



PATIENT GUIDE

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# RESPIRATORY CONDITIONS TREATMENT

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LIVING BETTER WITH AN  
ALL-NATURAL TREATMENT



## **Wei Institute**

Wei Institute consists of practitioners who specialize in treating chronic lung diseases using all-natural solutions.

Such chronic lung diseases include 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 5,000 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 the most effective solution to help patients with chronic lung conditions. Care quality is the hallmark of our service and patients' progress is closely monitored throughout the entire treatment process to ensure treatment success and patient satisfaction.

## **All-Natural Herbal Solutions**

The core herbal formulas employed in the treatment of chronic lung disease are Wei Laboratories Soup A, Soup B, and LC Balancer. These all-natural herbal products are designed based on the science of lung structure and function in combination with the Traditional Chinese Medicine approach.

They have been used by Wei Institute practitioners with successful results for the past 15 years.

Soup A nourishes the lung structure and assists in new tissue generation by enhancing alveoli and bronchi regeneration and reversing the elastin degradation. In TCM, Yin is referring to 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 and fibrotic tissue in the lungs 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 developed lung scarring in late-stage COPD patients who need oxygen support and for patients, with Pulmonary Fibrosis or Sarcoidosis. In TCM, lung scar tissue is viewed as a type of stasis. Soup B helps reverse the lung scarring through breaking up the stasis.

When a patient's lung scarring and fibrotic tissue is dissolved by Soup B, new healthy tissue will be filled with the assistance of Soup A.

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. The enhanced microcirculation also helps the ingredients of Soup A and Soup B to be delivered effectively to the lung tissue.

The combination of the three formulas works synergistically to repair the damaged lung structure for chronic lung disease patients and help replace the scar and fibrotic tissue with healthy new tissue.

Patients will gain an improved lung function with better breathing and improved energy from increased oxygen intake. They can experience less shortness of breath, reduced coughing and better energy levels with more productive phlegm with 2-4 weeks use of the herbal formulas. If patients are on oxygen, they will have reduced oxygen saturation time and decreased oxygen usage in 1-2 months. The required treatment time takes 1-9 months depending on the severity of the condition.

After finishing the program, patients should have a significant improvement in their lung structure and function with sustained results which can be confirmed by a lung function test and chest X-ray. For end-stage patients, a maintenance program is required.

## **1. COPD, Emphysema and Chronic Bronchitis**

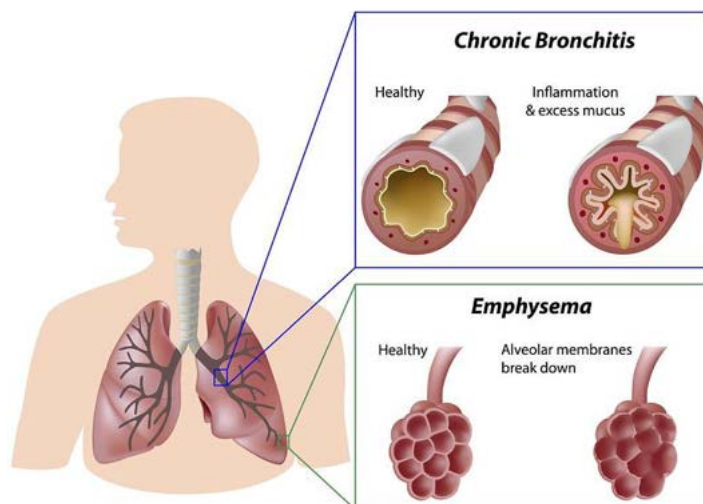
In a patient with emphysema, the lining of the air sacs (alveoli) becomes damaged and ruptured that results in reduced surface area for oxygen to get into the blood. This creates air pockets that trap the air and the lungs have difficulty blowing the air out. Patients will experience shortness of breath, especially with exertion as well as wheezing, dry cough, and chest tightness with exercise.

In patients with Chronic Bronchitis, the bronchi are chronically inflamed which causes bronchi lining degeneration and loss of cilia cells. Cilia cells are hair-like appendages that keep the airways clean of dust. When the cilia cells are lost they are replaced by goblet cells. The goblet cells secrete mucus causing the accumulation of excess mucus which creates a warm, moist environment for bacteria to grow.

The most common symptoms are cough and phlegm production. Other symptoms include shortness of breath, wheezing, and difficulty breathing when lying down.

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

### Chronic Obstructive Pulmonary Disease (COPD)



### Mild and Moderate Conditions

Patients with mild conditions are usually under the age of 50 with an FEV1 greater than 80%. Patients with moderate conditions are usually between the ages of 50 to 65 with FEV1 from 50 to 79%. At the early stage, scar tissue in the lungs has not formed and oxygen therapy is not started. The treatment for the early stage patient is focusing on facilitating the new tissue growth with Soup A and LC Balancer. Patients can notice symptom improvement in 1-2 weeks. 2-4 weeks of treatment is required for patients with mild conditions to achieve significant improvement with their lung structure and function with sustained results, and 1-2 months of treatment is required for patients with moderate conditions.

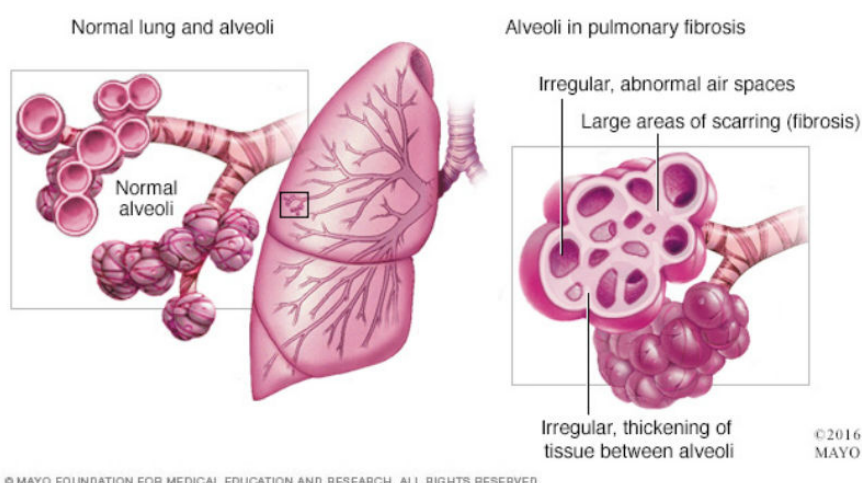
### Severe Conditions

Patients with severe conditions or in the late-stage are typically over the age of 65 with an FEV1 from 30-49%. At the late-stage, scar tissue in the lungs has already developed and patients usually require oxygen therapy. The treatment for late-stage condition addresses both degeneration and scarring of the lungs. Employed herbal formulas include Soup A which facilitates new tissue growth, Soup B which assists scar removal, and LC Balancer to enhance nutrient delivery. Patients should experience improvement with less shortness of breath, reduced coughing with more productive phlegm, and reduction in oxygen saturation time and increased energy level in 2-4 weeks. With 1-2 months of treatment, patients' lung structure and function will improve significantly and should have reduced oxygen dependence.

Reversed lung degeneration can be achieved with over 3 months of treatment. End-stage patients are usually on oxygen 24/7 with an FEV1 < 30% due to respiratory failure. Required treatment for patients with end-stage is usually over 6-9 months. A maintenance program is required.

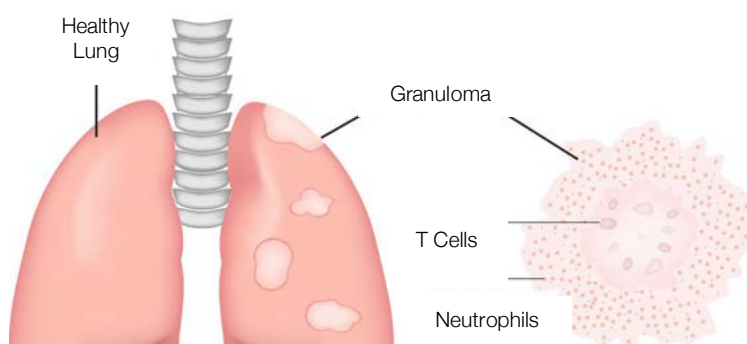
## 2) Pulmonary Fibrosis and Sarcoidosis

In patients with pulmonary fibrosis, the fibrotic tissue is formed and the lung becomes scarred or thickened. The fibrotic tissue formation typically starts at the edges of the lungs and progresses towards the center. Patients' breathing, therefore, becomes more and more difficult. Symptoms include a dry cough and shortness of breath during activities. The progression of lung fibrosis can be very rapidly in some patients and they live only about 3 to 5 years after diagnosis.



Sarcoidosis is a condition that 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 the pulmonary fibrosis and sarcoidosis conditions require Soup A, Soup B, and LC Balancer regardless of the severity of their condition because of the fibrotic tissue and/or granuloma formation in the lung. With 2-4 weeks utilizing



Soup A, Soup B, and LC Balancer, patients should experience improvement in their shortness of breath, coughing, and energy level. Patients who are in the early stages and are not on oxygen require 1-3 months of treatment to achieve a reversal in their



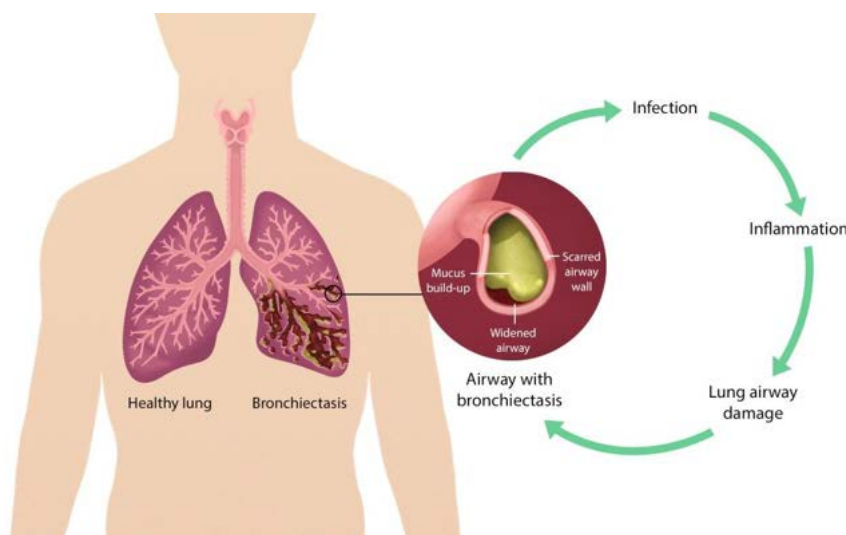
lung condition. Patients who are in the late stages and are on oxygen require 4-6 months of treatment. End stages patients require 8-9 months of treatment to have a significant improvement and a maintenance treatment is required.

### 3) **Bronchiectasis**

Bronchiectasis is a condition in which the bronchial tubes of the airways become permanently widened and scarred. The condition is caused by the injury to the walls of the airways especially the cilia due to airway infection and inflammation. Cilia cells are hair-like appendages that keep the airways clean of dust. When the lost cilia cells are lost they are replaced by goblet cells. The goblet cells secrete mucus causing the accumulation of excess mucus which creates a warm, moist environment for bacteria to grow. The most common symptoms include chronic coughing with a large amount of thick yellow or green sputum, shortness of breath, wheezing, and chest pain. In more severe cases, symptoms such as excessive fatigue and coughing up blood can occur. At the late stages, patients may develop respiratory failure with symptoms of rapid breathing, bluish color of the lips and skin, and confusion. Atelectasis is another complication in which one or more areas of the lungs collapse which causes increased heart and breathing rates.

For patients with mild and moderate conditions, the recommendation includes Soup A and LC Balancer with CL and CL-2. CL helps clear bronchi and lung tissue inflammation. CL-2 clears gram-negative bacteria. Patients should experience symptom improvement in 2-3 weeks. 1- 2 months of the protocol is recommended.

For patients with a severe condition who requires oxygen therapy, the recommendation includes two phases. Phase one takes 2-4 weeks and it focuses on bronchi and lung tissue inflammation and infections using formulas including CL, CL-2, and Jade. CL, CL-2, and Jade. Phase two focuses on addressing the bronchi



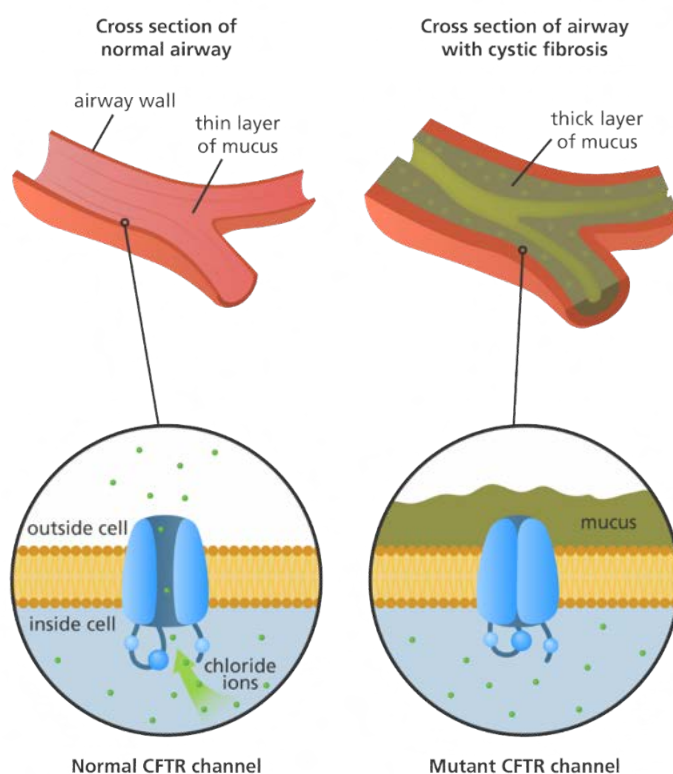
thickening, scarring, and dilation by adding the Soup A, Soup B, and LC Balancer to the treatment together with the CL, CL-2, and Jade after two weeks. Patients can see symptom improvement in one week with less shortness of breath and coughing spells. 2-3 months of treatment is required for significant improvement.

For patients with end-stage or very severe conditions, patients' bronchial tissue is severely damaged and may not see significant improvement with the use of CL, CL-2, and Jade alone. The recommendation includes CL, CL-2, and Jade together with Soup A, Soup B, and LC Balancer because. Patients should experience symptom improvement within the first month. 3-6 months of treatment is required and maintenance treatment is required.

#### **4) Cystic Fibrosis**

Cystic Fibrosis (CF) is a multisystem genetic disorder that mainly affects the digestive and respiratory tract. The genetic defect causes the creation of thicker and stickier mucus that is difficult to remove/cough out of the lungs. This can lead to breathing difficulties and severe lung infections. Over time, patients develop a chronic infection in the respiratory tract with an array of bacterial flora, leading to progressive respiratory insufficiency and eventually respiratory failure. People with this life-threatening condition tend to have a shorter life span. The symptoms of CF are salty-tasting skin, persistent cough, shortness of breath, wheezing, hemoptysis, poor weight gain, bulky stools, and nasal polyps.

Recommendation for CF includes CL, Soup A, Soup B, and LC Balancer. Patients should notice less phlegm and improvement in breathing in 2-4 weeks. A minimum of 3 months is recommended to see significant improvement. If the patient has a high number of gram-negative



bacteria, CL-2 is recommended. If the patient has symptoms of poor weight gain or pancreatic insufficiency, PA is required to clear inflammation caused by the excess mucus and infections. Maintenance treatment may be required.

### **5) 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 to improve their lung condition. Below, are the most common types of complications and required treatment recommendations. Please consult your Practitioner for further evaluation of your complications and obtain your customized treatment recommendation.

#### **a) Lung Inflammation, Cold, Flu, Bronchitis or Pneumonia**

For patients who has upper respiratory tract and lung inflammation with colored phlegm, 1-4 weeks of CL is required to help remove lung heat and reduce upper respiratory tract and lung inflammation. For patients or is having cold, flu, bronchitis, or pneumonia, CL and Jade are recommended to clear the respiratory tract and lung inflammation and enhance lung immunity.

#### **b) Extremity Edema and Congestive Heart Failure**

The most common complication of late or end-stage chronic lung diseases is congestive heart failure because the heart has to work harder to compensate for decreased lung function. Congestive heart failure can also cause shortness of breath. CV is recommended to improve blood circulation to the heart and improve breathing. If patients have lower extremity edema or are taking diuretics such as Lasix which pushes the kidney expelling more water, patients may not be experiencing breathing improvement with the Soup A, Soup B, and LC Balancer and CV and Java are also required. Java improves lymphatic circulation and alleviates the pressure on the heart. Patients should experience breathing improvement in 1-2 weeks with the combined treatment. If patients also have left-side congestive heart failure or have mitral or aortic valve disease or history of heart attack, Myogen, CV, B-2, and Qi Booster are recommended.



c) **Acid Reflux, Constipation, and GI Conditions**

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. Patients with poor digestion, food allergies, and gluten intolerance, dry mouth, or low stomach acid may have insufficient nutritional support to maintain lung structure have difficulty digesting and absorbing the herbal ingredients. Constipation can cause over absorption of toxins and wastes irritating the lungs. For patients with such conditions, 2-3 weeks of GI formula including SJ, Spring Capsule, and Formula B is recommended. For patients with constipation, Luna is recommended to help lubricate the intestine, help improve enteric nerve function and resolve constipation for better breathing.

d) **Asthma with Non-productive Cough**

Asthma is a chronic inflammatory disorder of the airway that causes recurrent episodes of wheezing, breathlessness, chest tightness and cough, particularly at night and/or early in the morning. Patients with asthma can develop a non-productive cough. EzAir is recommended for patients with atopic asthma which is caused by allergies. Breez is recommended for patients with non-atopic asthma which is caused by internal toxins. Patients should have significant improvement with 1 week of treatment. A longer period of treatment is required depending on the severity of the condition.

e) **Lung Infections**

Acute infections from cold or flu virus can cause lung inflammation bronchitis and pneumonia with symptoms of increased cough and phlegm. CL is recommended to clear the inflammation and infection. Jade is recommended to enhance lung immunity. Woad is recommended to help fight acute viral infections. If patients have a severe lung infection and/or non-respiratory symptoms such as high fever, treatment with Bitter, Brown, Qi Booster and LC Balancer for 2-6 weeks are recommended. Chronic viral infection of the lung can cause symptoms of breathing difficulty especially while laying down. Perilla is recommended to help clear the virus from the lungs.

Lung fungal or mold infection can cause chronic lung disease. On the other hand, chronic lung disease patients are susceptible to lung fungal or mold infections. Patients with lung fungal or mold infections usually have symptoms of difficulty inhaling air into the lungs, chest tightness, and breathing difficulty at elevated altitudes. CL-F is recommended to clear fungus in the lungs.

Mycobacterial infections of the lung typically cause symptoms of post-nasal drip, nasal congestion, an excessive amount of clear mucus, and a hoarse voice. The recommendation includes CL, Jade, Java, and NewBase. The coinfection of gram-negative bacteria is common in patients with mycobacterial infections. CL-2 is recommended to clear gram-negative bacterium in the lungs.

Parasite infections of the lung typically cause symptoms of white phlegm, chest pain or coughing up blood. Lung parasite infections can also cause symptoms of pulmonary hypertension such as shortness breath and chest pressure. Other non-respiratory symptoms include heart palpitations, dizziness, fatigue, and water retention. Respanin and Pulmin are also recommended to help clear the parasite infections.

**f) Liver Deficiency: Fatty Liver, Diabetes, and Stress**

Fatty liver, diabetes, stress, alcoholism, and hepatitis are complications that put a strain on the liver. The liver produces alpha-1 antitrypsin, a protein required to protect the lungs from being damaged by neutrophil elastase which is 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 lung cells causing the development of COPD. Patients who have lower levels of alpha-1 antitrypsin due to liver deficiency or genetic alpha-1 antitrypsin deficiency requires 1-6 weeks of Brown Formula to nurture the liver.

**g) 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, 1-4 weeks of Xcel is required to improve adrenal and kidney function. Patients with cold hands and feet due to connective tissue deficiency, Formula C and Xcel are recommended.

## Selected Success Stories

Please visit [www.weiinstitute.org](http://www.weiinstitute.org) for more 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.

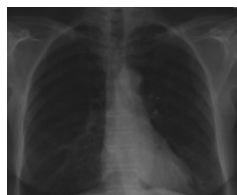
Radiological Associates of Sacramento Medical Group, Inc.

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 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.

## **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 FEV1/ 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%

### **Management of COPD with Natural Products**

Dr. Tom Yarema MD, Santa Cruz, CA

A 55-year-old female presents with chronic bronchitis & chronic obstructive pulmonary disease. The patient has a history of 32 years of heavy tobacco use,

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

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

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

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

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



## **Successful Symptom Reduction and Elimination of Inhaler Usage for COPD Patient**

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

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

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

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

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

## **Successful Resolution of COPD, Emphysema and Asbestosis**

Michael Pierce, DC, Santa Clara, CA

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

## **Successful Resolution of Severe COPD in 1 Month**

Karen Sigel, LAC, Sugarland TX

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

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

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

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

### **Successful Improvement of COPD Lung Function**

Lynn, a 76-year-old female entered by office seeking relief from chronic, severe breathing difficulty.

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

### **Improvement of COPD with Natural Products**

Joseph Sevlie DC, Red Wing, MN, March 2018

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

Upon his first visit, Dr. Sevlie ran diagnostic tests to assess the progression of his COPD. The first was food sensitivity testing with a goal to identify specific foods that his body, in particular his airways, were reactive to contributing to his COPD. The second test was spirometry testing. His initial forced vital capacity (FVC) was 75%, and his interpretation showed a severe obstruction, with minimal levels of inspiration and expiration. His sitting oximetry testing (oxygen saturation levels of the blood) showed a mean of 89.2% and his sitting pulse rate was 81.9 bpm. He also performed a stress test where he walked at a normal pace back and forth down a hallway. During this test, his average pulse was 103.6 bpm with an episode of tachycardia (greater than 120 bpm). Other tests included a comprehensive blood chemistry exam

and Bioimpedance analysis to assess body composition. Dr. Sevlie started the patient on Wei Institute natural herbal treatment for COPD, and a 4-day rotational diet plan. He also performed chiropractic adjustments, acupuncture and myofascial release therapy to his thoracic cage to ease his chest tightness, allowing him to breathe more easily.

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

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

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

### **Improvement of Pulmonary Fibrosis and Oxygen Saturation**

Rita Hannahs N.D., Lansing, MI

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

at 95! Before treatment, he had trouble getting his oxygen levels to 90 with 6 months of strict nutritional therapy and diet.

### **Improvement in Symptoms and Reduction in Oxygen Dependency in IPF Patient**

Ela Corcoran, Homeopathic Practitioner, CA

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

After evaluation, Dr. Corcoran put the patient on Soup A, Soup B, LC Balancer in February 2018 to provide necessary nutrients to help repair the lung structure and enhance its function. The patient has been on the protocol for 6 months (currently Aug 2018). CL was added as needed to clear out gram-positive bacteria, and inflammation in his lungs and to reduce his coughing bouts. In March, the patient reported seeing improvement from his dry to wet cough with more productive coughing with phlegm. In May, the patient reported only needing to use oxygen 50% of the time while his phlegm was light brown in the morning turning into clear mucus during the day. The patient reported in July that he was able to get off of oxygen completely.

In August 2018, the patient reported still breathing stronger while finding himself using oxygen occasionally when the weather in Southern California is affected by the humidity or the recent fires. However, overall, the patient reports seeing benefits and improvement from his symptoms related to Pulmonary Fibrosis.

### **Elimination of Oxygen Usage in IPF Patient**

Charles Lerner, DC, Lac, Bantam, Connecticut

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

Dr. Lerner prescribed a combined treatment composed of acupuncture and herbal remedies from Wei Laboratories including Soup A, Soup B, and LC Balancer for a total length of 3 months. The results have been remarkable. She did not

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have to use her oxygen tank anymore and was able to exercise again (e.g. playing tennis). She did really well and the results have sustained for 6 years.

### **Return of Daily Activities after IPF Program**

Robert Schwartz, ND, Lac, The Dalles, Oregon

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

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

### **Successful Resolution of Pulmonary Fibrosis**

Brian Hess, DC, Culpeper, Virginia

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

### **Reduction of Symptoms of Idiopathic Pulmonary Fibrosis and Chronic Fatigue**

Bio Wellness Center, LA

A female patient presented to the Bio-Wellness Center on September 13th, 2017 after being diagnosed with Idiopathic Pulmonary Fibrosis with symptoms of shortness

of breath, low energy, constipation, and acid reflux. She was diagnosed with mixed connective tissue disease with Raynauds phenomenon manifesting symptoms of cold hands and feet. She had difficulty gaining weight due to a severe lack of appetite. Her primary care physician had prescribed her Aspirin, Ativan, Tylenol, Claritin, Mucinex, Flonase, and Vitanol primarily for mucus congestion.

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

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

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

On October 8th, the patient reported having fewer episodes of anxiety and depression. She described feeling 180 degrees different and started to make plans to go outside. The coughing had subsided completely with significantly improved breathing. The patient did note that she was having some edema and swelling in the legs in which the doctor suggested her to add in Java formula to support lymphatic drainage.

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

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

### **Improvement of IPF with Natural Products**

Joseph Sevlie, DC, Red Wing, MN

A 69-year-old male presented with severe shortness of breath (rated 7/10), coughing (7/10) and low energy levels (5/10). He had a long history of smoking (40 years) and was also exposed to asbestos. In 2015, he was diagnosed with asbestosis that progressed to histoplasmosis and eventually lead to his current diagnosis of idiopathic pulmonary fibrosis (IPF). He was diagnosed via chest X-ray and also had spirometry testing done where they found his lung function was at 59% in August of

2015. He was placed on OFEV by his doctor to prevent further hardening of the lungs. After 15 months of being on that medication he felt no improvement, so he sought out help from Dr. Sevlie in December of 2016.

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

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

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

The patient had improvement with each symptom and felt like a new man from this treatment. He was able to be more mobile and use less oxygen, which ultimately

changed his life. He continued products for 4 months due to the results he continued to see.

### **Elimination of Symptoms Due to Acid Reflux and Sarcoidosis**

Robert Bartosh, DC, Danville, IL

A 67-year-old female patient presented with sarcoidosis and symptoms of acid reflux for over 30 years. In 2015, the patient had developed pneumonia for 2 months and the doctor ordered a biopsy of her lungs. Based on the findings, she was diagnosed with sarcoidosis. The patient also had a history of asthma and bronchitis, likely due to her working at a factory. She had been put on a Breo inhaler for the last two years which had prevented her from singing at church. The patient was also taking Nexium, Ranitidine, and Omeprazole for her acid reflux while still experiencing heartburn. The patient was seeking an alternative solution due to her experiencing side effects from her medications, such as kidney problems.

The patient was put on Wei Laboratories' Spring Juice, Spring Capsule, Formula B and Probiosis in October of 2017 for 3 weeks. The wellness recommendation was made by Dr. Bartosh to help enhance stomach acid production and reduce stomach inflammation to address the root cause of her acid reflux. For the next 4 months, the patient had no residual symptoms of heartburn and did not have to take the 3 medications for acid reflux.

After addressing her acid reflux, Dr. Bartosh recommended her to be on Wei Laboratories' Soup A, Soup B, and LC Balancer to break down the granulomas and help assist the lung in rebuilding new tissue. In January 2018, the patient reported being able to sing again. Her pulmonologist had mentioned that her lungs sounded clear. She had also been put on a diet that is gluten free, dairy free, no sugar, and no alcohol. She was encouraged to eat mostly proteins and vegetables. In February, the patient noticed that her sarcoidosis lumps were going away. She finished with two months of Soup A, Soup B, and LC Balancer and noticed she is now able to take deeper breaths.

### **Successful Resolution of Sarcoidosis, COPD and High Blood Pressure**

Gregory Lind, DC, Milpitas, CA (October 2016)

A 62 y.o. male patient who came to Dr. Lind was diagnosed with Sarcoidosis and COPD. The patient also had Ulcerative Colitis, Arthritis, and High Blood Pressure (140/85 even with the use of 4 medications). The patient's CT scan before receiving treatment shows 1) lung: reticular nodular infiltrate and 3 nodules in the right lower lobe, 2) pancreas was fatty infiltrated, 3) bones had mild osteopenia.



Dr. Lind recommended Wei Lab's Soup A, Soup B, and LC Balancer for the patient's lung condition and Probiosis, and Spring Juice for his gastrointestinal condition. A month later, the patient reports the products had been incredible for him and he felt his lungs were transforming. He can walk a longer distance and more easily climb upstairs. Also, he felt his stomach condition was improved. In order to address the high blood pressure issue, Dr.

Lind recommended adding Wei Lab's KS and Xcel to improve his kidney condition and Brown and Qi booster to strengthen his liver. After continuing the new treatment for 2 months, the patient reported his colon was no longer ulcerative, and he no longer had diarrhea and digestion problems. The patient mentioned he was sexually dysfunctional and he couldn't sustain an erection. Dr. Lind recommended Wei Lab's M-Strong to address this issue. After about a month, the patient reported M-Strong worked really well and his erectile dysfunction had been much improved.

Three and a half months after the patient had initially received treatment, the patient stopped having any shortness of breath and no longer used inhalers. He was able to reduce his high blood pressure medicine from 6 pills to only 2. He found that his immune system became strong enough even without continuing taking the products. The patient's chest CT scan confirmed the improvement in his lungs and his overall health condition: 1) in his lung: the nodular infiltrate previously associated with one of the solid nodules in the right lower lobe has nearly completely resolved without residual mass and inflammatory component; 2) the pancreas is normal in appearance; 3) in his bones: the osteopenia was reduced to minimal. The patient happily reported that he felt 10 years younger.

### **Successful Resolution of Sarcoidosis and Asthma**

Anthony Badalamenti, BS, DC, CCOHP, Aurora, Ohio

A 50 y.o. female patient came for treatment as she had been diagnosed with a history of asthma at the age of 48. The pulmonologist had found out about Sarcoidosis (lack of lung contraction with white spots through the entire lung) as the underlying symptom based on blood work and x-rays. She had been unable to deal with extreme weather conditions for several years (could not be outside for more than 5 minutes being exposed to extreme heat or humidity). The pulmonologist had prescribed a regiment of 25mg of Prednisone per day for a total of one year. The symptoms had changed very little in the following year. Therefore, the patient came for treatment to Dr. Badalamenti.

An herbal regimen of Soup A, Soup B, and LC Balancer from Wei Laboratories was recommended for 2-3 months. Dr. Badalamenti also provided the patient with

supplements and nutrients as well as chiropractic work was applied. After 2 months of herbal treatment, the patient's major symptoms had been eliminated. Though still using the inhaler, the patient could now walk outside in 5-degree weather without asthmatic attacks. After 1.5 years of continued treatment, the patient had been taken off the Prednisone completely (very difficult process which was supervised by the pulmonologist). Dr. Badalamenti continued to do chiropractic adjustments to the lower cervical and thoracic spine. The patient was also kept on supplements and nutrients.

The overall results of the protocol have been amazing. X-rays taken by the pulmonologist every six months testified a substantial decrease of the white spots in the lungs. The patient is using the inhaler for preventative reasons now.

She can do all kinds of physical activities (e.g. cardiovascular exercise). She walks her dogs under any weather conditions. She has been in good shape for 3 years now and needs to see the pulmonologist once a year only.

### **Successful Improvement of a Sarcoidosis Patient in Four Months**

Jonathan Daniel, DC/Lac, NY

A 77 y.o. male patient came to Dr. Jonathan Daniel for treatment of Sarcoidosis. Symptoms included shortness of breath with a lot of mucus production. His current treatment regimen included the use of multiple inhalers and prednisone which, according to the patient, had worked before, but lately he seems to be getting worse and worse.

Dr. Daniel recommended Soup A, Soup B and LC Balancer formulas from Wei Laboratories. Dr. Daniel instructed the patient to take the herbal formulas at full dosage according to the protocol. The patient started using Wei Lab products in June 2017 and ended October 2017.

After 4 months of treatment, the patient reported his phlegm had dissipated, breathing had gotten much easier, and energy had greatly improved. The patient requested a Trend Report of his Pulmonary Function Tests from

Mount Sinai Medical Center to confirm the improvement. The test results went from 4/21/2017 to 10/18/2017 showed an increase in his FEV1 (Forced Expiratory Volume in 1 second), FVC (Forced Vital Capacity), and DLCO (Diffusing Capacity). FEV1 increased from 1.47 to 1.51, FVC increased from 2.75 to 2.89, and DLCO increased from 11.5 to 13.6.

## Successful Improvement of Pulmonary Fibrosis and Bronchiectasis

Dr. Charles Lerner, DC/LAC, CT

A 70-year-old female patient was diagnosed with pulmonary fibrosis with symptoms of shortness of breath, tight chest, difficulty breathing when lying down, wheezing, and persistent cough. The patient also had Bronchiectasis with yellow phlegm indicating a lung infection. The doctor started treatment with an herbal protocol from Wei Laboratories consisting of 4 weeks of CL for lung infections. After the lung infection and yellow phlegm had passed, the patient started an herbal treatment from Wei Laboratories of Soup A, Soup B, and LC Balancer. After two months of treatment, the patient had come in and said she had gotten a CAT scan. The scan showed that there was definitely an improvement in the lung structure and function, especially in her left lung. Her Pulmonologists at Kaiser were confused over the great improvement they had seen.

Two years later, the patient came back to Dr. Lerner to further address her residual symptoms. Dr. Lerner recommended 4 weeks of Soup A, Soup B, and LC Balancer to nurture lung structure and assist in lung tissue growth, and CL to remove heat in the bronchioles and air sacs. Dr. Lerner recommended the addition of Qi Booster to the last 2 weeks in order to increase blood flow to the lungs and boost her immune system. The patient reported a significant increase in energy and a substantial improvement in her shortness of breath and breathing difficulties. Dr. Lerner then addressed her wheezing with 4 weeks of EzAir in order to restore the lining of the respiratory tract. He also recommended 4 weeks of Soup A, Soup B, and LC Balancer to be taken along with EzAir. After only 1 week, the patient reported an extreme improvement in her wheezing. She was very happy with the amazing results and said she was feeling great!

## 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



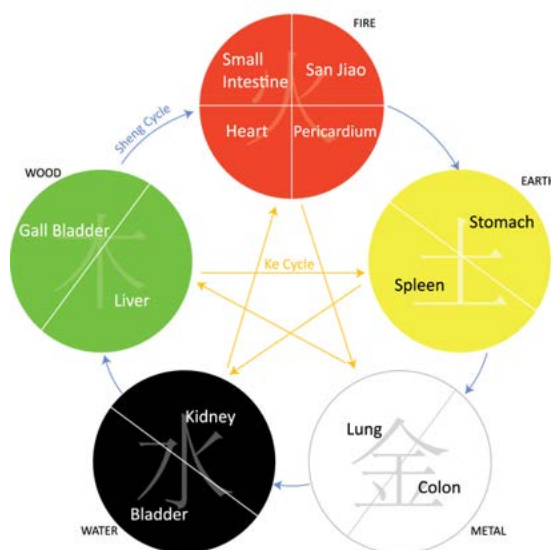
## TCM and Science

### 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. 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.

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