician had prescribed her Aspirin, Ativan, Tylenol, Claritin, Mucinex, Flonase, and Vitanol primarily for mucus congestion.

The doctor requested the patient complete a comprehensive blood analysis. The findings revealed the patient is anemic and had possible internal bleeding in the gut. It showed that she had dysbiosis in the gut possibly due to an infection based on a B12, Folate, B5 and Iron deficiency. Her blood cells are too large, leading to an inability to deliver oxygen properly based on her MCV levels. Her neutrophils and monocytes were very high, indicating that she has a bacterial invasion. Her sodium and calcium levels were low, as were her BUN levels, indicating possible adrenal and kidney dysfunction. Her albumin was also low indicating the patient may have liver, bile duct, and gallbladder congestion. The result showed parathyroid and endocrine dysfunction possibly due to an overload of heavy metals.

The doctor developed a treatment plan to address the liver, kidney, GI, and lung-related problems to help improve energy, shortness of breath, and digestive problems. The doctor recommended the patient begin Wei Laboratories protocol which consisted of Soup A to help restore the lung structure, Soup B to help break down scar tissue in the lungs, LC Balancer to enhance kidney function, Brown to support the liver in detoxification, Levera to help remove buildup of toxins due to liver inflammation and KS to help reduce kidney inflammation. In addition, she was recommended to take Probiosis to reduce stomach and intestinal inflammation, PA to reduce inflammation in the pancreas and relieve her constipation, SJ to help repair stomach lining, Spring Capsule to restore proper stomach acidity to resolve acid reflux, and Formula B to promote proper gastric empty. The doctor also recommended that the patient support the Wei Laboratories protocol with digestive enzymes and a low-carb diet rich in protein and fat.

On September 24th, the patient reported that her hands and feet were not getting as cold anymore. Her hands would previously turn white from being so cold and now would seldom turn white. No other improvements were reported at that time. On October 3rd, the patient had reported her overall breathing had improved. She was sleeping better, was more alert during the day and no longer had stomach pain. Her coughing episodes were substantially reduced and her breathing at rest was not labored anymore. The patient did mention that she had been experiencing anxiety and depression, especially before bedtime. The doctor recommended her to start taking Wei Laboratories Calm formula 1 capsule 3x a day with an addition 2 capsules before bed.

On October 8th, the patient reported having fewer episodes of anxiety and depression. She described feeling 180 degrees different and started to make plans to go outside. The coughing had subsided completely with significantly

improved breathing. The patient did note that she was having some edema and swelling in the legs in which the doctor suggested her to add in Java formula to support lymphatic drainage.

On October 19th, the patient reported finally gaining weight. Her breathing was no longer a nuisance and had allowed her to go grocery shopping with her daughter over the weekend. Although her energy levels were much higher, the patient noticed that she still felt very fatigued at times throughout the day. There was a pattern of having good energy levels until the afternoon. She even had an episode with nausea and threw up. Even though the liver health should be much better at this point, the doctor felt that there may be other gram-negative bacteria in the liver and recommended adding Wei Laboratories Bilegen, L-2, and L-3 formulas to further strengthen liver immunity and clear the liver infection by the gram-negative bacteria. The doctor also thought that there may be fungus in the liver and pancreas and a parasite in the bile duct and advised her to start taking Glymycin, Glymycin-R, Levera-R, and Paramin-R to reduce congestion of the liver and pancreas due to infections related to fungus and/or parasites.

After adding the additional liver support and infection clearing products, the patient reported exercising for 15 minutes in the morning and evening on November 2nd. Her energy levels have increased tremendously and she was ready to begin gym exercises. On November 14th, the patient noticed she was only experiencing coughing when she drinks cold temperature drinks due to it creating spasms because of her mixed connective tissue disease. The doctor recommended only consuming room temperature drinks. The doctor also increased her Vitamin C intake to 3000 mg per day. For the first time in 2 years, she now feels her energy is stable and has talked with her family to buy a car and start driving again.

Case 8: Improvement of IPF with Natural Products

Dr. Sevlie, DC, Red Wing, MN

A 69-year-old male presented with severe shortness of breath (rated 7/10), coughing (7/10) and low energy levels (5/10). He had a long history of smoking (40 years) and was also exposed to asbestos. In 2015, he was diagnosed with asbestosis that progressed to histoplasmosis and eventually lead to his current diagnosis of idiopathic pulmonary fibrosis (IPF). He was diagnosed via chest X-ray and also had spirometry testing done where they found his lung function was at 59% in August of 2015. He was placed on OFEV by his doctor to prevent further hardening of the lungs. After 15 months of being on that medication he felt no improvement, so he sought out help from Dr. Sevlie in December of 2016.

In his initial consult, the patient mentioned he could not walk one block (or walk up 14 stairs) without having to stop and rest for 3 minutes to catch his breath. He was also on oxygen 7 days a week at this point (but not every hour of the day). Dr. Sevlie preformed spirometry testing which indicated his forced expiratory volume (FVC) was at 48%. His forced expiratory flow rate between 25-75% (FEF2575) was 62%. This exam takes into account the involvement with allergens to see the relationship between allergic predictors and Small Airway Disease (SAD), this is the reason that Dr. Sevlie recommends food sensitivity testing to see how food allergens affect airway health. His resting oximetry without oxygen was 66.1% and his resting pulse was 90.9 bpm. As previously stated, he went through food sensitivity testing, which identified many abnormal food sensitivity reactions, which negatively impacted and contributed to his difficulty breathing. Nutritional testing was completed and identified nutritional deficiencies in Omega-3 fatty acids, Vitamin A and Vitamin D, that weakened his overall lung and body health. Nutrient deficiencies, when present, identified, and corrected will accelerate healing and recovery time. Dr. Sevlie recommended using Wei Laboratories herbal formulas consisting of Soup A, Soup B and LC Balancer liquid at full dose, along with dietary supplements and a nutritional plan.

After 8 weeks of using Wei products, following dietary guidelines given by the practitioner consisting of: food elimination plan and vitamin therapy (vitamin D), he also exercised 30 minutes daily and made a conscious effort to hydrate his body, he noticed significant change in his quality of life. He could walk up 21 steps (33% more steps) without having to rest at the top. He also mentioned that his energy had gone from a 5 to a 7 out of 10. His shortness of breath and coughing had decreased from a 7 to a 4/10. He was also able to walk without stopping tocatch his breath, even without the use of oxygen. His oxygen dependence went from using it 7 days a week to using it just 3 days a week.

He was retested at the end of January 2017 for his spirometry and oximetry results. His spirometry showed his FVC increased to 55% (from 48%) and his FEF2575 increased to 67% (from 62%). His resting oximetry without oxygen increased to an average of 95.8% (from 66.1%). His resting pulse decreased dramatically to 63.1 bpm from 90.9 bpm.

The patient had improvement with each symptom and felt like a new man from this treatment. He was able to be more mobile and use less oxygen, which ultimately changed his life. He continued products for 4 months due to the results he continued to see.

Case 9: Increased Life Expectancy in Severe Idiopathic Pulmonary Fibrosis Patient

Dr. Christopher Lewis, DC, TN

A patient was previously diagnosed with late-stage IPF and was on 10 liters of oxygen a day. The patient sought an alternative solution and Dr. Lewis recommended a Wei Laboratories protocol consisting of Soup A, Soup B, and LC Balancer. 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 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. Jade boosts the cell-mediated immunity of the lungs to fight lung infections.

After the first month of using the products, she only noticed a little change. Dr. Lewis dug deeper into her condition and found she had a low-grade lung infection. The patient was then put on Wei Laboratories ClearLung for two weeks. ClearLung removes lung heat and reduces inflammation and pro-inflammatory cytokines in the bronchial tubes and air sacs caused by infections or other irritants. After the ClearLung treatment, her sputum was clear with no green tincture like before. She continued her treatment of Soup A, Soup B, and LC balancer. After two weeks, she noted that she could walk into Walmart and get a motorized scooter whereas before she needed the scooter brought to her.

Three weeks later she noticed her breathing had significantly improved and was advised to start with light exercise if she could stand it. She started riding her stationary bike for 1/2 hour each day. She improved to 45 mins a day shortly thereafter. After her third month on the Wei Laboratories products, she went to her lung specialist for an appointment. After testing performed by her Pulmonologist, he was surprised and told her she has improved so much she increased her life expectancy by 10 years. He stated that she should continue the products from Wei Laboratories.

She was reluctant to decrease her oxygen intake since it has become habitual to her breathing regiment. The Pulmonologist then put a Pulsox meter on her finger and had her use discontinue supplemental oxygen for the test. He had a twenty-minute conversation and then read the meter and her saturation of oxygen was 98%. She was instructed by Dr. Lewis to start doing breathing exercises to increase her lung strength and volume. He stated that since she has been shallow breathing for so long that the exercises would improve her lung capacity and her pathological breathing pattern would diminish bringing her lungs back to near normal.

Case 10: Decrease in Shortness of breath and Chest Tightness in IPF Patient

Dr. Chen-Yinh Haung, DAOM, WA

A 63 years old male contacted Wei Labs the week he was diagnosed with Idiopathic Pulmonary Fibrosis in November 2017 and was referred to Dr. Chen-Ying Huang. He was consistently dealing with phlegm in his chest, shortness of breath, and "burning lungs", which interfered with his daily activities. He took Prednisone for three days before deciding he wanted to explore alternative solutions.

The patient went to see Dr. Chen-Ying Huang for a consultation. Dr. Huang suggested acupuncture two times a week in conjunction with Wei Labs' Soup A, Soup B, and LC Balancer. Wei's Jade formula was added in the second month of the protocol to increase lung immunity during the wintertime. 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 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. Jade boosts the cell-mediated immunity of the lungs to fight lung infections. See the chart for symptom improvement in three months of treatment.

Symptoms	November 2017 Before Treatment	December 2018 1 month after	February 2018 3 months after
Shortness of breath (0-10, 10 being the worst)	10/10	3/10	2/10
Chest tightness (0-10, 10 being the worst)	10/10	3/10	1/10
Excess phlegm (0-10, 10 being the worst)	10/10	5/10	3/10
Energy level (0-10, 10 being the best)	2/10	6/10	9/10

The patient is pleased that he has experienced sustained results after completing the treatment.

Case 11: Improvement in COPD and Pulmonary Fibrosis Symptoms

Dr. Kathy Thomas, DOM, LAc, FL

A 53-year-old male patient was diagnosed with stage 4 COPD and Pulmonary Fibrosis in the lungs. It became hard for him to get around and do his daily activities due to frequent shortness of breath, coughing, excess phlegm, dizziness, cramps throughout his body, and fatigue. The patient used oxygen 24/7 and 15 liters of oxygen did not seem to be enough. Before starting treatment, the patient's goal was to be able to attend a BBQ without experiencing his debilitating symptoms, something he had not been able to do in 2 years.

Dr. Thomas recommended that the patient should use Wei Laboratories' Soup A, Soup B, and LC Balancer, which the patient started on June 1st, 2018. 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. Before starting the products, Dr. Thomas did an initial 6-minute walk test as well as measure his shortness of breath, wheezing, coughing, chest tightness, and excess phlegm. The measurements were rated on a scale from 1 to 10, 10 being the most severe. His pre-treatment assessment from 5/31/18 was as follows: shortness of breath (8/10), wheezing (2/10), coughing (6/10), chest tightness (2/10), excess phlegm (4/10). After two months of using Soup A, Soup B, and LC Balancer, the patient was assessed again and the ratings were as follows: shortness of breath (2/10), wheezing (2/10), coughing (4/10), chest tightness (2/10), excess phlegm (4/10). His pre-treatment 6-minute walk test was difficult and he had to rest every few steps.

After one month, he was able to walk 8 steps in 15 seconds, after a month and a half on Wei Laboratories' Soup A, Soup B and LC Balancer he was able to easily get to his porch and phone with only a 30-second recovery. After 2 months he was able to walk the length of 3 homes to a BBQ, reaching his goal after only two months of treatment. As of October 15th, he was able to get into the car and go up and down steps without having to rest.

The patient did not get sick or see any decline in his condition during his 6-month treatment. Dr. Thomas was very impressed with this due to the patient's late stage of COPD, and 24/7 use of oxygen. His daughter has noticed a big difference in the way that he breathes as well.

Case 12: Successful Improvement in IPF Patient

Dr. William Davis, DC, TX

A 62-year-old male presented in May 2018 looking for alternative treatment options after being diagnosed with IPF via CT scan in February 2018. His oxygen saturation was 93%. He was asymptomatic for the most part, coughed a total of maybe 10 minutes each day, felt short of breath with stairs, but had yet to experience any weight loss or fatigue. At that time, he had been to three different Pulmonologists all who prescribed oral medication and told him they would continue to monitor the progression.

His son started to look into alternative treatment options for IPF and came across Wei Laboratories. He elected to start Wei Laboratories chronic lung protocol: Soup A, Soup B, and LC Balancer. Soup A repairs lung damage and restores lung structure and function by activating tissue-specific biosynthesis of cellular components in the alveoli (air sacs) and bronchioles. It also enhances the supply of amino acids, carbohydrates, and other co-factors necessary for lung tissue repair and reverses lung degeneration. Soup B removes nodules and stasis in the lungs and thyroid gland. It helps dissolve scarring and fibrotic tissue in the lungs and thyroid gland by accelerating the catabolic processes necessary in dissipating the nodules and scars. LC Balancer is used with the Soups to enhance systemic microcirculation and provides stronger avenues for delivering nutrients to individual alveoli and bronchioles. It also helps to clear up mucus and inflammation in the bronchial tubes.

After 3 months of treatment, the patient was doing well. His oxygen saturation was now up to 98- 99% sometimes even 100%. His last chest X-ray 1-2 months ago showed no changes noting the solutions have successfully halted the progression of the disease. He no longer feels short of breath with stairs, is no longer coughing, and feels stronger overall. He has had some weight loss as a result of his increased physical activity. At this time the patient has elected to stop the products and see if results are sustained. He will continue to monitor his breathing and understands the importance of a maintenance dose if his oxygen saturation were to decrease.