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Case Report

세포교정영양요법(OCNT)을 이용한 요실금 개선 사례 연구

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A Case Study on Improving Urinary Incontinence Using Ortho-Cellular Nutrition Therapy (OCNT)

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ABSTRACT
Objective: Case report on the improvement of urinary incontinence through Ortho-Cellular Nutrition Therapy (OCNT).
Methods: OCNT was applied to an elderly Korean woman in her 80s experiencing symptoms of urinary incontinence.
Results: After the implementation of OCNT, significant improvements were observed not only in urinary incontinence symptoms but also in concurrent symptoms such as edema.
Conclusion: The application of OCNT can be beneficial in alleviating symptoms for patients suffering from urinary incontinence.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), urinary incontinence, lumbar pain, leg pain, edema

Introduction

Urinary incontinence (UI) is a condition in which the ability to control urination is lost, leading to involuntary urine leakage. This can wet the undergarments without the individual's awareness, posing social or hygienic problems.[1]

The causes of urinary incontinence can be attributed to functional abnormalities in the bladder and urethral sphincter. Stress urinary incontinence (SUI) is characterized by involuntary urine leakage during activities such as sneezing or coughing, depending on the situation. Urgency urinary incontinence (UUI) involves involuntary urine leakage that occurs either simultaneously with or immediately after the sensation of urgency. Mixed urinary incontinence (MUI) is a condition in which both stress urinary incontinence and urgency urinary incontinence coexist.[2]

Treatment for urinary incontinence is broadly divided into non-surgical and surgical methods tailored to the type of incontinence:

1. Stress Urinary Incontinence
- Non-surgical treatments (pelvic floor muscle exercises, biofeedback, electrical stimulation therapy, extracorporeal magnetic therapy, and pharmacotherapy), surgical treatments

2. Urgency Urinary Incontinence
- Behavioral therapy and pharmacotherapy (anticholinergics, beta-3 adrenergic receptor agonists), with surgical treatments as options.

3. Mixed Urinary Incontinence
- A combination of surgical and pharmacological treatments.

These treatments can be applied, with pharmacological interventions generally showing a high success rate. Also, proper diagnosis and appropriate treatment can lead to satisfactory outcomes.

The patient, being of advanced age, suffered physically and psychologically due to urinary incontinence that limited her ability to spend extended periods outdoors. Therefore, Ortho-Cellular Nutrition Therapy (OCNT) was applied to induce symptom improvement, and it showed significant results. Thus, this case is reported with the patient's consent.

Case Study

1. Subject
A case study was conducted on a single patient with urinary incontinence.

1) Name: Kim OO (F/81 years old)
2) Diagnosis: Urinary incontinence
3) Date of onset: May 2023
4) Treatment duration: August 2024 to present

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5) Primary symptoms: Urinary incontinence, lumbar pain, leg pain, edema
6) Medical history: None
7) Social history: None
8) Family history: None
9) Current medical conditions and medications: Detailed in Table 1.

Table 1. Current medical conditions and medications.

Symptoms and Categories	Medications and Ingredients	Dosage
Hypertension, angina	Anydipine tablets 5mg	1 tablet once a day
	Olmetec tablets 10mg	
	Aspirin Protect tablets 100 mg	
	Laf-one tablets 10 mg	
	Dilatrend tablets 6.25 mg	0.5 tablet once a day
Depression, insomnia	Whanin Clonazepam tablets 0.5mg	1 tablet twice a day
	Sandoz Escitalopram tablets 10 mg	
	Zolpicin tablets 10 mg	
	Silvercept tablets 5 mg	
Osteoarthritis*	Celeb capsules 200mg	1 tablet once a day
	Seperisone tablets	1 tablet twice a day
	Mosapin tablets	
	Medica Rebacid tablets	
Health supplements	Calcium, magnesium, vitamin D complex	-
	Probiotics	
	Pumpkin seed extract	
	Propolis	
	MSM**	

* Taken as needed, not daily
** Ingredients started along with the OCNT treatment

2. Methods
The OCNT was prescribed as follows:

- First Phase OCNT (August 19, 2024)
Aqua SAC Pure (100, once a day, 1 sachet each time)

- Second Phase OCNT (August 20, 2024 to October 29, 2024)
Aqua SAC Pure (100, once a day, 1 sachet each time)
Heartberry Black (100, once a day, 1 sachet each time)
Cyaplex Mineral Rock Salt (100, once a day, 1 sachet each time)
- Third Phase OCNT (October 30, 2024 to present)
Aqua SAC Pure (100, once a day, 1 sachet each time)
Heartberry Black (100, once a day, 1 sachet each time)
Cyaplex Mineral Bamboo Salt (100, once a day, 1 sachet each time)

The patient was instructed to dilute the prescribed OCNT in 1 liter of water and consume it together.

Results

The patient had been suffering from various symptoms associated with urinary incontinence for a long time and had not seen significant improvement, leading to progression of OCNT.

About one week after applying OCNT, an improvement in urinary incontinence symptoms was observed, along with a reduction in the associated lumbar and leg pain, and edema.

After one month of OCNT, there was a significant improvement in lumbar and leg pain, and the patient reported being able to undertake long-duration trips that were previously impossible. As a result, the associated physical fatigue and social issues experienced by the patient showed considerable improvement. Table 2 illustrates the degree of symptoms experienced by patients during OCNT.

Discussion

The subject was an elderly Korean woman in her eighties suffering from urinary incontinence. The patient had been experiencing various symptoms related to urinary incontinence for over a year but had never sought hospital treatment due to feelings of shame about her condition. Subsequently, symptoms such as lumbar pain, leg pain, and edema worsened to the point where daily activities became impossible, leading her to visit a pharmacy in May 2024.

Initially, the patient reported symptoms of cystitis, which were presumed to be caused by fatigue, and was prescribed Yobisin tablets (Yongdamsagan-tang), Badis Ext. Granules (Jeolyeong-tang), bamboo leaf extract, propolis, and pumpkin seed extract. However, these interventions had minimal effect with only minor improvements and frequent relapses. During this period, the patient substituted water with milk based on advice that milk was beneficial for health, and her incontinence was assessed as being due to desiccation. Therefore, OCNT was initiated to improve this condition.

The cause of incontinence was suspected to be desiccation, where the body fails to properly reabsorb fluids,

Table 2. Degree of symptoms experienced by patients during OCNT. The discomfort experienced by the patient increases from 0 to 5.

Rounds / Symptoms	1st (Aug 19, 2024)	2nd (Aug 20, 2024)	3rd (Aug 28, 2024)	4th (Sep 02, 2024)	5th (Oct 30, 2024)	Note
Urinary incontinence	5	4	3	2	1	Mild nocturia remains, but the discomfort has improved to the extent that long-distance travel is possible without the use of adult diapers.
Lumbar and leg pain	5	5	3	2	2	The patient had long-term symptoms requiring hospital visits, prescriptions for medications, and injections, but the frequency of hospital visits and medication intake has decreased.
Edema	5	4	3	3	3	The edema improved to a degree where visible morphological changes could be observed.

0: No symptoms and no impact on daily life, 1: Mild symptoms with almost no impact on daily life, 2: Clearer symptoms requiring some adaptation in daily activities, 3: Symptoms significantly impacting daily life and causing difficulty in performing some activities, 4: Symptoms causing major difficulties in daily activities, 5: Discomfort causing severe stress in daily life.

prompting the prescription of Aqua SAC Pure. This contains a variety of high-quality trace minerals. These minerals help hydrate the body and supply electrolytes like magnesium and calcium, aiding in muscle function, nerve transmission, and maintaining cellular water balance.[3] This application improved the desiccation and started improving the diuretic response, thus alleviating the incontinence symptoms. Additional minerals were supplied with Cyaplex Mineral Rock Salt, and Heartberry Black was prescribed to provide polyphenols and other nutrients.

Heartberry Black contains a high concentration of anthocyanins from Aronia (*Aronia melanocarpa*) extract, aiding in natural healing processes by reducing inflammation and aging through free radical elimination. Also, it enhances immune functions to support cellular regeneration.[4] Moreover, aronia is recognized for its powerful antioxidant activity, which helps protect against various diseases by inhibiting mucosal damage and cell growth.[5-7] Extracts from Aronia berry are known to reduce platelet adhesion and aggregation, while also lower the production of reactive oxygen species and inflammatory markers.[8,9]

Aronia berries exhibit the highest antioxidant activity among commonly used berries, surpassing even blueberries and cranberries, which is attributed to their high content of phenolic compounds.[10,11] Numerous studies using cells and animal models have shown that proanthocyanidins in Aronia possess numerous health benefits, including antioxidant and immunomodulatory activities, DNA repair, and anti-tumor effects.[12] Specifically, studies report that it alleviates pain associated with conditions like cystitis, prostatitis, overactive bladder, incontinence, and bladder disorders.[13]

In this case, the patient experienced significant improvements in desiccation and urinary incontinence symptoms through OCNT and was able to go on long trips without the need for diapers. This improvement enabled her to undertake long-distance travel, which had previously been impossible. Additionally, cellular activation and the removal of free radicals provided anti-fatigue and anti-inflammatory effects, improving accompanying lumbar and leg pains.

This case study does not universally apply to all individuals with urinary incontinence as it focuses on a single patient. However, the consistent application of OCNT greatly improved the patient's quality of life even with a small dosage. Therefore, this case is reported with the patient's consent.

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