

세포교정영양요법(OCNT)을 이용한 이상지질혈증 환자 사례 연구

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A case study of a patient with dyslipidemia using Ortho-Cellular Nutrition Therapy (OCNT)

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ABSTRACT

Objective: A case report on improvement of dyslipidemia by Ortho-Cellular Nutrition Therapy (OCNT).

Methods: The patient is a Korean male aged 60 years. His total cholesterol index is in the high-risk group.

Results: Symptoms of diabetes and dyslipidemia after nutritional therapy are improved.

Conclusion: For people with dyslipidemia, nutritional therapy can help reduce symptoms.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), Dyslipidemia

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Introduction

Cholesterol is the substance used to compose all cell membranes and blood vessel walls of the body, forms the bile acids necessary for fat absorption, and makes essential hormones such as sex hormones and adrenal cortical hormones. Total cholesterol (T. Cholesterol) refers to the total amount of cholesterol contained in the blood. When the blood cholesterol level increases, plaque builds up on the walls of blood vessels, causing arteriosclerosis, which narrows or blocks the walls of blood vessels.¹ That is, when the

total cholesterol level is high, the probability of developing diseases such as acute myocardial infarction and cerebral infarction increases. The test can diagnose dyslipidemia and confirm the presence or absence of arteriosclerosis. Test results are divided into three grades according to the total cholesterol level: less than 200 mg/dL (normal), 200-239 mg/dL (borderline, dangerous), and 240 mg/dL (high risk).² If the total cholesterol value is high, the resulting values for TG (triglyceride), LDL (low density cholesterol) and HDL (high density cholesterol) are compared together. Total cholesterol levels are increased in the presence of familial hypercholesterolemia, diabetes, renal disease, hypothyroidism, obstructive jaundice, biliary cirrhosis, renal syndrome, etc. Hyperthyroidism, liver cancer, chronic hepatitis, family High density lipid protein deficiency, reduced when Edison's disease is present. This case attempts to report the course of blood cholesterol levels after nutritional therapy in patients belonging to the high risk group of total cholesterol index.

Case

1. Subject

A patient with dyslipidemia was studied.

- 1) Name: Lee O O (M/60)
- 2) Diagnosis: dyslipidemia
- 3) Onset date: March 2021
- 4) Treatment period: March 2021 to March 2022 (about 12 months)
- 5) Major symptoms: dyslipidemia
- 6) Past Power: None
- 7) Social skills: No smoking, 2 drinks a day
- 8) Family history: None
- 9) Present illness and medication: None

2. Method

Patients belong to the risk group for the total cholesterol index, especially the high comfort level for low-density cholesterol. This can lead to complications such as cardiovascular and cerebrovascular disease, and if

sustained for a long time increases the chance of developing angina pectoris and myocardial infarction. CYAPLEX-A Capsules (2 in the morning and 2 in the evening), TMPLEX CAPSULE (1 in the morning and 2 in the evening - 1 in the morning and 1 in the evening after 3 weeks), VIBAROL CAPSULE (1 day after meals, 1 time, 3 A), Take Heart Berry Black, Aqua SAC Pure, and mineral bamboo salt frequently.

Results

Approximately 12 months after starting nutritional therapy, the total cholesterol index decreased from 256 to 181 and the triglyceride index increased from 81 to 114. The high-density cholesterol index decreased from 71 to 57, and the low-density cholesterol index showed a particularly large decrease from 169 to 101. (Figure 1)

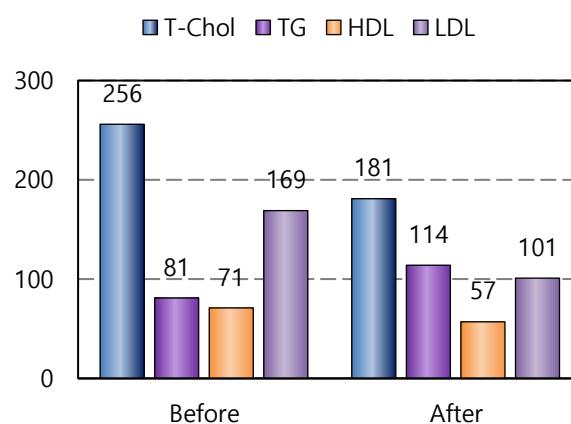


Figure 1. Changes in cholesterol levels after nutritional therapy

Consideration

Dyslipidemia is a disease caused by abnormal lipoprotein metabolism, and refers to a condition in which the blood contains an excessive amount of lipids or fatty components. Dyslipidemia rarely presents with specific symptoms or pain, so it is difficult to recognize the disease and start treatment based on symptoms and pain alone. For this reason, dyslipidemia is often discovered after serious complications such as cardiovascular disease and cerebrovascular disease

develop. The causes of dyslipidemia can be broadly divided into primary and secondary. It refers to hyperlipidemia caused by underlying diseases such as obesity, pregnancy, and taking medication. In this case, we investigated changes in blood cholesterol levels after nutritional therapy in patients with dyslipidemia. Chromium, a key ingredient in TMPLEX, reduces fat buildup in blood vessels.⁴ VIVAROL Capsules contain alpha-linolenic acid. Intake of alpha-linolenic acid has been reported to lower blood cholesterol even in people with normolipidemia. The facts were known through animal experiments.⁶ This case report is considered to be a case in which the application of nutritional therapy showed a reduction in total and low-density cholesterol in a patient. Of course, since the blood cholesterol level of the patient varies depending on the patient's lifestyle and dietary habits, we believe that there is a limit of interpretation from this point of view. However, it is thought that there is a possibility that existing reported chromium, alpha-linolenic acid, and polyphenols act in combination to contribute to the regulation of cholesterol in patients. This case is being reported with the consent of the patient.

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