

Chronic Kidney Disease Treatment

Patient Guide

Living Better

With All Natural Treatment



Kidney Health Institute

As a leading innovator in natural care for Chronic Kidney Disease, our network practitioners are committed to offering all natural solutions to patients with Chronic Kidney Disease.

Through rich experiences and vast research, we have accumulated in-depth knowledge of caring for Chronic Kidney Disease patients. We have developed a rigorous approach which has demonstrated a great success over the past decade.

Care Quality is the Hallmark of Kidney Health Institute. We pay attention to details at every step of the treatment process. From assuring the highest quality of all the natural products we employ, to constantly monitoring the effectiveness of our treatment modalities. We closely track the progress of each individual patient.

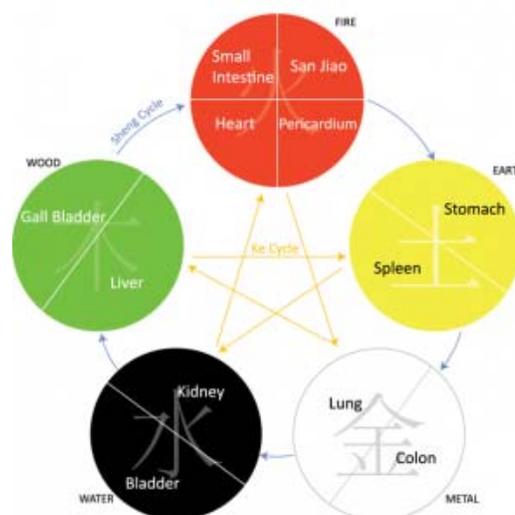
TCM Approach and Herbal Treatment

Our Chronic Kidney Disease treatment employs a Traditional Chinese Medicine (TCM) approach. TCM is based upon the premise of balance between the body's core organs and the structure (Yin) and function (Yang) within each organ. The relationship between these organs and the Yin/Yang within each organ is not completely understood, but scientific evidence has come to support many of the ancillary assertions of TCM such as the direct impact that specific naturally occurring compounds have on the regulation of the organ's activities.

Our treatment gives patients satisfactory results because our holistic approach addresses the root cause of CKD, which is critical due to the many impacts CKD has on patient's health.

Our treatment includes all-natural Chinese herbal formulas and other forms of natural treatments, such as acupuncture. The products required for CKD treatment include:

LC Balancer helps improve systematic microcirculation, by improving the structure of the renal tubules and glomerulus, and helps repair damage to the microcapillaries. In TCM, LC Balancer improves Kidney Yin. Improved microcirculation can also help patients with symptoms or conditions caused by microcirculation deficiencies such as



fibromyalgia.

Xcel improves kidney and adrenal function and restores filtration capability by enhancing kidney Yang. When the kidney function is improved, less metabolic wastes were retained and the patient's blood pressure can be improved. Patients will also experience less fatigue, flu-like symptoms, and water retention as well as better urination control and sleep quality, especially for patients with difficulty staying asleep.

KS helps clear inflammation and infection by the gram positive bacteria of the kidneys. In TCM, KS clears damp and heat in the kidneys. Reduced kidney inflammation helps patient to reduce protein and blood in urine as well as cortisol production. Patients will have less urination frequency, hot flashes, chills, decreased libido and incomplete or decreased urine output.

BI helps reduce inflammation and infection in the urinary bladder and urinary tract. It also helps repair bladder lining damage. In TCM, BI clears damp and heat in the urinary bladder and urinary tract. The treatment can help patients resolve acute and chronic UTIs with symptoms of pain or burning with urination, urgent urination and needs for frequent antibiotic treatments.

Formula C helps restore the integrity of connective tissue in the kidney and reduces its inflammation, which is nurturing *Real Kidney Yin in TCM*. CKD can cause damage to the kidney's connective tissue and the patients' kidney may shrink in size. Formula C in combination with other formulas helps to restore kidney structure.

Anemic Formula nurtures the blood. It helps increase red blood cell production by bone marrow. Patients with stage 3 CKD may develop anemia with symptoms of generalized fatigue because damaged kidneys can't produce normal levels of erythropoietin to stimulate the bone marrow to produce red blood cells. Anemia can directly cause further progression of kidney disease. Renal ischemia due to reduced oxygen worsen renal medullary hypoxia, leading to renal interstitial injury and fibrosis. Anemic Formula helps stimulate red blood cell production by bone marrow to resolve the anemia condition.

K-2 clears damp heat toxins in the kidney. It helps clear kidney infections caused by gram negative bacteria. Gram negative bacteria lack of bacteria cell wall structure and do not respond well to antibiotics that target bacterial cell wall synthesis. Low virulence gram negative bacteria are not actively reproducing and antibiotics which target bacteria protein or DNA synthesis are not effective. The infection can cause kidney tissue damage and reduced kidney function leading to the development of CKD. K-2 helps clear gram negative bacterial infections to stop the progression of CKD.

Nefnin removes cold damp toxins from the kidney. It helps clear kidney infections caused by mycobacteria. Mycobacteria are intracellular gram negative bacteria which do not respond well to many antibiotics. The infection can cause kidney irritation, damage, cyst and scarring with reduced kidney function leading to CKD. Symptoms include cloudy urine, bubbles in urine and increased urination frequency and night urination. Mycobacteria is usually con-infected kidneys with gram negative bacteria which can harbor mycobacteria. Nefnin which is recommended together with K-2 helps clear kidney mycobacterial infections.

Mycocin removes damp and heat toxins from the lower jiao. It helps clear mycobacterial infection in the reproductive tract and urinary tract.

Renogen helps remove blood stasis in the kidneys. It helps dissolve kidney scar cysts, and fibrotic tissues. Kidney scars can be caused by renal ischemia or mycobacterial infection. Nefnin should be used together with Renogen to help clear mycobacteria. If patients' bladder and/or reproductive tract is also involved, Mycocin is required.

Cellgen nurtures Kidney Yang. It promotes tissue regeneration, repairs cellular damage, and reverses tissue regeneration. It is recommended when the infection issue has been addressed.

Treatment Recommendation

Stage 1-2 CKD Treatment Recommendations

Patients with Stage 1-2 CKD have mild kidney damage with GFR above 60 and elevated creatinine and BUN levels. Recommended treatments include LC Balancer, KS and Xcel. BI may also be required for patients with bladder inflammation and infections. Patients can experience symptom improvement after 2-4 weeks of treatment with better energy, reduced swelling and bubbling of urine, better appetite and sleep quality. Improved kidney function can be achieved in 1-2 months with improved GFR, creatinine and BUN levels.

Stage 3 CKD, Anemia and HBP Treatment Recommendations

Patients with stages 3 CKD have moderate kidney damage. The GFR is 30-60 and blood creatinine and BUN levels are further elevated. The connective tissue in the kidney may have damage causing symptoms of night sweats, cold hands and feet, feeling unwell, food allergies, gluten intolerance, and leaky gut. Patients may also develop high blood pressure, anemia, and/or early bone disease. Patients may experience generalized fatigue because damaged kidney can't produce normal levels of erythropoietin to stimulate the bone marrow to produce red blood cells. Anemia can directly cause further

progression of kidney disease. Renal ischemia due to anemia and reduced oxygen worsen renal medullary hypoxia, leading to renal interstitial injury and fibrosis.

Patients' blood pressure may not be controllable even with blood pressure medications due to retention of salts, wastes and extra fluid in the blood caused by decreased filtration function from damaged filtering units in the kidneys, and impaired sodium excretion in the kidney causing increased peripheral resistance.

Common drugs used in CKD patients to control their blood pressure are angiotensin-converting enzyme (ACE) inhibitors and angiotensin receptor antagonists. Both of these drug classes can decrease Hemoglobin concentration in patients with diabetes and CKD causing worsening of symptomatic anemia.

Recommended treatment for patients with such conditions include LC Balancer, KS, Xcel, Formula C and Anemic Formula. BI may also be required for patients with bladder inflammation and infections. Patients can experience improvement in their blood pressure and anemia related symptom with 2-4 weeks of treatment. Sustained increase of red blood cell counts can be achieved with 4-6 weeks of treatment. With 6 weeks to 3 months of treatment, patients can reduce or stop taking their blood pressure medication while maintaining their blood pressure in the normal range. With 2-3 months of treatment, patients will have significant improvement in their kidney function with improved creatinine, BUN and GFR levels.

If patient's improvement is not as expected, there is usually underlying gram negative bacterial and mycobacterial infections. Please refer to Stage 4-5 CKD treatment.

Stage 4-5 CKD, Chronic Kidney Infections and Cardiovascular Conditions

Patients with stage 4 CKD have advanced kidney damage and a severe decrease in the GFR at 15-30 and severe increase of BUN and creatinine levels. Stage 5 CKD is considered end stage renal disease (ESRD) with a GFR of 15 or less, much higher BUN levels, and the creatinine level is more than 4.5. At this advanced stage, about 85% to 90% of patients' kidney function is gone, and dialysis or a kidney transplant may be recommended. Patients may have not only uncontrollable blood pressure, anemia, but also have developed a cardiovascular condition and chronic infections.

Phase I treatment recommendation is the same as Stage 3 CKD treatment including LC Balancer, Xcel, KS, Formula C and Anemic Formula to help patients regain their blood pressure control, improve kidney filtration and anemic condition. Patients can experience improvement in energy, blood pressure and anemic condition with 1-2 months of treatment.

Phase II treatment recommendation is to address chronic kidney infections while maintaining the recommended Phase I treatment.

Glomerulonephritis is the 3rd leading cause of CKD. CKD patients are also more prone to infection because of related conditions such as diabetes, or inadequate calorie and protein intake. Chronic infections can cause damage and scarring to the kidney leading to accelerated kidney degeneration. A suppressed immune system in CKD patients due to uremia results in an increased susceptibility to infections. Around 48% of deaths in CKD patients are associated with these infections.

Infection by intracellular mycobacteria such as mycoplasma pneumoniae and Chlamydia pneumoniae is common among CKD patients. IgA nephropathy has been found to associate with Mycoplasma pneumonia infections.

Gram negative bacteria is a common co-infection of mycobacteria. Both mycobacteria and gram negative bacteria lack of bacteria cell wall structures and do not respond well to antibiotics that target bacterial cell wall synthesis. Some of them have a low virulence and are not actively reproducing, rendering antibiotics which target bacteria protein or DNA synthesis ineffective. The infection can cause kidney tissue damage, scarring and reduced kidney function leading to the development of CKD.

Nefnin is recommended for infection with mycobacteria in the kidney. Renogen is also required to help dissolve scarring to assist the clearance of infections. If patients also have mycobacteria infections in the bladder and genital area, Mycocin is recommended. K-2 is recommended to help clear gram negative bacteria from the kidney.

Patients should experience symptom reduction with 1 week of treatment. 4-6 weeks of treatment may be required for significant improvement with sustained results. After the infection is cleared, Cellgen is recommended to enhance kidney tissue regeneration and repair cellular damage. After 2-3 months of Phase II treatment, patients should have improved kidney structure and function with an increase in GFR and a decrease in BUN and creatinine levels. Total 6-9 months of treatment may be required.

Phase III treatment recommendation is to address cardiovascular conditions while maintaining the recommended Phase I or Phase II treatment.

Under anemic conditions, the heart contracts harder to meet the body's oxygen demand. Over time it causes left ventricular hypertrophy (LVH) and heart failure. Heart failure causes further renal function deterioration and leads to a vicious cycle termed the "cardiorenal anemia syndrome" which significantly increases morbidity and mortality of CKD patients. Over 50% of CKD patients are likely to die from

cardiovascular disease. End-stage CKD patients and dialysis patients have eight times the mortality rate of their age-matched counterparts in the general population.

CKD patients can develop several types of heart conditions, such as Congestive Heart Failure, Pericarditis and Pericardial Effusions, and Arterial calcification. Since the heart condition develops over a long period of time, patients can be asymptomatic. As the heart related symptoms overlaps with CKD, their heart condition can be easily overlooked in their treatment. However, these cardiovascular complications have to be addressed in order to help CKD patients improve their kidney condition.

The Phase II treatment can help CKD patients to improve their kidney condition as well as their cardiovascular conditions. Patients can experience significant improvement in their symptoms with greatly enhanced energy levels. However, if patients have advanced cardiovascular conditions, their blood work may show increased blood creatinine and BUN levels. This reflects the response of the heart condition to the kidney and anemia treatment by down-loading toxic waste from the heart (Refer to the Testimonies Session). As patients continue the treatment, their blood work will eventually show a decrease of blood creatinine and BUN levels. Depending on the severity of their cardiovascular complication, it may take over 9 months before their blood work shows improvement. However, after the heart complication is resolved, patients can expect gradual reduction of 0.1 in blood creatinine with each month of kidney treatment.

To accelerate the improvement of their heart condition, additional treatment recommendation includes CV, Myogen, Qi Booster and B-2 with optional Kardinin/M-2 if patients also have infective endocarditis caused by mycobacteria and gram negative bacteria. With the additional formulas, the process can be shortened to 3 months or less. During the heart treatment, patients will experience further enhanced improvement of their energy while their blood creatinine and BUN keeps climbing up followed with a sharp decline after the toxins in the heart have been cleared. Then patients will have 0.1 reduction of their creatinine level with each month treatment.

High Blood Sugar

While diabetes can cause CKD, it is also a common complication of CKD. Patients with CKD have decreased insulin secretion by the pancreatic β -cell and resistance to insulin in their liver and muscle cells.

The treatment solution can help CKD patients effectively bring down their blood glucose levels into a normal range measured by fasting glucose level and HA1C tests. Patients can experience improved blood sugar levels with 2-4 weeks of treatment. With 6 weeks to 3 months treatment, patients can reduce or stop taking their blood sugar medication

or insulin while maintaining their blood sugar in the normal range.

CKD Patients with diabetes and are on insulin may see decreased insulin needs as their CKD becomes more advanced. The insulin endogenously secreted by the pancreas is removed from the blood by the liver, while the exogenous insulin which is taken as medicine is eliminated by the kidney. As the patients' kidneys are failing, insulin can be circulating in the blood without being catabolized when the CKD reaches end stage. Patients may need reduced insulin or even do not need insulin anymore. When patients with such complications use Wei Lab's treatment, they may experience a transient increase of their blood sugar for a short period of time as the kidney starts disposing insulin. As the treatment continues their blood sugar will be back to normal. It may be necessary to adjust their insulin intake as needed during this period of time.

If patients do not respond well to these treatment, or if patients have difficulty with urination, there may be underlying other types of infections and other formula may be required.

Selected Herbs Employed

Processed Rehmannia Root (Shudihuang/Radix Rehmanniae Preparata)



Radix Rehmanniae Preparata balance the Yin. It is commonly used to treat conditions caused by yin deficiency such as allergies, anemia, cancer, constipation, diabetes, fever, eczema, high blood pressure, bacterial and fungal infections, rheumatoid arthritis, osteoarthritis, insomnia, and pain.

Research has shown that Rehmannia Root has reno-protective effect in progressive renal failure. The research suggests that the reno-protective effect might be mediated by suppressing the expression of angiotensin II and AT receptor and by regulating TGF- β 1 and type IV collagen expression. Research also finds that Rehmannia Root facilitates blood sugar reduction and shows anti-inflammatory activity.

Rhizoma Dioscoreae (Shanyao/ Common Yam Rhizome)



Rhizoma Dioscoreae reinforces spleen, lung and kidneys and arrests excessive essence depletion. Rhizoma Dioscoreae can replenish qi (vital energy) and enrich yin.

Research has shown that Rhizoma Dioscoreae has reno and hepato-protective effects. For rats with acute kidney and liver injuries, Rhizoma Dioscoreae extracts decreased damage in renal tubules, and decreased inflammation in the central vein and necrosis in the liver tissue.

Poria (Fuling/Indian Bread)



Poria has been used for the treatment of chronic kidney disease (CKD) for thousands of years in China. Poria promotes urination, regulates fluid distribution, enhances spleen, and calms the mind. Research indicates that Poria ameliorate Chronic Kidney Disease by intervening in some dominating metabolic pathways, such as fatty acid metabolism, phospholipid metabolism, purine metabolism and tryptophan metabolism.

Cortex Moutan (Mudanpi/Tree Peony Bark)



Cortex Moutan is traditionally used to clear heat and cool blood, activate blood and resolve stasis, reduce deficiency heat.

Cortex Moutan has been shown to hold a protective effect on inflammation in several diseases. Research shows that Cortex Moutan has amelioration activity on the

inflammation in kidney mesangial cells, which makes it a beneficial agent for the prevention and treatment of diabetic nephropathy. In another study conducted by Mei-Yi Lin, et al, Moutan Cortex also demonstrate its antibladder tumor effect.

Fructus Corni (Shanzhuyu/ Asiatic Cornelian Cherry Fruit)



Fructus Corni stabilizes and strengthens the kidneys, tonifies livers, astringes body fluids, and stops excessive sweating. A series of research suggests that Fructus Corni exhibits protective effects against diabetic renal damage. One of the chemical component of Fructus Corni, morroniside, is found to be largely responsible for protective effects.

Rhizoma Alismatis (Zexie/Oriental Waterplantain Rhizome)



Rhizoma Alismatis promotes urination and leaches out Dampness. Traditionally it's used for treating urinary disorders with pain, difficulty, or dribbling, edema, dizziness, vertigo, and diarrhea. Research has proved its urination promotion effect at a lower dosage, which is related to the sodium–chloride co-transporter in the renal distal convoluting tubule. Research also demonstrated that Rhizoma Alismatis helps prevent kidney injuries due to hypertension.

Ramulus Cinnamomi (Guizhi/Cassia Twig)



Ramulus Cinnamomi expels cold to relieve exterior syndrome, warms the meridians to promote coronary circulation, and promotes body-fluid metabolism. Ramulus Cinnamomi has many beneficial effect, including:

- Decoction and cinnamic aldehyde have cooling and antipyretic effects
- Decoction and ethanol extract have inhibition on Staphylococcus aureus, Staphylococcus, Salmonella typhi, common pathogenic dermatophyte, Shigella, Salmonella enteritidis, Vibrio cholerae, influenza virus, and more
- Cinnamon oil and cinnamic aldehyde have inhibiting effect on Mycobacterium tuberculosis
- Cinnamon oil invigorates stomach, relieves gastrointestinal spasms, induces diuresis, keeps the heart pumping, and other effects
- Cinnamic aldehyde has analgesic, sedative, and anticonvulsant effects
- Its volatile oil has cough-relieving and expectorant effects

Ingredients

LC Balancer: Reishi, Penta Tea, American Ginseng

Xcel: Rehmannia Root (Processed), Common Yam Rhizome, Indian Bread, Tree Peony Bark, Asiatic Cornelian Cherry Fruit, Oriental Waterplantain Rhizome, Prepared Common Monkshood Daughter Root, Cassia Twig

KS: Shearer's Pyrrosia Leaf, Talc

BI: Cattail Pollen, Chinese Angelica, Red Peony Root,

Formula C: Rehmannia Root (Processed), Common Yam Rhizome, Asiatic Cornelian Cherry Fruit, Dodder Seed, Medicinal Cyathula Root,

Anemic: Sanchi, Rehmannia Root (Processed), Common Yam Rhizome, Indian Bread, Tree Peony Bark, Asiatic Cornelian Cherry Fruit, Oriental Waterplantain Rhizome

K-2: Anur Cork-tree, Asiatic Cornelian Cherry Fruit, Baical Skullcap Root, Barbary Wolfberry Fruit, Coix Seed, Common Yam Rhizome, Epimedium Herb, Licorice Root (processed with honey), Motherwort herb, Oldenlandia Diffusa, Oriental Waterplantain Rhizome, Tangshen

Nefnin: Asiatic Cornelian Cherry Fruit, Barbary Wolfberry Fruit, Chinese Magnoliavine Fruit, Chinese Wolfberry Root-bark, Desertliving Cistanche, Fleeceflower Vine, Licorice Root (processed with honey), Oyster Shell, Rehmannia Root, Rehmannia Root (Processed)

Mycocin: Chinese Angelica, Flos Lonicerae, Largehead Atractylodes Rhizome, Peach Seed, Plantain Seed, Safflower, Weeping Forsythia Capsule

Renogen: Perilla Leaf, Medicinal Evodia Fruit, Desertliving Cistanche, Epimedium Herb, Cablin Patchouli Herb, Twotooth Achyranthes Root, Prepared Common Monkshood Daughter Root, Milkvetch Root, Tangshen, Rhubarb, Golden Thread, Processed Pinellia Tuber, Dried Ginger, Plantain Seed

Cellgen: Cassia Twig, Chinese Angelica, Dahurian Angelica Root, Danshen Root, Epimedium Herb, Morinda Root, Perilla Leaf, Red Peony Root, Tree Peony Bark

The herbal ingredients we incorporate in our formulas are sourced from FDA approved domestic vendors and all of our formulas are manufactured in a cGMP facility located in Santa Clara, California in compliance with FDA regulation. After over ten years of intense application of herbal treatments, we have not encountered any interactions with our patients' pharmaceutical medications.

Selected Case Studies

Chronic Kidney Condition with Congestive Heart Failure

Patient from Suffern, New York (August 2016)

91 y.o. male patient who had been diagnosed with stage 2-3 kidney failure visited the clinic and looked for help to manage his kidney condition. Practitioner recommended the kidney care products from Wei Laboratories including LC Balancer, Xcel and KS at 6 bottles of each with Anemic Formula and Formula C at 1 bottle of each. After finishing the 6 weeks initial treatment, his creatinine levels reduced from 2.1 to 1.8. Patient continued the treatment for another 4 weeks, his creatinine levels further reduced to 1.7. At this moment his BUN levels are at 49 and GFR is 40.4. The protocol seems to be working pretty good.

In the next 3 months, patient started taking the products at a much lower dosage (less than 1/3 of the original dosage). The blood work showed the BUN levels are improved, however, the creatinine levels are back to 2.1 and the GFR dropped to 32. However, patient reported that he feels very good. Patient also revealed that he has congestive heart failure. The practitioner thought the explanation of the patient's good feeling and worse blood test may reflect his heart offloading wastes. A heart treatment including CV, B-2, Qi Booster and Myogen at 2 bottles of each is recommended together with the kidney treatment including LC Balancer, Xcel, KS, Formula C and Anemic at 4 bottles of each. 10 days later, patient reported that he was feeling really well with the combined treatment. His hemoglobin level has raised to 12.5 from 10.1. His BUN is at 42 and the creatinine dropped to 1.8. The patient complained his leg felt heavy and 2 bottles of Java was recommended. 3 months later, his blood work showed a big improvement with the creatinine at 1.5.

Type II Diabetes Complication in CKD

Patient from Bend, Oregon (January 2016)

A 64 y.o. male patient had Stage IV chronic kidney disease and diabetes. His glucose was at 139, BUN at 53, and creatinine at 4.5. The kidney treatment 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 have dropped to 105 mg/dL. Before it had never been below 130. 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.

Chronic Kidney Disease with Mitral Valve Prolapse

Patient from Baton Rouge, Louisiana (December, 2015)

52 year old female patient was experiencing symptoms of night sweats, cold hands, hot flashes, fatigue, and anemia. Initial blood analysis revealed her GFR at 14, Creatinine at 3.38, and BUN at 50. After reviewing her case history, the practitioner recommended an initial 4 week treatment protocol of Xcel to strengthen kidney function, LC Balancer to support microcirculation, Formula C to restore kidney connective tissue, and KS formula to remove kidney inflammation.

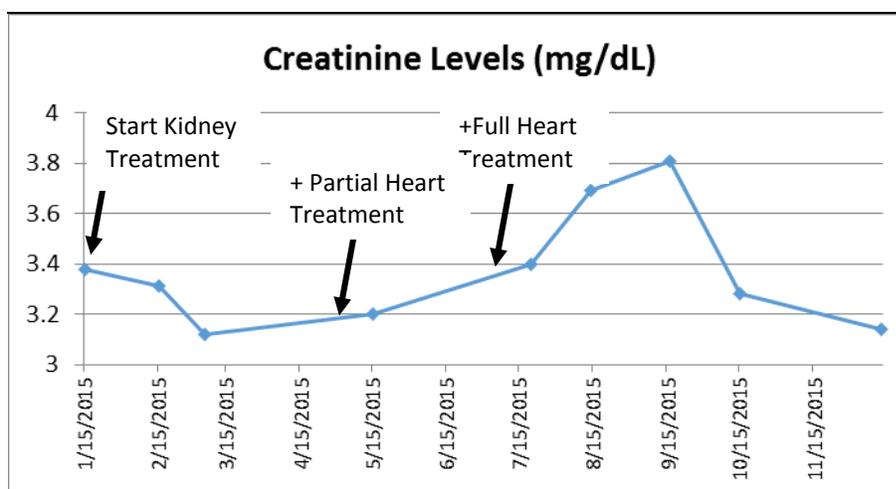
After a month, the patient reassessed her blood work. Her GFR was at 15, Creatinine at 3.31, and BUN at 44. Her bloodwork revealed excessive protein in her urine. For the following month of treatment, the practitioner recommended continuing with the LC Balancer, KS formula, and Formula C. He reduced the dosage of Xcel to 1/3 so as to not put too much pressure on the kidney. Towards the end of the month the patient discovered she had a cyst and also experienced bouts of dizziness. The practitioner recommended adding B-2, to support her lymphatic circulation and Spleen, and Qi Booster, to improve blood flow to the heart, at half dose along with the other products she was already taking.

Seeing consistent but slow improvement, the patient remained on the same protocol for the following two months. She reported that her MD wanted her to get a kidney transplant. The following month the patient discovered she had a mitral valve prolapse. Our practitioner recommended adding Myogen, to support heart function, and Nuresis, to improve bladder control, along with the other treatments she was already taking. After taking the Myogen and Nuresis for one month the patient reported that her heart felt more normal and she did have better bladder control.

Heart conditions such as pericardial effusion is a common complication for end stage chronic kidney disease patients. Since the patient is responding well with the initial heart treatment, the following month our practitioner recommended to continue with the Myogen to help unload the metabolic waste from the pericardium and add CV, B-2 and Qi Booster to dissolve atherosclerotic plaques from blood vessels with additional kidney formula including Renogen to remove scar tissue in the kidney and Cellgen to promote cell growth of the kidney. The following month the patient had a re-evaluation of her blood work and found her GFR was at 14, BUN at 44, and Creatinine at 3.81. The increased level of BUN and Creatinine is indicating release of wastes from a possible pericardial effusion. The patient continued treatment for 3 more months adding in the Anemic formula to help her anemic condition now that her kidney was stronger. The

blood work after 2 months of heart treatment started showing improvement with her GFR at 15, BUN at 53 and creatinine at 3.28. After 3 months of treatment the blood work showed her creatinine was further decreased to 3.14 with the GFR at 15 and BUN at 45. Patient is continuing the treatment for both her kidney and heart conditions. The patient finally reported that she was seeing constant progress with her condition rather than seeing degradation.

Date	Before Rx	2/15/15	3/6/15	5/15/15	7/20/15	8/14/15	9/16/15	10/15/15	12/13/15
Treatment	None	Kidney	Kidney	+Partial Heart	+Full Heart				
BUN	50	44	39	69	57	48	44	53	45
Creatinine	3.38	3.31	3.12	3.2	3.40	3.69	3.81	3.28	3.14
GFR	14	15	16	15	14	13	14	15	15



Kidney Failure

Patient from Milpitas, California (July, 2015)

A 52 year old female was diagnosed with kidney failure, as her kidneys were only functioning at 10%. Her Creatinine was 6, BUN level was 39, Urine Creatinine was 119, and parathyroid hormone (PTH) was 116 due to elevated calcium. Our practitioner recommended KS, BI, and LC Balancer to remove heat in the kidney and bladder as well as increase microcirculation. After 1 month, the practitioner recommended Xcel and LC Balancer to strengthen the function and structure of the kidney. The patient reported an increase in energy and was in high spirits after only using the kidney products. Her MD also advised her to continue treatment due to her improvement. Our practitioner then recommended a full kidney treatment by using Anemic Formula to nurture the blood, Formula C, to restore the integrity of the connective tissues of the kidney, Xcel, KS, and

LC Balancer. After another month, our practitioner removed Anemic Formula from the treatment plan and added Brown Juice to nurture the liver. The patient continued to see improvement in her symptoms and overall well-being.

To further improve her kidney structure and function, our practitioner advised the patient to continue treatment and added Cellgen to repair cellular damage and reverse tissue degeneration. After only a month, her GFR increased from 8 to 12! The patient is happy with her improvement and will continue treatment.

Kidney Failure, High Blood Pressure and Anemia

Patient from Cleveland, Ohio

A patient was diagnosed with diabetes and kidney failure with symptoms of high blood pressure, low energy, poor sleep and bubbles in urine. His quality of life was severely diminished and was put on dialysis 3 times a week to support the kidneys as well as anemia shots for low iron levels. The patient began an herbal treatment with products from Wei Laboratories consisting of LC Balancer, Anemic Formula, and Xcel Capsules while keeping his medications and routine dialysis. After 2 weeks of treatment hemoglobin levels improved dramatically and doctors determined the patient no longer needed iron supplement injections. Blood pressure levels improved to that comparable to a 17 year old. Urine quality improved and there was a significant reduction of bubbles in the urine. This indicated less protein in the urine, a sign of improved kidney structure and function. The doctor was very impressed with these results. The patient reported much better energy levels and sleep quality. Night time urination also was no longer an issue. The patient is still undergoing treatment and is showing excellent progress.

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