

세포교정영양요법(OCNT)을 이용한 한관종 및 비립종 개선 사례

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A Case Report of Improvement in Syringomas and Milia Using Ortho-Cellular Nutrition Therapy (OCNT)

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ABSTRACT

Objective: Syringomas and milia are benign skin tumors that neither pose a fatal threat to physical health nor result in functional impairment. Because of these clinical characteristics, both conditions have long been regarded as minor and trivial dermatologic problems in clinical practice and excluded from research attention. However, as they commonly present as multiple lesions on highly visible areas, particularly the face and periorbital region, the aesthetic distress and reduction in quality of life experienced by affected patients should not be underestimated. Despite this substantial cosmetic and psychological burden, no definitive treatment for these conditions is currently available. Conventional treatments, including laser ablation, electrocautery, and microexcision, primarily focus on the temporary superficial removal of lesions, and their high recurrence rates and risk of adverse effects, such as postprocedural scarring and hyperpigmentation, hinder complete resolution.

Case Report: This case report concerns a Korean woman in her 70s who had experienced psychological distress for approximately 10 years due to syringomas and milia. Rather than undergoing a procedure or surgery, the patient received Ortho-Cellular Nutrition Therapy (OCNT). After approximately 3 months of OCNT, it was observed that most of the facial syringomas and milia had resolved.

Conclusion: As this case report is limited to a single patient, the application of the same OCNT protocol to other patients with the same conditions is subject to limitations. Nevertheless, appropriately prescribed OCNT may be beneficial for patients experiencing cosmetic and psychological distress due to syringomas and milia.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), Syringoma, Milium, Cellular correction

Introduction

Syringoma is a benign neoplasm arising from the eccrine sweat glands and typically presents as small, 1–2 mm papules, most frequently occurring beneath the eyelids or on the trunk.^{1,2} The etiology of syringoma has not yet been established. However, a genetic contribution has been suggested, as the prevalence of syringoma is relatively high in patients with Down syndrome, ranging from 18.5% to 39.2%, and an autosomal dominant inheritance pattern has been reported. Diabetes

mellitus and hormonal imbalance have also been reported to be associated with syringoma, although these associations have been inconsistent.³

Milia are white, firm, benign keratinous cysts measuring less than 3 mm that predominantly occur on the face. They are lined by multiple layers of epithelial cells and contain keratin within their cavities. Although milia are sometimes described as cysts caused by obstruction of hair follicles or sebaceous glands, they are benign tumors that develop through the autonomous proliferation of undifferentiated cells and the resulting production of keratin.⁴ Milia may resolve spontaneously. However, persistent lesions may be removed by extraction. In contrast, syringomas cannot be removed by extraction in the same manner as milia, and attempts to do so may irritate the skin and cause inflammation and scarring.

Although syringomas and milia share the same bulge region, the two lesions differ in nature: syringomas differentiate toward eccrine sweat gland structures, whereas milia develop through

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sac-like cystic transformation.⁵ Treatment options for syringomas include topical and systemic medications, chemical peeling, CO₂ laser therapy, electrocautery, and surgery.⁶ Although these two conditions do not significantly affect skin health and therefore do not require urgent medical removal, they may have a substantial cosmetic impact on patients. Moreover, because recurrence may occur despite such treatments, fundamental treatment rather than symptomatic management is needed for both syringomas and milia.

This case report describes a woman in her 70s who experienced discomfort due to syringomas and milia. She underwent Ortho-Cellular Nutrition Therapy (OCNT), after which improvement in both syringomas and milia was observed. This case is reported with the patient's consent.

Case Study

1. Subject

One patient with syringomas and milia was included in this case report.

- 1) Name: O O O (73 years old / F)
- 2) Diagnosis: Syringomas and milia
- 3) Onset: Approximately 10 years previously
- 4) Treatment period: January 29, 2026–April 15, 2026
- 5) Chief complaints: Syringomas and milia
- 6) Past medical history: None
- 7) Social history: None
- 8) Family history: None
- 9) Present illness and current medications: None

2. Methods

The OCNT prescribed to the patient was as follows.

January 27: Lipotron M Capsules 202, Ac Spot Gel
February 19: Lipotron M Capsules 202, Cyaplex Cleansing Bar
March 23: Vivarol Capsules 101, Vivapherol Capsules 101
April 22: Vivarol Capsules 101, Vivapherol Capsules 101, Haepobooster F Granules 101, Vivacell C Capsules 101

* 202: Two sachets/capsules per dose, taken twice daily in the morning and evening. 101: One sachet/capsule per dose, taken twice daily in the morning and evening.

Results

The syringomas and milia distributed across the entire face were markedly reduced. At the patient's visit to the pharmacy on January 27, lesions of various sizes were present across the forehead. Upon follow-up observation on May 8, approximately 3 months later, most of these lesions had disappeared, leaving only larger syringomas and milia (Fig. 1). In addition, among the syringomas and milia distributed across the bilateral cheeks, malar regions, bridge of the nose, and philtrum, the smaller lesions had disappeared, with only a small number of larger lesions remaining (Fig. 2). Overall, the syringomas and milia distributed across the entire face were markedly reduced, and the previously red and dry skin showed changes, including a more lustrous appearance. The changes in symptoms perceived by the patient are presented in Table 1.

Discussion

The patient in this case report was a Korean woman in her 70s who had developed syringomas and milia on her face approximately 10 years earlier, although they had not caused any significant health problems. However, she reported that the lesions gradually increased in size and number and spread across her entire face, resulting in cosmetic concerns.

Although syringomas and milia can be removed through simple procedures, a more fundamental treatment approach was considered necessary because such procedures may cause adverse effects, including further spread of the lesions or scarring, and the lesions may recur. Although the exact causes of syringomas and milia remain unknown, alleviating chronic inflammation, strengthening the immune system, and facilitating the elimination of toxins from the body are necessary to alter the environment conducive to tumor growth. Based on these



Fig. 1. Photographs of the patient's forehead region. (A) January 27, 2026, (B) April 15, 2026, and (C) May 8, 2026.

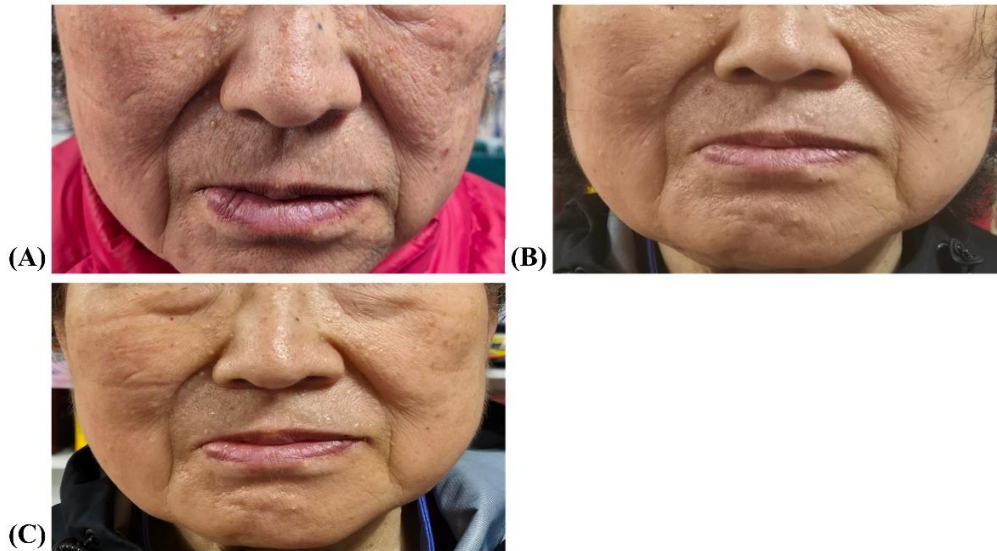


Fig. 2. Photographs of the patient’s lower facial region. (A) January 27, 2026, (B) April 15, 2026, and (C) May 8, 2026.

Table 1. Changes Perceived by the Patient During the Early, Middle, and Late Stages of OCNT

Affected areas and symptoms	Stage			
	1 (2026/1/27)	Stage 2 (2026/2/19)	Stage 3 (2026/3/23)	Stage 4 (2026/4/15)
Forehead	Covered with tumors of varying sizes	Covered with tumors of varying sizes	Decreased in number and size	Reduced by more than two-thirds
Upper eyelids	Five to six white cysts	Five to six white cysts	Decreased in number	Almost completely reduced
Both cheeks and malar regions	Covered with medium-sized tumors	Covered with medium-sized tumors	Small tumors disappeared	Almost completely reduced
Bridge of the nose and philtrum	Covered with small tumors	Covered with small tumors	Small tumors disappeared	Almost completely reduced
Skin dryness	Visible roughness and dryness	Visible roughness and dryness	Redness disappeared and the skin became moisturized	Became lustrous

considerations, OCNT was prescribed to the patient for the following reasons.

Vitamin E in Lipotron M and Vivapherol may influence the functions of natural killer (NK) cells and inflammatory cells, potentially enhancing the ability to suppress tumor development. Vitamins B6 and B12 may also positively affect immune function by enhancing both cell-mediated and humoral immune functions.⁷ In addition, vitamin B12 acts as a cofactor for methionine synthase and is involved in the synthesis of methionine, a precursor of S-adenosylmethionine (SAM).⁸ Methionine is also involved in glutathione biosynthesis,⁹ and glutathione may support liver health by binding to fat-soluble toxins, facilitating their excretion, and scavenging reactive oxygen species.¹⁰

Alpha-hydroxy acid (AHA) in Ac spot gel exfoliates keratinized material and promotes the restoration of normal epidermal turnover. Beta-hydroxy acid (BHA) also decreases adhesion between corneocytes, facilitating their shedding, and penetrates the hair follicles to dissolve debris and excess sebum, which may contribute to preventing the spread of milia.¹¹ Omega-3 fatty acids in Vivarol may reduce inflammatory

responses promoted by these conditions,¹² thereby helping to improve syringomas and milia. In addition, if omega-3 fatty acids in Vivarol increase cell membrane permeability,¹³ they may contribute to enhancing the activity of vitamin E in Vivapherol, thereby maximizing its antioxidant capacity.

Taurine in Haepobooster may alleviate liver injury through anti-inflammatory and anti-apoptotic pathways.¹⁴ Finally, vitamin C in Vivacell C is a well-established antioxidant that may help prevent oxidative stress.¹⁵ Increased uptake of vitamin C by skin cells may enhance antioxidant activity in the skin, thereby contributing to the protection of the skin against oxidative stress caused by environmental pollutants. In addition, the antioxidant effects of vitamin C may be further enhanced when it is taken together with vitamin E.¹⁶

As this case report involves a single patient, its findings have limitations in terms of generalizability. Nevertheless, this case is significant in that the application of an appropriate OCNT regimen to syringomas and milia, which have conventionally been managed primarily through symptomatic treatment for cosmetic purposes, suggests the potential for fundamental improvement of the cellular environment and therapeutic

application. Accordingly, this case is reported with the patient's consent.

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