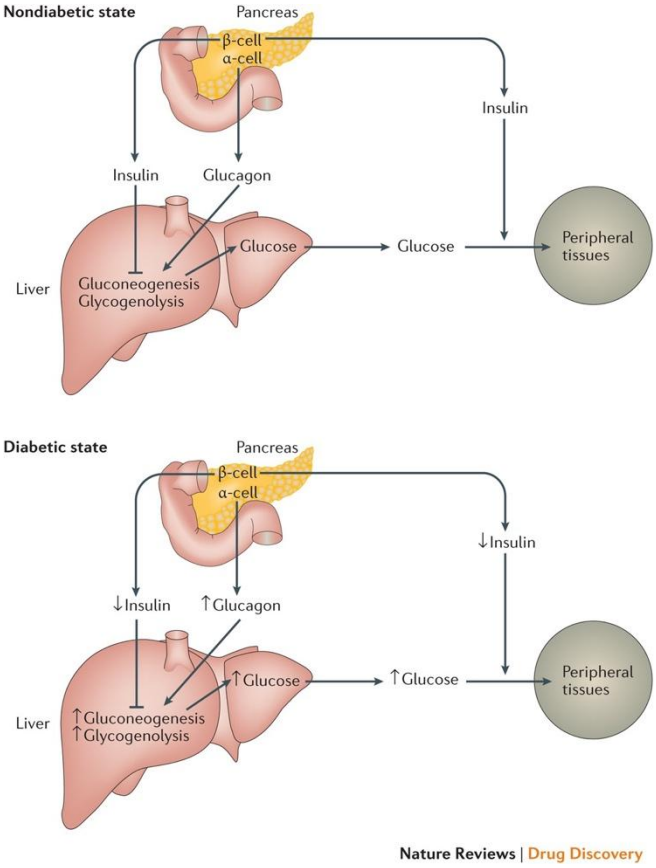
Type II diabetes is a chronic condition in which the body cannot maintain a normal blood glucose level. This occurs when the body resists the effects of insulin and eventually doesn't produce enough insulin to maintain healthy blood sugar levels. Insulin, which is produced by the beta cells of the pancreas, is an important hormone that regulates the movement of glucose into the body's cells as well as inhibits the release of glucose from the liver into the blood when blood sugar levels are high. The resistance and decrease of insulin in diabetes patients cause high blood sugar levels since glucose stays in the blood instead of being taken up by the cells, also called the effectors.

Glucose Metabolism:

Glucose, which is stored in the body as glycogen, is kept in the liver and is broken down to glucose and then released into the bloodstream to raise glucose levels. This process is regulated by the glucagon released from pancreas alpha cells when blood glucose levels are low. The liver is the primary organ that releases a significant amount of glucose into the blood upon binding of the hormone glucagon to its receptor. The glucose released is from either glycogenolysis, breakdown of the glycogen, or gluconeogenesis, a process that converts non-carbohydrate molecules such as amino acids, fat or lactate, and pyruvate into glucose. The liver is the primary location of gluconeogenesis and glycogenolysis. Elevated glucagon can contribute to higher blood glucose levels, particularly after meals.



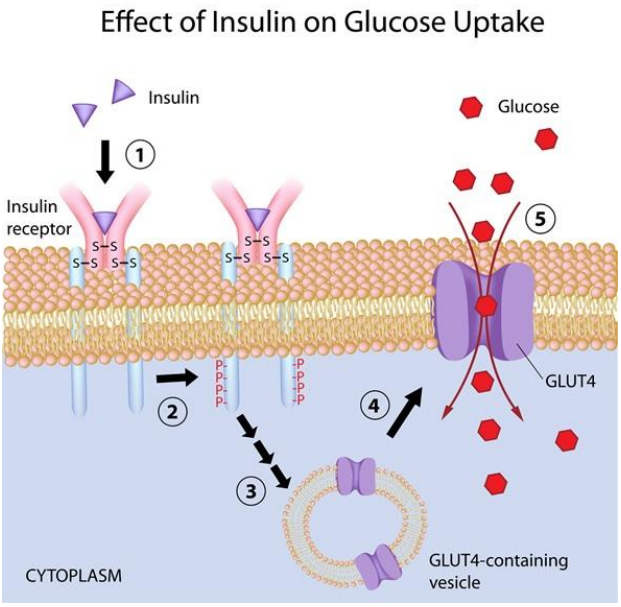
Insulin and glucagon work synergistically to maintain healthy blood glucose levels. Blood glucose levels increase after a meal which then stimulates the release of insulin. This release promotes the uptake of glucose into the effectors to lower blood glucose levels.

The major effectors that take up glucose from the blood are the liver, skeletal muscles, and adipose tissues. When insulin levels are high, effectors increase the uptake of glucose which can lead to one or more of the following: increased glucose uptake by membrane transporters, increased breakdown of glucose to provide energy or conversion of glucose to glycogen to be stored in the liver.

Insulin works through cell surface receptors which become activated by the binding of insulin. In resting skeletal muscle and adipose tissue, insulin mobilizes the GLUT4 transporter for glucose uptake. GLUT4 can only be triggered by insulin. However, in working skeletal muscles, typically during exercise, insulin is not required for the uptake of glucose. Physical activity alone mobilizes GLUT4.This is why physical activity is an important factor to help maintain blood sugar levels.

The liver increases glucose uptake and storage after a meal without a significant rise in insulin primarily through the GLUT2 transporter. This process is called net hepatic glucose uptake (NHGU) and the trigger is an increased concentration of glucose from portal circulation. Because the liver has Glucose-6-phosphatase (G6Pase), it is the only organ that can release a significant amount of glucose into the blood. When insulin levels are increased, the binding of insulin to the receptor on the hepatic cell, triggers the inhibition of glucose release into the blood and downregulates the liver's gluconeogenesis and glycogenolysis process.

The normal age of onset for type II diabetes is over 40. Normal blood sugar levels range from 72 to 99 mg/dL when fasting. In patients with prediabetes, the range is from 100 to 125 mg/dL and for those with full blown diabetes, higher than 126mg/dL. Normal blood sugar levels 1-2 hours after lunch is below 140 mg/dL and normal blood sugar level 1 to 2 hours after dinner is typically less than 180 mg/dL.



When blood sugar levels are consistently high such as in prediabetes and diabetes, it can damage the vessels that supply blood to vital organs. Other dangers of hyperglycemia include increased risk of heart disease, stroke, kidney disease such as CKD, vision problems, and nerve problems. Hypoglycemia (below 70 mg/dL) can also occur in patients with diabetes. This can occur with medications that increase insulin levels, taking too much medication, and skipping meals. Although mildly low blood sugar levels are somewhat common for people with diabetes, severely low blood sugar levels can lead to seizures and nervous system damage.

Causes: Although the cause of insulin resistance and reduced insulin secretion is still unknown, factors such as inflammation, obesity/diet, fungus, stress, and genetics, could all play a role.

1) Inflammation

Although several genetic and lifestyle factors can contribute to insulin resistance, research has pointed out that inflammation plays a key role. Insulin resistance and diabetes are ultimately caused by chronic inflammation in the stomach, pancreas, liver, muscle, and fat tissues. Inflammation markers including C-reactive protein (CRP), interleukin-6 (IL-6), and tissue necrosis factor (TNF) can modulate insulin signaling pathways causing the tissues to become less sensitive to insulin. In muscle and adipose tissue, IL-6 decreases the number of GLUT4 glucose transporters in the cell membrane and reduces the expression of insulin receptor substrate-1 (IRS-1), the key components of insulin signal transduction pathway. In skeletal muscle, there is an inversely linear relationship between maximal glucose disposal rate and muscle TNF-α levels. ~~3~~ Inflammation markers in the hepatic cell activate gluconeogenic enzymes causing enhanced gluconeogenesis in the liver.

The chronic inflammation that contributes to insulin resistance affects not just insulin target tissues; it is at a systemic level affecting the whole body with increased levels of inflammatory markers circulating in the bloodstream. Research has identified that such systemic inflammation originates from the digestive tract. Gut dysfunction and failure of gut homeostasis causes the pathogenesis and progression of systemic inflammation due to the exacerbation of local and systemic immune responses. The inflammation markers generated from the gut affects the liver through the portal vein circulation and further affects the muscle, adipose and other tissues through systemic circulation.

2) Candida Fungal and Other Types of Infections

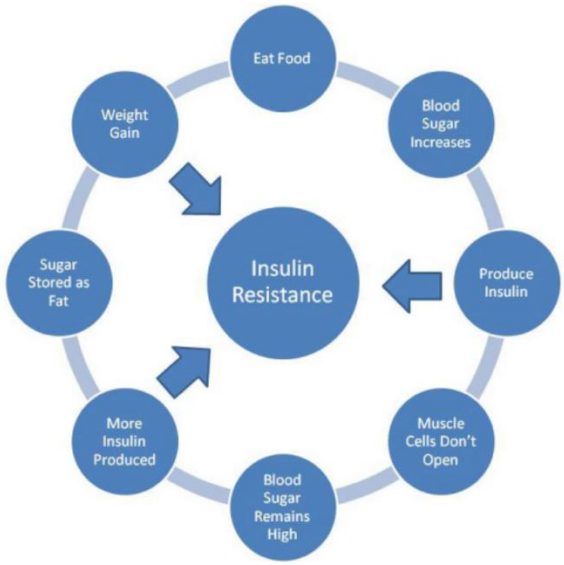
Fungal infections in the liver can also cause insulin resistance leading to type II diabetes. Secreted aspartyl proteinases (SAP proteins) produced by Candida can destroy the insulin receptors on the cell surface of the liver and block insulin signal transduction. To compensate for the reduction of functional insulin receptors in the hepatic cell surface, the pancreas must secrete a higher concentration of insulin to maintain blood sugar levels and insulin resistance occurs. The fungus that infects the liver usually comes from the digestive tract. The fungus in the digestive tract can also spread to the pancreas causing pancreas irritation and inflammation. Chronic hyperproduction of insulin and pancreas inflammation can cause early degeneration of the beta cells. Eventually, the beta cells can no

longer produce enough insulin to overcome insulin resistance. As a result, blood sugar levels rise to an above normal range and patients become fully diabetic.

Pancreatic irritation by mycotoxins can cause pancreatic inflammation and injury. Insulin over production in combination with inflammation, and injury can lead to the destruction of the pancreas. Eventually, the pancreas can't produce enough insulin to overcome insulin resistance and type II diabetes may occur. In addition to elevated blood sugar levels, the mycotoxins can also cause symptoms of increased thirst, extreme hunger, frequent urination, fatigue, and weight loss. Some patients also experience constipation because mycotoxins can cause GI blood vessel inflammation and affect blood circulation. This leads to decreased GI smooth muscle contractions.

Candida fungal infections of the pancreas can weaken the immune system and increase susceptibility to other infections, including gram-positive bacteria, gram-negative bacteria and mycobacteria. These coinfections can also cause pancreatic inflammation and injury accelerating the destruction of the pancreas causing type II diabetes. These coinfections can also cause constipation and other GI symptoms.

3) <u>High Sugar Diet and Obesity</u>



Obesity is a big risk factor in the development of type II diabetes since poor eating habits go hand in hand with elevated blood sugar levels. When a patient ingests a lot of high sugar foods, the result is high glucose levels in the blood. The pancreas then needs to exponentially increase its secretion of insulin to maintain a normal blood sugar level. Over time, such high blood insulin levels can cause the insulin receptors to lose their affinity to insulin (insulin resistance). The cell signal transduction then no longer communicates the movement of glucose into the cells and no longer regulates glucose release from the liver. To compensate for the reduction in the response of insulin receptors to insulin, the pancreas must produce higher levels of insulin, which is a symptom of insulin resistance. This puts higher demand on the insulin-producing beta cells in the pancreas, often setting the stage for diabetes. This stage of the condition is usually referred to as prediabetes in clinic. Chronic overproduction of insulin can cause the beta cells to burn out and stop producing insulin. As a result, blood sugar levels rise to an above normal range and patients become full-blown diabetic.

Insulin as a hormone can also contribute to weight gain by promoting fat storage. When insulin levels are increased due to insulin resistance or when insulin is administered externally as a therapy for diabetes, it signals the body to store excess glucose as fat, which can lead to weight gain and obesity if more glucose is being taken in than the body needs.

4) <u>Fatty Liver and Hyperlipidemia</u>

Fatty liver and hyperlipidemia are also common among types II diabetes patients. In addition to a sugar metabolism disorder, studies have shown that many patients may also have fatty liver with elevated liver enzyme levels (AST/SGOT and ATL/SGPT). Fatty liver can lead to insulin resistance, because when the liver is filled with fat, the cells become less responsive to insulin. Hyperlipidemia with high cholesterol, LDL, triglyceride, and VLDL levels can also cause elevated blood sugar levels. The abnormal blood lipid levels may inhibit the interactions between insulin and insulin receptors and affect signal transduction. This can cause insulin to work less efficiently causing insulin resistance. When the beta cells eventually burn out and stop producing insulin, blood sugar levels rise to an above normal range leading to the development of type II diabetes.

5) Stress Induced Diabetes

Excessive and prolonged stress can cause increased blood sugar levels leading to the development of type II diabetes due to the activation of the autonomic nervous system and hormones. The autonomic nervous system and hormones also participate in the regulation of blood sugar levels. Hormones such as growth hormones and the activation of the parasympathetic nervous system promote insulin release. Epinephrine, cortisol and the activation of the sympathetic nervous system inhibit insulin release and stimulate glucagon secretion.

In an immediate stress response, the fight-or-flight response, the sympathetic nervous system is activated which triggers increased glucagon release to raise blood sugar levels. If stress persists, the adrenal glands start to release increased levels of cortisol causing elevated blood glucose levels by triggering the pancreas to decrease insulin secretion and increase glucagon secretion as well as making the body (muscle and fat) less sensitive to insulin (insulin resistance) so that more glucose is available in the blood stream. Cortisol also suppresses many body functions that are unnecessary including the immune system, food digestion, reproductive activities and growth processes. Prolonged high levels of stress can cause chronic elevated glucagon and cortisol levels with decreased insulin release and insulin resistance resulting in increased blood sugar levels and the development of type II diabetes.

6) Other Factors

Genetics can play a role in the development of diabetes due to specific DNA that affects how the body makes insulin. Researchers are currently still trying to pinpoint the specific gene that carries this risk. Other factors such as family history, age, and race all seem to play a role as well but research on those factors is still being examined.

Symptoms: The symptoms of diabetes typically develop slowly as the disease progresses. Increased thirst is a common symptom as excess glucose builds up in the bloodstream causing fluid from surrounding tissues to be pulled out. This effect leaves patients thirstier and as a result, polyuria is another common symptom. Increased hunger is also a symptom since there isn't enough insulin to move sugar into the body's cells, therefore, neglecting the muscles and organs of energy. This effect can trigger hunger since the body feels it has no energy. This effect can also cause fatigue in diabetes patients since the cells are deprived of sugar, which results in decreased energy. Blurred vision can also occur with hyperglycemia when fluid is pulled from the lenses of the eyes. If the blood sugar levels can't be maintained, patients can develop complications including cardiovascular disease, kidney failure, foot neuropathy and retinopathy due to damage to the eye.

Wellness Recommendation

Physical exercise and a low sugar diet are recommended for all cases. Depending on the cause of the diabetes, the following recommendations can be considered.

1) Inflammation, Infection and Pancreas Damage

For high blood sugar levels caused by inflammation, Glacier is recommended. Glacier removes Stomach Heat and helps reduce chronic pancreas, gut and systemic inflammation to resolve insulin resistance in the insulin target tissues to help reduce blood sugar levels.

For high blood sugar and diabetes caused by a candida fungal infection, the recommendation includes Glacier, Tiger, and Sugar Balancer. Glacier helps reduce chronic pancreas, gut and systemic inflammation to reduce insulin resistance. Tiger formula clears Heat Toxins, enhances Qi and nurtures Yin. It helps clear systemic fungal or candida yeast infections and enhances immunity to help improve glucose uptake in response to insulin and lower blood glucose levels. Sugar Balancer reduces gut inflammation caused by mycotoxins and clears the die off effects which may occur within 1-2 weeks after taking Tiger formula. During the die off period, patients can experience further elevated fasting blood glucose levels for a few days. Reduced blood glucose levels can be expected in 2 weeks.

Patients will experience significant improvement in fasting blood glucose levels in 3-4 weeks. 3-6 months of protocol is recommended to help clear the candida fungal infection.

If patients exhibit symptoms such as diarrhea/constipation, bloating, cream-color mucus in stool, and intestinal cramps then Formula F and Formula G may also be required to clear digestive tract candida fungal infections to achieve sustained treatment results.

For patients with a damaged pancreas due to the infection, it is recommended to add Soup A and Sugar Clear after one month on the above protocol. Soup A nurtures the Yin and helps improve the pancreas' structure and function and restore insulin production. Sugar Clear removes Qi Stagnation and dampness. It enhances pancreas circulation and the removal of accumulated waste from the pancreas. It also increases insulin secretion to help lower blood sugar levels. Increased insulin secretion may cause hypoglycemia which may occur within 2-3 weeks. Patients should watch their blood sugar levels closely. If their blood sugar is too low, the dosage of their prescribed medication or insulin drug should be reduced to avoid low blood sugar levels. The reduced amount on their prescribed medication will vary for each individual depending on the specific condition. Intake of high sugar foods and drink may also be necessary. 3-6 months of the protocol is recommended to help repair the pancreas damage and improve insulin production. For patients with very severe pancreas damage a longer period may be necessary.

For patients who have coinfections with other types of bacteria such as gram-positive, gram-negative and mycobacteria, nurturing of the pancreas may cause aggravation of coinfections. Irritation of the coinfection to the pancreas will affect insulin production and cause increased blood glucose levels in the 2nd or 3rd month following the nurturing treatment. The following formulas that address coinfections are recommended: PAC helps clear pancreas chronic inflammation and infections by nurturing Pancreas Qi and Yin. PA helps remove Heat and toxins from the pancreas, duodenum and small intestine, and clear inflammation and gram-positive bacterial infections. Leviticin-B at half dose helps clear pancreas gram-negative bacteria. Leviticin-R at half dose helps clear pancreas mycobacterial infections. Probiosis may also be required to clear intestinal pathogenic bacteria. Patients can experience blood sugar reduction in 1-2 weeks. 3-6 months of the protocol is recommended to help clear the infection.

2) Fatty Liver and Hyperlipidemia

If the cause of insulin resistance is fatty liver and/or hyperlipidemia, the recommendation includes Brown and LC Balancer. Brown improves liver function and structure to help normalize liver enzyme levels and blood lipid levels to restore the activity of the insulin signal transduction pathway and alleviate the strain on sugar metabolism. LC Balancer improves overall microcirculation which in turn reduces blood glucose levels. Xcel is also recommended to support kidney function for effective waste secretion. As the liver activity is enhancing, there will be excessive amounts of wastes released to the bloodstream. If the patient's kidneys are weak and can't secrete out these wastes, they can cause symptoms of anxiety, warm sensations, insomnia, fatigue or flu-like symptoms. TC Balancer is recommended if patients' cholesterol and LDL levels remain high after using Brown and LC Balancer. TC Balancer helps clear gram-negative bacteria in the liver and gut to help reduce cholesterol and LDL levels. Levera is recommended if patients' VLDL or triglyceride levels remain high after using Brown and LC Balancer. Levera helps reduce liver inflammation and clear gram-positive bacteria in the liver to help reduce VLDL or triglyceride levels. If the patient's pancreas has been exhausted and can't produce and secrete enough insulin, Soup A is recommended to improve the pancreas' structure and function and restore the insulin levels.

Patients should experience improved liver enzyme levels (AST/SGOT and ATL/SGPT), blood lipid levels and blood sugar levels within 3-4 weeks. It will require up to 6 weeks to 3 months of the protocol for sustained blood sugar control and reversal of metabolic disorders. It is recommended to have a blood lipid panel and liver enzyme testing performed every 4-6 weeks during the protocol. The results on the blood sugar level can be sustained if their blood lipid and liver enzyme levels are in the normal range.

3) Stress-Induced Diabetes

For patients with stress-induced high blood sugar levels, specifically increased blood sugar levels after meals, Glucacin and Glacier are recommended. Glucacin nurtures Kidney Yin and removes Kidney Deficiency Heat. It helps reduce glucagon release by regulating the pancreas alfa cells and the neural and hormonal response systems. Patients can experience blood sugar level reductions, especially the increased blood sugar levels after meals. Glacier helps reduce chronic inflammation, insulin resistance and elevated fasting blood glucose levels. Patients can experience reduced fasting glucose levels as well as blood glucose levels after meals 3 days. 2-4 weeks of treatment is required to bring the blood sugar levels into normal range. 3-6 months of protocol may be required.

4) Blood Sugar Level Swings

For patients with severe pancreatic islet cell degeneration with a wide range of blood sugar swings between high blood sugar and low blood sugar levels, Glucogen which nurtures spleen Yang, and Stemgen which nurtures Spleen Yin, are recommended to improve the structure and function of the spleen to enhance the supply of stem cells to the pancreatic islet for their regeneration. Recent research has revealed that the spleen is a crucial organ that hosts many lineages of stem cells that help maintain the body's regenerative function. These stem cell lineages help bone marrow produce blood cells and regenerate pancreatic islet cells and other tissues. Research has found that patients who have their spleen removed due to trauma or injury develop diabetes later in life.

Diabetes Product Recommendation Summary

Product	Description
Inflammation	
- Glacier	Reduces inflammation
Infections	
- Glacier	Reduces inflammation
- Tiger	Clears systemic fungal / Candida infections
- Sugar Balancer	Reduces gut inflammation and die off symptoms
Additional	
- PAC, PA	Pancreas Inflammation, Gram-positive Infection
- Leveticin-B	Pancreas Gram-positive Infection
- Leveticin-R	Pancreas Mycobacterial Infection
Optional	
Formula F	Clears fungal infections in the stomach
Formula G	Clears fungal infections in the intestines
Probiosis	Clear intestinal pathogenic bacteria
Pancreas Damage	
- Soup A	Improve pancreas structure – assist in insulin production
- Sugar Clear	Improve pancreas circulation- assist in insulin secretion
Fatty Liver/Hyperlipidemia	
- Brown	Improve liver function – enhance cell signal
- LC Balancer	Increase microcirculation – reduce blood sugar levels
- Xcel	Improve kidney function – assist in waste removal
- Soup A	Improve pancreas structure – assist in insulin production
- TC Balancer	Reduce cholesterol and LDL levels
- Levera	Reduce VLDL or triglyceride levels
Stress	
- Glucacin	Reduce Glucagon Levels
- Glacier	Reduces inflammation
Sugar Level Swings	
- Glucogen	Enhances blood circulation to the spleen
- Stemgen	Improves spleen structure

Selected Case Studies

Case 1: Successful Reduction of Blood Sugar Levels in Type II Diabetes

Dr. Marco Cazares, DC, California

A 60-year-old female patient was diagnosed with type II diabetes. She had struggled with this condition for two to three years and her blood sugar levels were consistently measured at 300 mg/DL even though she was taking Metformin to reduce her blood sugar levels. Dr. Cazares recommended Wei Laboratories herbal formulas, Brown and LC Balancer that target the liver. Within 3 to 4 weeks of the protocol, the patients' blood sugar level had dropped to 120 mg/DL. These results were exceptional, and the patient is now consulting with her doctor to lower her dosage of Metformin.

Case 2: Type I Diabetes Study

Dr. Marco Cazares, DC, California

A study focusing on a group of 4 patients with an average age of 54 who were all diagnosed with Type 1 Diabetes was conducted. They had each been under a medical treatment of daily Metformin to control blood sugar and daily insulin administration. On average, the patients took 15 units of insulin per day; one patient took as much as 35 units of insulin per day. Blood sugar levels were measured to be abnormally high at 350 mg/dL and liver and kidney enzyme levels were elevated in all patients. I advised them on the Glycemic Index which warns them of the types of foods that affect blood sugar levels and recommended specific exercises for 30-40 minutes per day. I also recommended Wei Laboratories Brown 3 times a day, and LC Balancer 3 times a day for 10 days.

The patients were reexamined after the first 10-day trial and blood sugar levels significantly dropped from an average of 300 mg/dL to 140 mg/dL during morning blood tests (fasting blood sugar). All patients reported less fatigue, tiredness, and some reported vision improvement. After 4 weeks of treatment, there was a 50% decrease in the elevated liver and kidney enzymes as well as maintenance or improvement of blood sugar levels. After six weeks of treatment, blood sugar levels showed major improvements ranging from 98-110 mg/dL.

After the initial 6 weeks of treatment, the patients began reducing insulin administration (Reduced from an average of 15 units per day to 4 units per day). The dosage of LC Balancer and Brown was also reduced to a maintenance dosage to make sure enzyme levels remained normal for an extended time.

Based on the response to LC Balancer and Brown, Traditional Chinese Medicine shows great promise in the treatment for diabetes, and I would advocate clinical trials on more patients to be performed.

Case 3: Decreased Blood Sugar Levels and Blood pressure in Type II Diabetes Patient

Charles Abbott, LaC, OMD, LSym, NC

A 62-year-old male patient with Type 2 Diabetes and High Blood Pressure came to Dr. Abbott seeking alternative care for his diabetes. He was on high blood pressure and Metformin for about 2 years. He started seeing Dr. Abbott to address his Type 2 Diabetes as his primary condition, and he was put on a course of acupuncture twice a week for six weeks as well as Brown and LC Balancer from Wei Laboratories. After three weeks, his blood sugar levels went from 120 mg/dL down to 90 mg/dL. He continued for an additional three weeks, after which the blood sugar decreased and then stabilized, and he was able to get off his metformin. The obliteration of his symptoms made the maintenance of his health a priority.

Case 4: Successful Diabetes and Gout Resolution

Dr. Gary Hartell, DC, CT

A 69-yr. old female with a long history of health problems came to my office for an alternative approach. She recently was suffering from frequent bouts of gout and uncontrolled blood sugar even with prescription medication. She reported problems with side effects from both her gout and diabetes meds and was seeking a non-drug solution to health problems.

Blood workup prior to treatment at this office: blood sugar 124 mg/dL with medication, elevated liver enzymes: AST/SGOT 50.00, ALT/SGPT 59.00. After 6 weeks of therapy with herbal formulas from Wei Labs including Brown, LC Balancer, and Xcel, the patient is feeling much better. She is experiencing no gout flair ups and her blood sugar levels were stable. She was also able to reduce and eventually remove her prescription medications.

Her recent blood work up: blood sugar 103 mg/dL (no meds), liver enzymes normal at AST/SGOT 20.00, ALT/SGPT 25.00.

Case 5: Resolution of Hepatitis C and High Blood Sugar

Dr. Bob Heron, DC, NV

A male patient contracted Hepatitis C from his drug addiction in his earlier years. His AST/ ALT ratio was very high indicating liver toxicity. He was also concurrently diagnosed with diabetes where his blood sugar level was up to 700 mg/dL. At this point, his adrenals started to shut down and he was diagnosed with adrenal fatigue.

Dr. Heron recommended a protocol consisting of Brown to nurture the liver, LC Balancer to increase microcirculation and support the kidney, and Xcel to address kidney function and filtration. The patient followed the protocol for 9 months and re-evaluated his blood levels. He noticed that his numbers were in a much healthier range and ever since the herbal supplements his AST/ALT ratio and blood sugar levels have been lowering. Through supporting the kidneys and liver the patient has also lost almost 60 pounds.

Case 6: Reduced Blood Sugar Levels in Type II Diabetes with Complication of CKD

Dr. Sandy Johnson, DC, OR

A 64-year-old male patient visited Dr. Johnson for his Stage IV chronic kidney disease and diabetes. His glucose was at 139, BUN at 53, and creatinine at 4.5. The kidney solution from Wei Laboratories was recommended including LC Balancer, Xcel, Formula C, KS, Cellgen and Anemic Formula.

After 1 month of treatment, his blood glucose levels dropped to 105 mg/dL. This was a huge improvement as he had not experienced blood sugar levels below 130 mg/dL since being diagnosed. On the next month blood work, his Hgb A1C dropped from 6.7% to 5.9%. He never had such a low level for many years since the diagnosis of CKD.

Case 7: Successful Improvement of Kidney Function and Blood Sugar Levels

Dr. Marilyn Coady, DC, New Mexico

A 62-year-old veteran visited Dr. Coady with multiple health issues due to his experience in the Vietnam War. His GFR was 57, BUN was 12, and Creatinine was 1.26. The patient also suffered from stomach issues. Any spicy food would trigger severe stomach pain with blood sugar the increased to 102-120 mg/dL.

Dr. Coady recommended Wei Lab's herbal formulas including Spring Capsule, SJ, Formula B, Silver, and Stomacin to address his stomach problem, and LC Balancer, Xcel, Nefnin, K-2 and Cellgen for his kidney issues. After three

weeks of the protocol, the lab work showed great improvement in his kidney function. His GFR went up from 67 to 72. BUN went from 19 to 17. Creatinine decreased 1.26 to 1.02. The patients stomach issues were much better as well. However, the spicy food was still causing colon spasms and diarrhea. Also, his blood sugar had been climbing up to 156 mg/dL. Dr. Coady suspected that the patient may have fungal infections. Formula F and Formula G were recommended to clear the fungus in the digestive tract and bile ducts and Plasmin was recommended to clear fungus in the blood. The patients had three weeks of stinky stools while taking the products and then felt much better. To help control his blood sugar, Dr. Coady recommended Glymycin and Glymycin-R with LC Balancer, Brown and Xcel. After 2 weeks using the additional formulas, the patients' blood sugar levels reach below 100 md/dL. The patient had continued the protocol for a couple of weeks more and two months after the treatment, the patient's blood sugar was still in normal range.

Case 8: Improvement in Blood Sugar Levels in Diabetes Patient

Wei Lab Practitioner, CA

A female patient in her 50's had been suffering from type II diabetes for over 20 years. She is on two insulin drugs: Humulin-R at 30 units in the morning, 20 units after lunch, and 32 units after meals; and Insulin Glargine at 20 units in the morning, and 20 units before dinner. However, her blood sugar levels were still very high with morning fasting blood sugar levels at over 120, 2 hours after lunch at between 150 to 160, and 2 hours after dinner above 200. Her HbA1C levels were at 6.5%. She also was suffering from severe constipation and kidney failure due to high blood sugar levels. She is on dialysis and taking Wei Labs CKD protocol to help her kidneys. Her blood pressure was at 150-160/70-80. Her body weight was 230 lbs.

She had taken Brown formula from Wei Labs in the past for her blood sugar levels without noticeable improvement. The practitioner decided to use Wei Labs diabetes protocol that addresses inflammation and infections within the sugar metabolic pathway.

On 8/30/2024, she started with Wei Labs Glucacin formula to address the issue of increased glucagon release and reduce evening blood sugar levels. Glucacin nurtures Kidney Yin, clears Kidney Deficiency Heat and restores pancreatic alfa cell function. 4 days after taking Glucacin, her blood sugar levels 2 hours after dinner decreased from over 200 to 165. In the following month, it continued to decrease and stabilized between 127 to 150. However, her fasting blood sugar levels and 2 hours after lunch remained unchanged.

From the 2nd month, the protocol shifted to address the issue of inflammation and infection with the initial focus on a candida fungal infection. Clearing Candida generates a strong die-off effect and Glacier formula was recommended to address this on 9/27/2024. Glacier clears Stomach Heat. It helps reduce digestive tract and systemic chronic inflammation to reduce insulin resistance and blood sugar levels, especially fasting glucose levels. One day after adding the Glacier, her fasting sugar levels were reduced from over 120 to 111. In the next 3 weeks it stabilized between 94 to 125 at an average of 105. In the 4th week, however, it started climbing again to an average of 117 (107-127). This confirmed that the active infections must be addressed.

Beginning the 3rd month on 10/30/2024, Tiger and Sugar Balancer formulas were added to address candida fungal infections. Tiger Formula helps remove systemic Heat Toxins and nurtures Qi and Yin. It helps clear fungal and candida yeast infections and enhance immunity to fight the fungal infection. It also helps repair the cellular damage caused by the infection. Sugar Balancer removes heat, toxins, and stasis from the digestive tract. It helps reduce inflammation, clear mycotoxins due to fungal or Candida yeast infections, and improve blood circulation in the pancreas and intestines. It also helps reduce fungal die-off effects.

During the initial 10 days of the protocol, her fasting blood sugar levels increased higher with some days exceeding 130 due to the strong die-off effects. Then it started to decrease to between 89 to 121 with an average of 107 in the next 23 days. By the end of the 3rd month, her constipation was much better and HbA1C levels had decreased from 6.5% to 5.7%.

Beginning the 4th month on 12/5/2024, the protocol shifted to address pancreatic beta cell tissue damage by adding Soup A and Sugar Clear. Soup A nurtures Lung Yin to help repair pancreas tissue damage and restore insulin production. Sugar Clear clears pancreas dampness and Qi stagnation and improves pancreas circulation to clear the waste accumulation and enhance insulin secretion.

After 2 weeks of the protocol, her blood sugar levels decreased drastically with the fasting blood sugar levels dropping below 70, blood sugar levels after lunch dropped to below 90 and blood sugar levels after dinner dropped to below 100. She felt shaky and had to drink juice to raise her blood sugar levels. It was then decided to cut her evening insulin dose of Humulin-R from 32 units to 25 units on 12/24/2024.

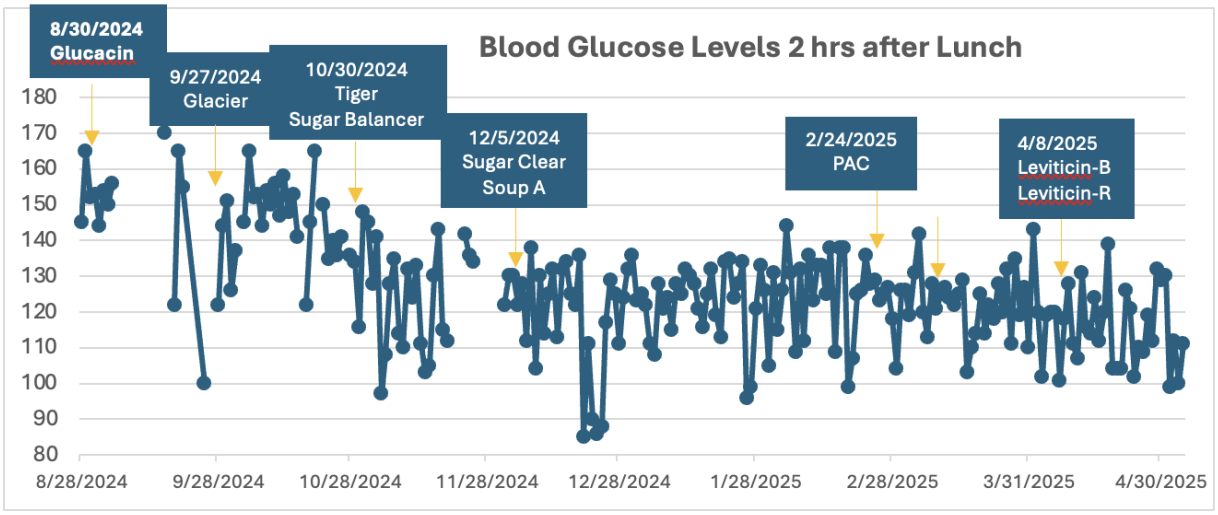
During the 5th and 6th month (January and February 2025), her fasting blood sugar levels stabilized between 90 to 127 with an average of 108, her blood sugar levels after lunch were at an average of 123 and her blood sugar levels after dinner were at an average of 130. The fasting blood sugar level did not decrease further. She was still a little constipated. She started to cough and had to clear her throat often. These symptoms may indicate that there were other types of infection in the pancreas being aggravated while on the pancreas nurturing protocol.

During the 7th month on 2/24/2025, PAC was added to help clear pancreas chronic inflammation and infections by nurturing Pancreas Qi and Yin. With the addition of PAC, her constipation further improved, and her bowel movements passed more easily. Her cough was gone and there was no need to clear her throat. In the next two weeks, her fasting blood sugar decreased from 108 to 99 on average with blood sugar levels after lunch at 124 on average and blood sugar levels after dinner at 131 on average.

After 2 weeks on 3/11/2025, PA was added to remove Heat and toxins from the pancreas, duodenum and small intestine, and clear inflammation and gram-positive bacterial infections. With the addition of PA, her constipation further improved. On 3/17/2024, her body weight had dropped by 34 lbs. (from 230 lbs. to 196 lbs.). During the 3 weeks after adding PA (3/11/2025 to 4/1/2025), her fasting blood sugar decreased from 99 to 92 on average with blood sugar levels after lunch decreased from 124 to 116 on average and blood sugar levels after dinner decreased from 131 to 126 on average. Her blood pressure had reached normal range from 150-160/70-80 to 120-130/70-80.

Then on the 4th week after adding the PA, her fasting blood sugar levels increased higher from 92 to 100 on average. This indicated that there were other types of bacteria in the pancreas which started to proliferate after the gram-positive bacteria were removed.

During the 8th month on 4/8/2025, Leviticin-B and Leviticin-R at half dose were added to help clear the pancreas gram-negative bacterial and mycobacterial infections. In the following month (from 4/8/25 to 5/5/25) her fasting blood sugar decreased from 100 to 89 on average, blood sugar levels after lunch were at 115 on average, and blood sugar levels after dinner remained at 133 on average. Her HbA1C was measured on 4/24/2025 and the results showed that it had decreased further from 5.7% to 5.6%. She lost 4 more lbs. of body weight from 196 lbs. to 192 lbs. and her energy levels have increased significantly. On 6/11/2025, her HA1C was measured and the results showed that it had decreased further from 5.6% to 5.5%. The patient was very happy with the results and was motivated to continue the treatment with the next goal to further reduce her insulin dosage and restore her kidney health.


Blood Glucose Levels 2 hrs after Lunch
8/30/2024 Glucacin
9/27/2024 Glacier
10/30/2024 Tiger Sugar Balancer
12/5/2024 Sugar Clear Soup A
2/24/2025 PAC
4/8/2025 Leviticin-B Leviticin-R
180
170
160
150
140
130
120
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100
90
80
8/28/2024
9/28/2024
10/28/2024
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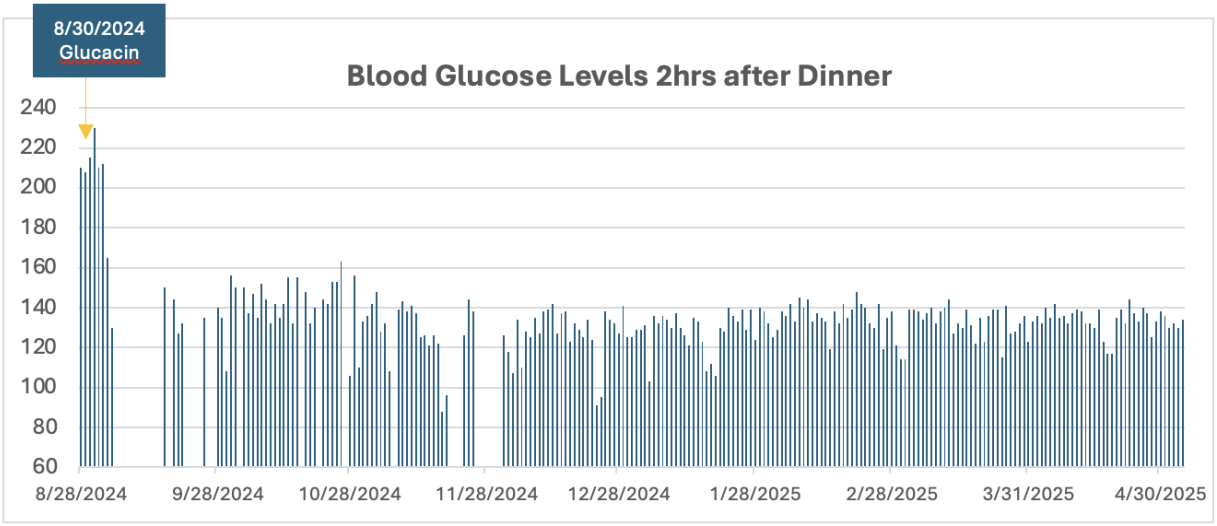
2/28/2025
3/31/2025
4/30/2025


8/30/2024 Glucacin
Blood Glucose Levels 2hrs after Dinner
240
220
200
180
160
140
120
100
80
60
8/28/2024
9/28/2024
10/28/2024
11/28/2024
12/28/2024
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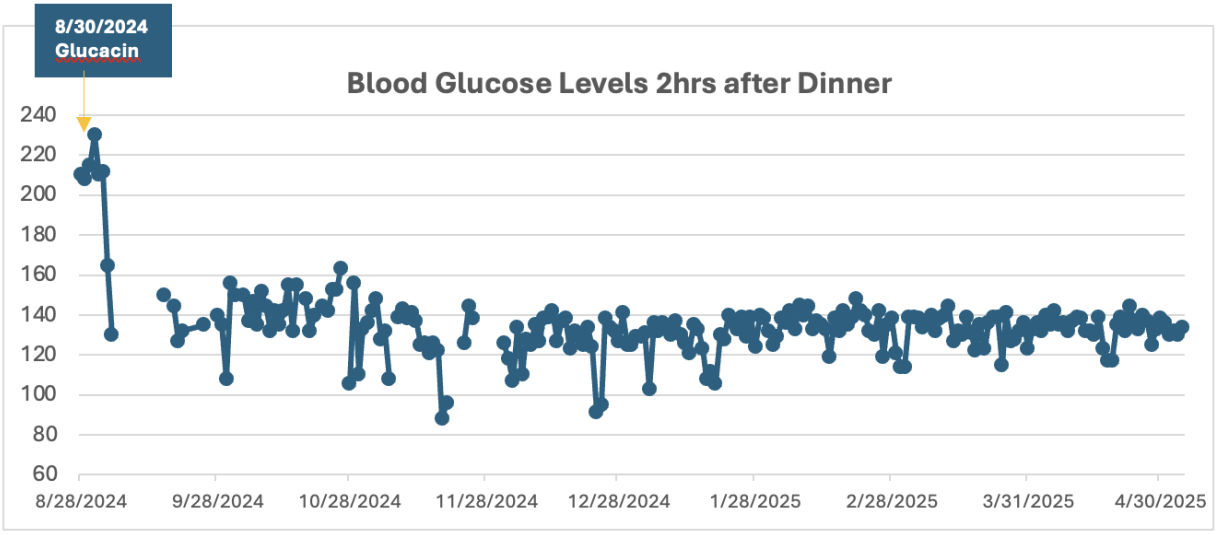
3/31/2025
4/30/2025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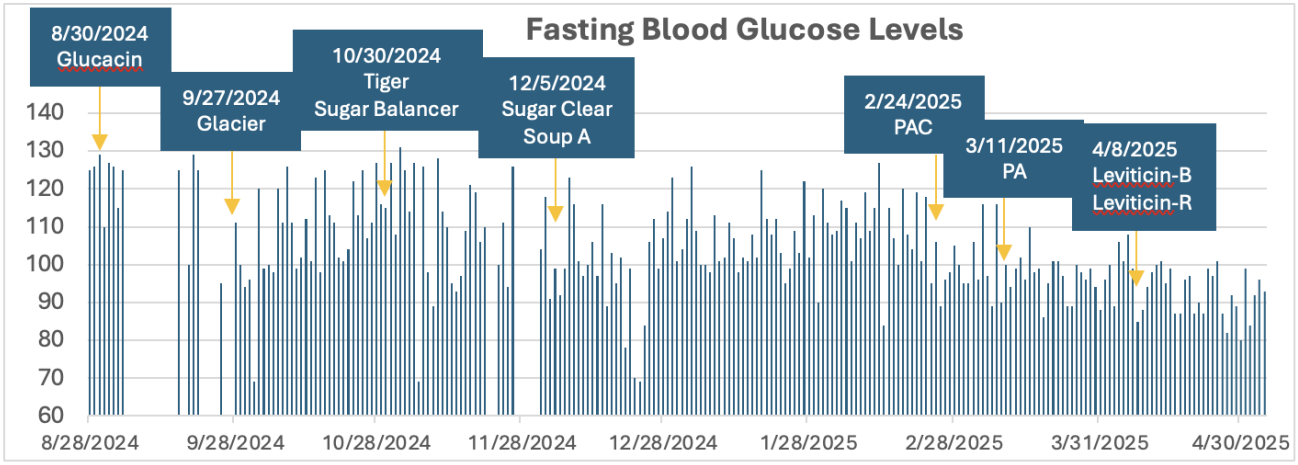
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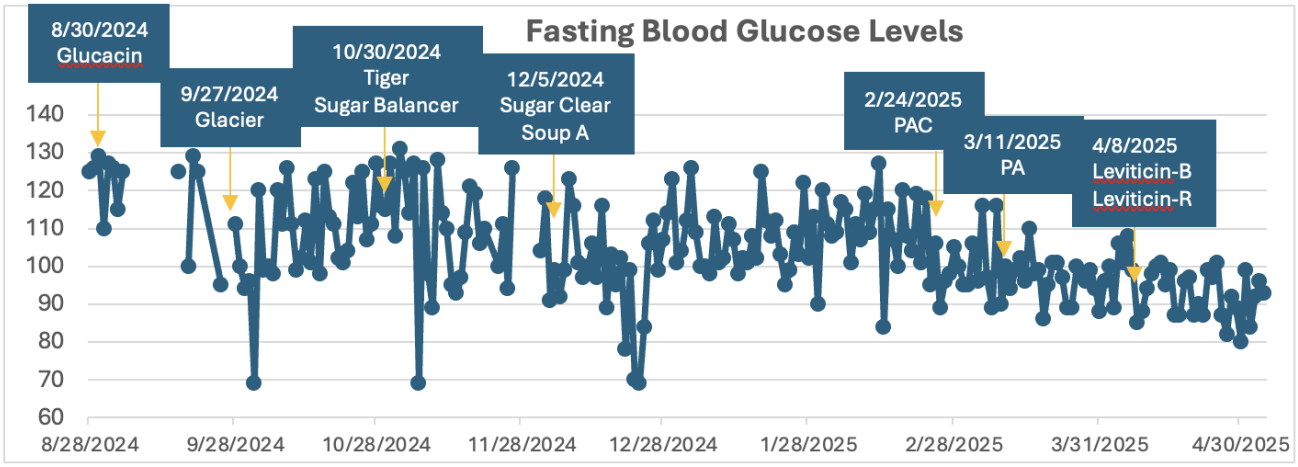
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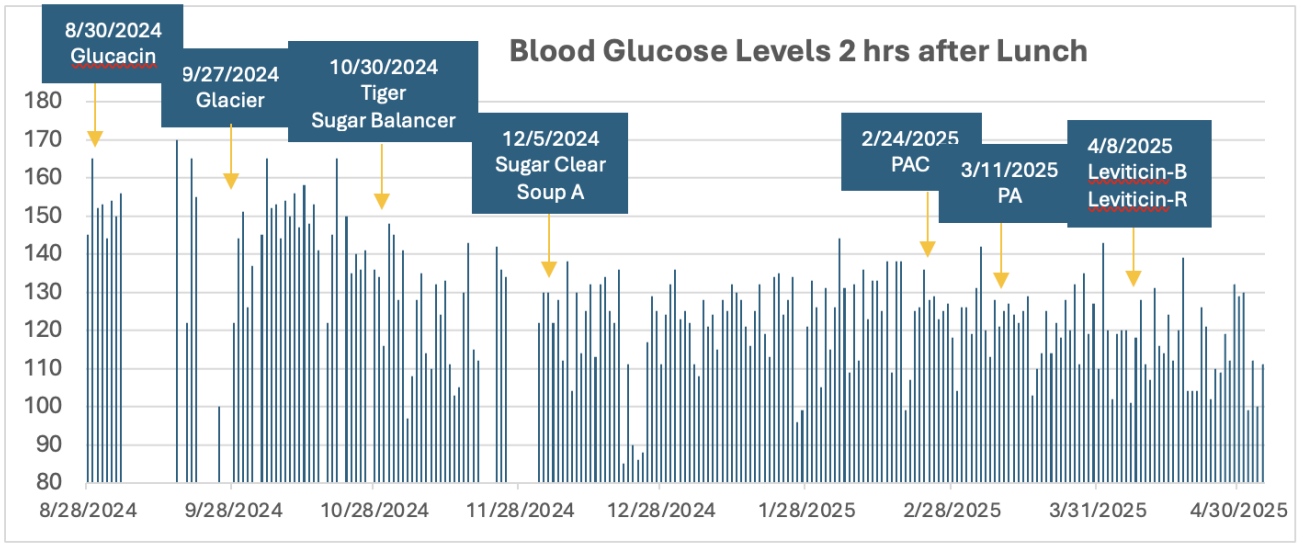
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4/30/2025