

Chronic Lung Disease Treatment

Patient Guide

Breathing Better

Living Healthier

With All Natural Treatment

Introduction

We specialize in treating chronic lung diseases including Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Chronic Bronchitis, Pulmonary Fibrosis, Sarcoidosis, Interstitial Lung Disease, Bronchiectasis and Cystic Fibrosis. Using a rigorous approach and all natural herbal solutions, we have successfully treated over 2,000 chronic lung disease patients with superior clinic results since 2002. As a leading innovator in the field of natural and wellness care, we are committed to offering an effective solution to help patients with chronic lung conditions. Care quality is the hallmark of our service and patients' progress are closely monitored throughout the entire treatment process to ensure treatment success and patient satisfaction.

TCM Approach and Herbal Treatment

Our chronic lung disease treatment employs a TCM approach. The core formulas are Soup A, Soup B and LC Balancer.

Soup A nourishes the lung structure and assists in new tissue generation by enhancing alveoli and bronchi regeneration and reducing the elastin degradation. In TCM, Yin is referring to the structure integrity. The lung tissue degeneration is viewed as lung Yin deficiency. Soup A helps lung tissue repair through nurturing the lung Yin.

Soup B helps dissolve scarring in the lungs and fibrotic tissue by facilitating the specific catabolic process to replace scars or fibrotic tissue with newly regenerated lung tissue. Soup B is required for patients who have severe COPD, Pulmonary Fibrosis or Sarcoidosis. In TCM, lung scar tissue is viewed as a type of stasis. The Soup B helps reverse the lung scar through breaking up the stasis.

LC Balancer enhances the microcirculation and clears up mucus and inflammation in the bronchial tubes to facilitate a more productive cough. It nurtures kidney Yin in TCM.

Since the damaged lung tissue or fibrotic tissue is replaced by new tissue, patients can experience less shortness of breath and coughing with phlegm and better energy levels in 2-4 weeks. If patients are on oxygen, they will have improved oxygen saturation time, and reduced oxygen usage in 1-2 months. After finishing the treatment, which may take 1-9 months depending on the severity of the condition, patients should see significant improvement in their lung structure and function with sustained results which can be confirmed by a lung function test and chest X-ray.

Summary of Required Formulas and Treatment Time

The required formulas and treatment time depends on the type and severity of the condition. Here is a brief summary:

1) COPD, Emphysema and Chronic Bronchitis

In Emphysema, the lining between air sacs (alveoli) becomes damaged creating air pockets. Air is trapped in the pockets, and the lungs have difficulty blowing the air out. The most common symptom is shortness of breath, especially with exertion. Other symptoms include wheezing, dry cough, and chest tightness with exercise.

Chronic Bronchitis refers to chronic inflammation of the bronchi causing bronchi lining degeneration with loss of cilia cells which are hair-like appendages that keep the airways clean of dust. Cilia cells are replaced by goblet cells which secrete mucus creating a warm, moist environment for growing bacteria. Cough and phlegm production are the most common symptoms. Other symptoms include shortness of breath, wheezing, and difficulty breathing when lying down.

COPD involves both emphysema and chronic bronchitis with damage to both the air sacs and bronchi which causes symptoms of shortness of breath and coughing with phlegm.

Patients with mild (usually under the age of 50, FEV1>80%) or moderate (usually between the ages of 50 to 65, FEV1 50 to 79%) COPD, emphysema, or chronic bronchitis and who are not on oxygen require Soup A and LC Balancer. In the early stage, scar tissue has not formed, and the treatment focuses on facilitating the new tissue growth. Patients can notice symptom improvement in 1-2 weeks. 2-4 weeks of treatment is required for mild conditions and 1-2 months of treatment is required for moderate conditions to achieve significant

improvement of the lung structure and function with sustained results.

Patients with severe conditions (typically over the age of 65, FEV1 30 to 49%) and who are on oxygen require Soup A, Soup B, and LC Balancer. In the late stage, lung scar tissue has developed. The treatment needs to address both lung tissue regeneration using Soup A and LC Balancer and scar removal by using Soup B. Patients should notice improvement in shortness of breath, less coughing, more productive phlegm, and an improvement in oxygen saturation time and energy level in 2-4 weeks. With 1-2 months of treatment, patients will have reduced oxygen dependence as their lung structure and function are improving. Reversed lung degeneration can be achieved with over 3 months of treatment. Patients with very severe end stage conditions (FEV1 < 30%) and who are on oxygen 24/7 due to respiratory failure, may require over 6 months of treatment.

2) Pulmonary Fibrosis and Sarcoidosis

In pulmonary fibrosis, the lung tissue becomes scarred or thick. Scarring typically starts at the edges and progresses towards the center of the lungs, which makes breathing more and more difficult. Symptoms include dry cough and shortness of breath during activities. Many patients live only about 3 to 5 years after diagnosis.

Sarcoidosis involves the growth of inflammatory cells, and/or granulomas that mostly form in the lungs or associated lymph nodes. Almost all patients have symptoms of dry cough, shortness of breath, and fatigue.

Both conditions require Soup A, Soup B, and LC Balancer regardless of the severity of their condition due to scarring in the lungs and/or granuloma formation. Patients should experience improvement in their shortness of breath, coughing and energy level in 2-4 weeks. Patients who are in the early stages and are not on oxygen require 1-3 months of treatment to achieve reversal of their lung condition. Patients who are in the late stages and are on oxygen require 4-6 months of treatment. Patients who are in the end stages require 8-9 months of treatment.

3) Cystic Fibrosis, Interstitial Lung Disease, Bronchiectasis

The treatment for Cystic fibrosis and interstitial lung disease will be the same as the IPF treatment. Bronchiectasis is a more complicated condition. Mild and moderate conditions require 1-2 months of Soup A, Soup B, LC Balancer and ClearLung. Severe cases require 2-3 months of Soup A, Soup B, LC Balancer, ClearLung and kidney formulas including Pituitary Formula, Xcel, and Formula C.

4) Complications and Additional Formulas Required

Patients with end stage or terminal conditions usually develop one or more complications due to other organ deficiencies or failure. Additional treatments may be required to improve the other organ's condition in order to improve their lung condition. Below, are the most common types of complications and required treatment. Please consult your Practitioner for further evaluation of your complications and obtain your customized treatment recommendation.

a) Lung Inflammation

If you have a cough with colored phlegm or are having, just had, or about to have the flu, 1-4 weeks of ClearLung is required to remove lung heat and reduce lung inflammation. Depending on the patient's condition, ClearLung can be taken alone before the core treatment or they can be taken together.

b) Extremity Edema and Congestive Heart Failure

The most common complication of late or end stage chronic lung diseases is congestive heart failure with lower extremity edema. It results from the heart working harder to compensate for poor lung function. Patients may use diuretics such as Lasix to relieve the ankle swelling by pushing the kidney to expel more water. Congestive heart failure can cause shortness of breath. Mild or moderate heart conditions can be improved as the lung condition improves; however, if the heart condition is severe, patients may not experience breathing improvement with the lung treatment. Java Sauce is required in addition to the core treatment to improve the lymphatic circulation and alleviate the pressure on the heart. Patients should experience breathing improvement with 1-4 weeks of Java Sauce combined with the core treatment.

c) Acid Reflux, GERD, Poor Digestion, and Constipation

Acid reflux, GERD, poor digestion, and constipation are common complications.

- Acid reflux has been viewed as a major cause of chronic lung diseases and research has shown that about 80% of IPF patients have acid

reflux because the acid can leak out from the esophagus into the lungs causing irritation and damage to the throat, esophagus, bronchi, and other lung tissue. The irritation can cause coughing with phlegm and breathing difficulties.

- Poor digestion can cause insufficient nutritional support to maintain lung structure and repair lung damage. As a result, the herbs may not be fully digested and absorbed.
- Constipation can cause over absorption of metabolic wastes causing irritation to the lungs.

Patients with mild or moderate GI conditions may respond well to the core treatment. However, if their condition is severe, 2-3 weeks of Spring Juice, Spring Capsule, Pearl Capsule and Formula B is required to improve GI conditions. If constipation still persists with the GI treatment, Luna Sauce is recommended to help lubricate the intestine and resolve the constipation.

d) Liver Deficiency: Fatty Liver, Diabetes, and Stress

Fatty liver, diabetes, and stress are complications that put strain on the liver. Liver produces alpha-1 antitrypsin, a protein required to protect the lungs from being damaged by neutrophil elastase, an enzyme that digests damaged or aged cells and bacteria in the lungs. If there is not enough alpha-1 antitrypsin, the enzyme will keep attacking healthy cells. Alpha-1 antitrypsin deficiency is an inherited disorder that can cause COPD. Patients who do not have this disorder, but have other liver conditions can have lower levels of alpha-1 antitrypsin. If patients have such complication and do not respond well to the core treatment, 1-6 weeks of Brown Formula is required to nurture the liver.

e) Adrenal Deficiency and Poor Kidney Function

Chronic adrenal deficiency and poor kidney function are also common complications. Symptoms include low energy, exhaustion, fatigue, frequent urination, hair loss, difficulty staying asleep, etc. Research has shown a correlation between adrenal deficiency and the use of corticosteroids such as inhalers and oral prednisone. Adrenal deficiency can cause poor kidney filtration of metabolic wastes from the blood and an imbalance in blood minerals, which further irritates the lungs. If patients have such complications and do not respond well to the core treatment, 1-4 weeks of Xcel is required to improve adrenal and kidney function. Cold hands and feet is a common symptom caused by real kidney Yin or connective tissue deficiency. For this symptom, Formula C and Xcel are recommended.

f) Sinus Congestion and Post-nasal Drip

Sinus congestion can make breathing worse for chronic lung disease patients. 1-2 weeks of Apro Capsule can help reduce nasal inflammation and improve breathing. Post-nasal drip due to chronic allergies can cause irritation to the throat and bronchi resulting in coughing with phlegm. 1-2 weeks of Millennium and Synogen can help resolve the condition.

Complications	Customized Treatment
Flu or Lung Inflammation	ClearLung (1-4 weeks)
Lower Extremity Edema/Congestive Heart Failure	Java Sauce (1-4 weeks)
Gastrointestinal Conditions	Spring Juice, Spring Cap, Pearl and Formula B (1-3 weeks)
Liver Deficiency	Brown Formula (1-6 weeks)
Kidney or Adrenal Deficiency	Xcel (1-4 weeks)
Sinusitis or Congestion	Apro (1-2 weeks)
Post-Nasal Drip	Millennium/Synogen (1-2 weeks)

5) Maintenance Treatment

Patients with weak lungs due to a genetic disorder or severely damaged lungs due to end stage lung conditions require maintenance treatment at reduced dosage. Most patients require 1-2 weeks of treatment every 6 to 12 months. Taking the maintenance treatment before the flu season can help elderly lung patients avoid or reduce emergency room visits during the flu season.

6) Other Environmental Factors Affecting the Lungs

Smoking and toxic household fungi can cause lung damage leading to chronic lung diseases. There have been new findings about the cause of IPF. Researchers from Vall d' Hebron University Hospital have found that exposure to quilts and/or feather pillows is a major cause of IPF in half of the cases analyzed in a clinical study of 60 patients between 2004 and 2011. Consistent exposure to birds and fungi can also influence the development of the disease. If applicable, please advise patients to pay attention to their quilts and pillows.

Selected Success Stories

Chest X-ray Show Reversal of COPD and Fibrosis

-- 68 year old female patient, Sacramento, California, August 2006

Diagnosis Provided by C.N. Simopoulos M.D. & Richard C. Gross M.D.

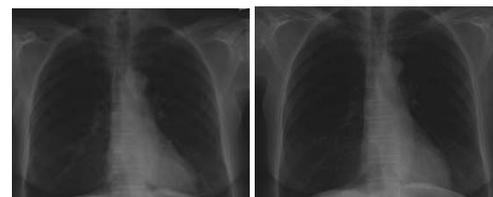
Radiological Associates of Sacramento Medical Group, Inc.

Diagnosis: “Moderate Pectus Deformity/COPD with Scattered Fibrosis”

Treatment: 1 Month Soup A, Soup B, and LC Balancer

Post Treatment Diagnosis: “No Active Cardiopulmonary Disease”

Comments: After 2 weeks of treatment, the patient noted 80% symptom reduction in shortness of breath. After 1 month, the patient reported that the symptoms were eliminated by 95%, and she was able to exercise regularly. Post treatment x-rays show no sign of any pulmonary conditions, indicating a complete reversal of COPD and Fibrosis.



Before Treatment After Treatment

COPD Patient Climbs New Heights

-- Rick Hoffman Houston, Texas, March 2004

57 year old male patient

Diagnosis: Severe COPD (No Oxygen)

Treatment: 3 Months Soup A and LC Balancer

Patient Comments: “Thanks, your stuff works

well for me. This is a recent photo of my son and me approaching 21,000 feet on a recent expedition to Aconcagua, the highest mountain in the world outside of central Asia. Not bad for an old guy with clogged lungs.”



Sarcoidosis and Lung Capacity Improvement in Time to Go Skiing

-- 58 year old female patient, White Plains, New York December 2012

Diagnosis: “Sarcoidosis with 68% lung capacity, exacerbated by cold weather”

Treatment: 1 Month Soup A, Soup B, and LC Balancer

Comments: 1 year after treatment, lung capacity was measured at 92%. Patient went skiing in Aspen at ~8,000 ft without lung problems.

Please visit www.weiinstitute.org for more success stories.

Statistical Studies

In the summer of 2006, a statistical study was conducted by a statistics graduate student from Stanford University to evaluate the effectiveness of the herbal solution in treating chronic pulmonary diseases including: COPD, Emphysema, Chronic Bronchitis, Idiopathic Pulmonary Fibrosis (IPF), and Sarcoidosis.

Scope of the study: A total of 1,721 patients used Wei Laboratories' Soup A and were surveyed for their treatment responses. The patients were divided into 2 groups.

- Group I: 957 patients who used only the 3-day treatment
- Group II: 764 patients who continued the treatment for over 2 weeks

All patients were contacted via telephone with 2 random phone calls, and patients not reached in two phone calls were excluded from data analysis. All patients were questioned before and after treatment for FEV 1/ FEV6 levels, Peak Flow, Oxygen Saturation, symptom improvement, Oxygen volume (liter/min), and ease of breathing on a scale of 1 (very difficult) to 10 (easy).

Results:

Groups	# of Patients Questioned	# of Patients Improved	Percentage Improved
I - 3-day Treatment	163	55	33%
II - over 2-week Treatment	400	306	77%

Selected Herbs Employed

Ganoderma Lucidum (Lingzhi/Reishi Mushroom)

Lucidum has approximately 400 different bioactive compounds with a number of pharmacological effects including immunomodulation, anti-atherosclerotic, anti-inflammatory, promoting sleep, antibacterial, antiviral, anti-fibrotic, hepatoprotective, antioxidative and radical-scavenging, anti-aging, and anti-ulcer properties (Sanodiya, Thakur and Baghel).



Radix Ophiopogonis (Maidong/ Dwarf Lilyturf Tuber)

Traditionally used for nourishing the lungs and promoting the production of mucus, Ophiopogonis improves the airway's mucociliary clearance by improving airway mucus secretion (Tai, Sun and O'Brien).



Radix Codonopsis (Dangshen/Tangshen)



Traditionally used for improving lung, kidney, and spleen functions, Codonopsis has, among other chemicals, high concentrations of alpha-spinasterol (Wang, Zhao and Liu), which has anti-inflammatory properties and acts on the tissue lining the inner wall of the abdomen (Borges, Silva and Cordova).

Rhizoma Dioscoreae (Shanyao/Chinese Yam)

Traditionally used for supporting the spleen and stomach, promoting fluid secretion in the lungs, and strengthening the kidneys. Extracts from Dioscoreae have been shown to prevent inflammation in both rheumatoid arthritis (Kim, Kim and Kang) and the



lungs (Han, Kwun and Kim).

Bulbus Lili (Baihe/Lily Bulb)

Traditionally used to support lung structure and promote fluid secretion in the lungs, Lili has been shown to increase the production of immune cells critical in the decomposition of necrotic tissue and tumors (Sun, Gao and Xiong).



Thallus Laminariae (Kunbu/Kelp)

Traditionally used for eliminating phlegm, softening hard masses, and dissolving lumps, Laminariae is applied to dissolve the scar tissue built up in the lungs (Yao, Zhang and Chou).

American Ginseng

Traditionally having a wide array of applications, Ginseng has multiple beneficial effects on the cardiovascular system, including improving blood circulation (J.-H. Kim).



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 the herbal treatments, we have not encountered any interactions with our patients' pharmaceutical medications.

INGREDIENTS

Soup A: Dwarf Lilyturf Root, Tangshen, Common Yam Rhizome, Lily Bulb, Indian Bread, Kelp, Honey, Sweet Rice

Soup B: Dwarf Lilyturf Root, Tangshen, Common Yam Rhizome, Lily Bulb, Indian Bread, Kelp, Mulberry Leaf, Honey, Sweet Rice, Grape Juice, Apple Juice

LC Balancer: American Ginseng, Reishi, Penta Tea



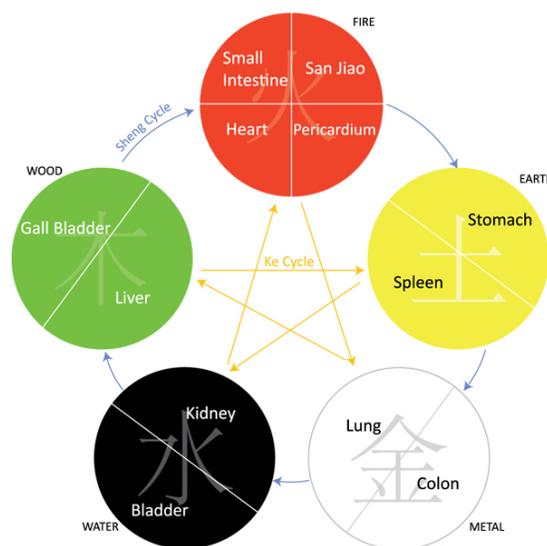
TCM and Science

Organ Deficiencies and Genetics

Smoking and air pollution have been viewed as the main causes of chronic lung diseases. However, recent research demonstrates an interplay between genetic susceptibilities and environmental exposure as contributing factors in the development of chronic lung diseases (Wan and Silverman). In TCM, the lung's genetic susceptibility refers to lung deficiency. For patients with lung deficiencies, smoking can trigger the development of chronic lung disease and accelerate the progression.

Yin/Yang Theory and Organ Interactions

Since the discovery of Alpha-1 Antitrypsin, research has continually shown more correlations between specific genetic variants and chronic lung condition phenotypes (Berndt, Leme and Sha). These discoveries are a part of the growing evidence supporting the method of connection between organs in TCM. In treating chronic lung conditions, constant consideration must be given to the lung's structure and function as well as the impact from other organs such as the heart, kidney, spleen, and stomach.



Structure as Yin – HDAC2 and MMP-12

To maintain a healthy lung structure, the lungs have the ability to remove unhealthy cells and replace them with newly regenerated healthy cells (Nagaya and Ohnishi). In chronic lung disease patients, activities related to the removal of lung cells are abnormally high while regeneration activities are abnormally low. In TCM, the nature of lung conditions draws focus to structural degeneration as the root cause of the condition.

In lung disease patients, the most common deficiency is structural or Yin related. For example, in COPD patients, the levels of histone deacetylase (HDAC2) and macrophage elastase (MMP-12) are greatly distorted (Barnes) (Lagente, Delaval and Planquois).

HDAC2 suppresses inflammatory gene expression in the peripheral lung and in alveolar macrophages (Barnes). Decreased levels of activity of HDAC2 in chronic lung disease patients amplifies the inflammatory response. MMP-12 is involved in tissue remodeling processes and is able to degrade extracellular matrix components such as elastin (Nenan, Boichot and Lagente). In pulmonary fibrosis and COPD patients, the macrophage elastase enzymes are produced at greater quantities causing excessive degradation of lung structure (Lagente, Delaval and Planquois).

The distorted level and activity of HDAC2 and MMP-12 genes are related to Yin deficiency and Yang flare up in the lungs. In TCM, treatments for chronic lung conditions manipulate the levels of these enzymes and provide building materials for nurturing the structure of the lungs by balancing the Yin and Yang in the lungs.

References

- Barnes, BJ. "Reduced histone deacetylase in COPD: clinical implications." *Chest* (2006): 151-5.
- Berndt, Annerose, Adriana S Leme and Steven D Sha. "Emerging Genetics of COPD." *EMBO Molecular Medicine* (2012).
- Borges, FR, et al. "Anti-inflammatory action of hydroalcoholic extract, dichloromethane fraction and steroid α -spirosterol from *Polygala sabulosa* in LPS-induced peritonitis in mice." *Journal on Ethnopharmacol* (2014): 144-50.
- Han, CW, et al. "Ethanol extract of *Alismatis Rhizoma* reduces acute lung inflammation by suppressing NF- κ B and activating Nrf2." *Journal of Ethnopharmacol* (2013): 402-10.
- Kim, Jinhee, et al. "Association Between Chronic Obstructive Pulmonary Disease and Gastroesophageal Reflux Disease." *BMC Pulmonary Medicine* (2013): 13-51.
- Lagente, V, et al. "Increase in macrophage elastase (MMP-12) in lungs from patients with chronic obstructive pulmonary disease." *Inflamm Res* (2005): 31-6.
- Nagaya, Noritoshi and Shunsuke Ohnishi. "Tissue regeneration as next-generation therapy for COPD – potential applications." *Int J Chron Obstruct Pulmon Dis.* (2008): 509-14.
- Nenan, S, et al. "Macrophage elastase (MMP-12): a pro-inflammatory mediator?" *Mem Inst Oswaldo Cruz* (2005): 167-72.
- Sanodiya, BS, et al. "Ganoderma lucidum: a potent pharmacological macrofungus." *Current Pharmaceutical Biotechnology Journal* (2009): 717-42.
- Stoller, JK and LS Aboussouan. "Alpha-1 Antitrypsin Deficiency." *Lancet* (2005): 2225-36.
- Sun, X, et al. "Antitumor and immunomodulatory effects of a water-soluble polysaccharide from *Lilii Bulbus* in mice." *Carbohydrates Polymer* (2014): 543-9.
- Tai, S, et al. "Evaluation of a mucoactive herbal drug, *Radix Ophiopogonis*, in a pathogenic quail model." *Journal of Herb Pharmacotherapy* (2002): 49-56. Document.
- Wan, ES and EK Silverman. "Genetics of COPD and emphysema." *Chest* (2009): 859-66.
- Wang, WY, SC Zhao and DX Liu. "Study on the Chemical Constituents of *Codonopsis lanceolata*." *Zhong Yao Cai* (2011): 553-5.
- Yao, Damu, et al. *A Coloured Atlas of the Chinese Materia Medica Specified in Pharmacopoeia of the People's Republic of China*. Guangdong: Guangdong Science and Technology Press, 1995. Book.