

세포교정영양요법(OCNT)을 통한 이상지질혈증 개선 사례 보고

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A Case Report of Dyslipidemia Improvement Through Ortho-Cellular Nutrition Therapy (OCNT)

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ABSTRACT

Objective: Blood contains lipid components, such as cholesterol and triglycerides. However, when these components exceed the normal range, dyslipidemia can be diagnosed, and it may be classified into several subcategories depending on which lipid parameter is abnormal. This condition is closely associated with cardiovascular disease and can lead to substantial socioeconomic losses by increasing individual burden, reducing productivity, and elevating mortality. Therefore, once dyslipidemia is recognized, it is important to implement appropriate treatment.

Case Report: This case involved a Korean woman in her 50s who was found to have dyslipidemia due to elevated triglyceride levels on a routine health screening. She also showed abnormal findings consistent with prediabetes, gastritis, and esophagitis, and she reported discomfort related to these conditions. Therefore, Ortho-Cellular Nutrition Therapy (OCNT) was implemented using ginger extract, berberine, medium-chain fatty acids, curcumin, mother of vinegar, taurine, and glutathione. Following the intervention, triglyceride and glycated hemoglobin levels returned to the reference range, and the patient reported improvement in symptoms that had previously caused discomfort.

Conclusion: Because this report describes a single patient, the same OCNT regimen may not be applicable to all patients with dyslipidemia. Nevertheless, appropriately individualized OCNT may help improve dyslipidemia and mitigate related abnormalities and discomforting symptoms.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), Dyslipidemia, Triglycerides, Fatty acids, Bile acids

Introduction

Blood contains lipids, such as cholesterol and triglycerides. Cholesterol is required for cell membrane structure and serves as a precursor for the synthesis of steroid hormones, bile acids, and oxysterols, while also contributing to signal regulation in the nervous system. Triglycerides are a major energy source for skeletal muscle and adipose tissue. Because lipids are hydrophobic, they circulate in the aqueous environment of blood as lipoprotein particles, including chylomicrons, low-density lipoprotein cholesterol (LDL-C), and high-density lipoprotein cholesterol (HDL-C).¹

Dyslipidemia is diagnosed when these lipid parameters are present in excessive or insufficient amounts in the body. It is assessed by collecting blood and measuring lipid concentrations in plasma, and it is categorized according to which specific lipid component is elevated or reduced. For example, elevated total cholesterol or LDL-C is classified as hypercholesterolemia, elevated triglycerides (TG) as hypertriglyceridemia, and reduced HDL-C as low HDL cholesterol. When multiple lipid abnormalities coexist, the condition may be classified as mixed dyslipidemia.²

According to a meta-analysis of studies conducted in Asian populations with conditions such as hypertension, dyslipidemia, and diabetes mellitus, awareness of having dyslipidemia was comparable to that of hypertension and diabetes, whereas the treatment rate for dyslipidemia was lower. In particular, dyslipidemia has been shown to be strongly associated with cardiovascular disease, leading to increased individual burdens, such as treatment costs, productivity losses, and higher mortality. Consequently, these effects may contribute to an overall increase in societal and economic costs.³

Therefore, once dyslipidemia is recognized, it is advisable to treat and manage the condition using appropriate strategies. One

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of the most commonly used approaches is pharmacologic control of lipid levels with agents such as statins, ezetimibe, and fibrates. However, these medications require caution because they may be associated with adverse effects, including myalgia, myopathy, and type 2 diabetes mellitus. More recently, novel therapeutic options have been developed, including microsomal triglyceride transfer protein inhibitors, such as lomitapide, as well as nonpharmacologic or adjunctive approaches, such as omega-3 fatty acids and vitamin B3 supplementation. Accordingly, selecting suitable therapeutic agents and management strategies based on disease severity and the patient's clinical status is becoming increasingly important.⁴

This case report describes a Korean patient in their 50s who was diagnosed with dyslipidemia on routine health screening and sought to improve the aforementioned symptoms as well as other clinical complaints. Ortho-Cellular Nutrition Therapy (OCNT) was applied with the aim of symptom improvement, and the intervention was associated with a significant improvement in lipid parameters and reduction of other symptoms. With the patient's consent, these findings are reported.

Case report

1. Patient

One patient with dyslipidemia was included in this case report.

- 1) Name: O OO (59 years old, Female)
- 2) Diagnosis: Dyslipidemia (hypertriglyceridemia)
- 3) Onset: August 2025
- 4) Treatment period: September 2025 to December 2025
- 5) Chief complaints: Abdominal bloating, dyspepsia, constipation
- 6) Past medical history: None
- 7) Social history: None
- 8) Family history: Father with hyperlipidemia
- 9) Present illness and current medications: Obesity, gastritis, esophagitis, prediabetes (HbA1c 5.6%)

2. Methods

OCNT was prescribed as follows.

- NEXITOP Phytogen AC 101 (twice daily, 1 pack per dose, taken before meals)
- NEXITOP Adifast Oil 101 (twice daily, 1 sachet per dose, taken after meals)
- NEXITOP Amino Top Granules 101 (twice daily, 1 sachet per dose, taken after meals)
- Sarcoplex (taken between meals at 4 PM)
- Saltea Aqua Lemon 010 (once daily)*
- Aqua SAC Pure 010 (once daily)*
- Heartberry black 010 (once daily)*
- Cyaplex mineral bamboo salt 010 (once daily)*
- Curculpex Granules 100 (once daily, 1 sachet per dose, taken before meals)
- Apple Vinegar Powder 001 (once daily, 1 sachet per dose, taken after meals)
- Haepobooster F 101 (twice daily, 1 sachet per dose, taken before meals)

* These regimens were instructed to be diluted in 500 mL of water and consumed in the afternoon.

Results

Approximately 3 months after initiation of OCNT, follow-up health screening showed that triglyceride and glycated hemoglobin levels decreased to below the normal range, and waist circumference was also reduced. In addition, the patient reported improvement in abdominal bloating, dyspepsia, and constipation. The parameters from the patient's health screening are presented in detail in Fig. 1.

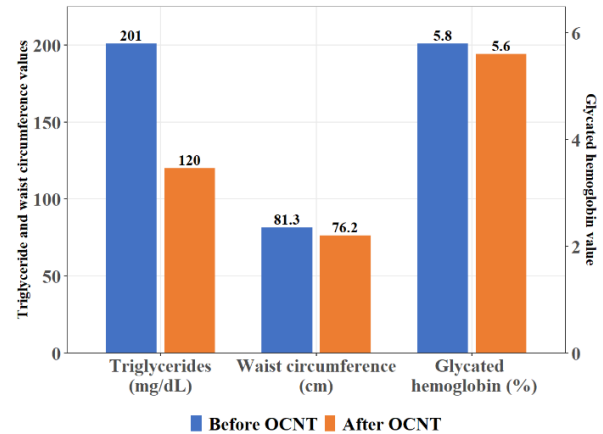


Fig. 1. Changes in patient triglyceride, waist circumference, and glycated hemoglobin levels before and after OCNT.

Conclusions

The patient in this case was a Korean woman in her 50s who visited a pharmacy to seek improvement of gastrointestinal symptoms, including constipation, abdominal bloating, and dyspepsia. In addition, counseling for weight reduction was requested. Review of prior health screening records indicated an elevated triglyceride level, resulting in an assessment suggestive of hypertriglyceridemia, and glycated hemoglobin was 5.8%, consistent with prediabetes. The patient also showed findings of obesity, gastritis, and esophagitis, suggesting an overall compromised gastrointestinal and hepatic status. Accordingly, OCNT was prescribed to improve triglyceride and glycated hemoglobin levels while also supporting overall fat reduction and appropriate nutritional supplementation.

OCNT was prescribed primarily to regulate the elevated plasma triglyceride level and support overall fat metabolism. To facilitate improvement in lipid parameters, berberine, an alkaloid derived from *Berberis aristata* fruit, ginger extract powder, and turmeric extract powder were selected. These three ingredients have been investigated in numerous randomized controlled trials examining their associations with lipid and cholesterol parameters, and they have been reported to contribute to significant improvements in lipid profiles.⁵⁻⁷

For body fat regulation, green tea extract and medium-chain fatty acids (MCT) were selected. Green tea is rich in catechin polyphenols, including epicatechin and Epigallocatechin gallate (EGCG). These compounds support antioxidant capacity by mitigating oxidative stress and contributing to the attenuation of inflammation. In a randomized controlled trial, green tea extract intake was associated with significant reductions in body fat percentage and total body fat mass.⁸ MCT refers to fatty acids containing 8–12 carbon atoms. Because MCT is utilized as an energy source more rapidly than other fatty acids, it has been

reported to help reduce fat accumulation through increased energy expenditure and enhanced fat oxidation.⁹ Accordingly, NEXITOP Phytogen AC and NEXITOP Adifast Oil containing these ingredients were prescribed to support improvement in plasma triglyceride levels and overall fat regulation.

Next, OCNT was considered to facilitate bile acid synthesis and secretion to improve overall lipid metabolism and gastrointestinal function. Bile acids are synthesized in the liver and promote the absorption of fats, cholesterol, and fat-soluble vitamins in the gallbladder and intestine. Bile acids also support the activity of pancreatic digestive enzymes. More recently, bile acids have been recognized as regulatory molecules that participate in diverse signaling pathways, modulating lipid and energy metabolism, intestinal barrier integrity and gut microbial function, and further regulating cellular toxicity.¹⁰ In this patient, elevated lipid parameters were accompanied by gastrointestinal abnormalities, including gastritis and esophagitis. Therefore, improvement of bile acid synthesis and secretion was considered necessary to support clinical improvement.

Accordingly, OCNT was prescribed to support clinical improvement. Curcumin is a polyphenol abundant in turmeric and has been reported in both traditional and contemporary research to contribute to the alleviation of inflammation and pain, stabilization, and modulation of immune function. Curcumin also promotes bile secretion and increases solubility and excretion, thereby supporting overall bile function.¹¹ In addition, maintaining adequate hydration is important for bile production, and appropriate mineral and electrolyte supply plays a key role in this process. In a randomized controlled trial designed to evaluate this concept, a reduction in urine specific gravity was observed in the group consuming alkaline water containing various minerals. This finding may indirectly suggest sufficient body water retention.¹² Therefore, Curculpex was selected to provide curcumin, and Aqua SAC Pure, Saltea Aqua Lemon, and Cyaplex mineral bamboo salt were selected to provide mineral components.

In addition to bile acid function, OCNT was considered to support the overall recovery of hepatic function. For this purpose, mother of vinegar, taurine, and glutathione were selected. The mother of vinegar refers to a film layer that forms on the surface when fermentation occurs in liquids such as vinegar or kombucha. This component protects hepatic tissue after intake and helps maintain balance in the gut microbiota.^{13,14} Taurine is an amino acid, and glutathione is a peptide composed of three amino acids: glutamate, cysteine, and glycine. Taurine promotes the expression of cholesterol 7 alpha-hydroxylase (CYP7A1), thereby promoting bile acid synthesis, and supports recovery of mitochondrial function, contributing to increased antioxidant capacity. Glutathione supports intracellular detoxification and antioxidant defense and helps reduce alanine aminotransferase (ALT) levels.^{15,16} Accordingly, Apple Vinegar Powder and Haepobooster F were prescribed to provide these components.

The patient in this case showed significant improvement in abnormal lipid parameters and reduction of symptoms associated with gastritis and esophagitis following the OCNT described above. However, because this report involves a single patient, there are limitations in prescribing the same OCNT regimen to all patients with dyslipidemia. Nevertheless, it is considered meaningful that OCNT tailored to the patient's physical condition and environment improved discomfort symptoms and

enhanced the quality of life. Accordingly, this case was reported with the patient's consent.

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