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Case Report

세포교정영양요법(OCNT)을 이용한 장상피화생 및 위축성 위염 개선 사례

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A Case of Improvement in Intestinal Metaplasia and Atrophic Gastritis Using Ortho-Cellular Nutrition Therapy (OCNT)

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ABSTRACT

Objective: Intestinal metaplasia refers to a precancerous change characterized by the presence of intestinal-type epithelium in the gastric mucosa, whereas atrophic gastritis is characterized by chronic inflammation resulting in the loss of normally functioning gastric mucosal glands. Although *Helicobacter pylori* (*H. pylori*) infection is the leading cause of both conditions, they can also occur in patients without *H. pylori* infection, and atrophic gastritis may additionally be autoimmune in origin. Given the precancerous nature of these conditions and their associated risk of progression to gastric cancer, both conditions require ongoing surveillance. However, because no definitive treatment is currently available, affected patients often experience considerable anxiety about developing gastric cancer.

Case Report: This case report describes the clinical outcomes of a patient with a 1-year history of intestinal metaplasia and atrophic gastritis who experienced symptomatic improvement. Specifically, Ortho-Cellular Nutrition Therapy (OCNT) was used to protect the gastric mucosa, promote gastric epithelial cell regeneration, and facilitate the restoration of these cells to a normal state, ultimately resulting in improvement in both intestinal metaplasia and atrophic gastritis.

Conclusion: Given that this case is based on a single patient, there are limitations to applying the same OCNT regimen to all patients with intestinal metaplasia and atrophic gastritis. Nevertheless, an appropriately tailored OCNT regimen may help alleviate symptoms and improve the underlying conditions themselves.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), Intestinal metaplasia, Atrophic gastritis, Cellular correction

Introduction

Intestinal metaplasia is a precancerous change characterized by the appearance of intestinal epithelium in the gastric mucosa and is associated with an increased risk of dysplasia and gastric cancer.[1] Atrophic gastritis is a condition in which chronic inflammation leads to the loss of normally functioning gastric glands.[2] *Helicobacter pylori* (*H. pylori*) infection can cause both intestinal metaplasia and atrophic gastritis, and atrophic gastritis may also develop as a result of autoimmunity.[2,3] Autoimmune atrophic gastritis may begin with mild chronic inflammation of the gastric corpus and progress to pernicious anemia, a form of vitamin B12 deficiency anemia.[4]

In some reported cases, *H. pylori*-associated intestinal metaplasia improves following the clearance of the organism, either spontaneously or after eradication therapy, whereas intestinal metaplasia arising from causes unrelated to *H. pylori* infection has no established treatment other than periodic surveillance. Atrophic gastritis likewise requires no specific treatment when it is not attributable to *H. pylori* infection. Nevertheless, both conditions carry a substantial risk of progression to gastric cancer, with annual progression rates in East Asia reaching 10% for intestinal metaplasia and 1.8% for atrophic gastritis.[3] Consequently, patients with intestinal metaplasia and atrophic gastritis undergo periodic endoscopic surveillance, but often experience considerable stress due to fear of developing cancer during the follow-up period.

The patient in this case was aware of the increased risk of progression to cancer associated with intestinal metaplasia and atrophic gastritis but had been informed at the hospital that no

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treatment was available for the conditions themselves. The patient also experienced anxiety about the possibility of disease progression because of a family history. Ortho-Cellular Nutrition Therapy (OCNT) was administered, resulting in improvement in both intestinal metaplasia and atrophic gastritis. This case is reported with the patient's consent.

Case Study

1. Subject

This case involved a single patient with intestinal metaplasia and atrophic gastritis.

1) Name: OOO (70s, Female)
2) Diagnosis: Intestinal metaplasia, atrophic gastritis
3) Onset date: January 2025
4) Treatment period: January 2025 to February 2026
5) Chief complaint: Dyspepsia
6) Past history: Macular degeneration
7) Social history: None
8) Family history: Husband and eldest son deceased due to cancer
9) Present illness and current medications: Macular degeneration, undergoing injection therapy

2. Methods

The OCNT regimen prescribed to the patient was as follows.

Phase 1) January 2025 to July 2025, for 6 months
- Cyaplex X fine granules 101
- Gastron fine granules 101
- Vivarol capsule 101
- Caroplex capsule 101
- Diverol capsule 001
- Heartberry black*
- Cyaplex mineral rock salt*

* Due to issues with the patient's tolerance to intake, Heartberry black and Cyaplex mineral rock salt were prescribed as a 2-month supply (60 packets) and consumed in divided doses throughout Phase 1.

Phase 2) August 2025 to February 2026, for 6 months
- Vivaost capsule 101
- Vivarol capsule 101
- Diverol capsule 001

** 101: twice daily, one capsule/packet each in the morning and evening
*** 001: once daily, one capsule in the evening

Results

After one year of continuous OCNT, the patient showed marked suppression of chronic inflammatory activity and reported gradual improvement in dyspeptic symptoms. This clinical improvement was objectively confirmed during a routine health examination conducted in February 2026. Follow-up endoscopy and histopathologic examination demonstrated complete resolution of intestinal metaplasia and atrophic gastritis, both of which had previously been identified as major precursor lesions of gastric cancer. Apart from mild residual gastritis, the gastric mucosa was assessed as having returned to a generally healthy and normal appearance.

Discussion

The patient in this case was a Korean woman in her 70s who underwent upper endoscopy in January 2025 and was diagnosed with intestinal metaplasia, characterized by the presence of intestinal-type epithelium in the gastric mucosa, and atrophic gastritis, evidenced by thinning of the gastric mucosa. Although the patient reported no notable symptoms, she explained that she was experiencing stress due to anxiety about the possibility of developing cancer and the medical team's recommendation of periodic surveillance because no definitive treatment was available. It was also noted that both her husband and eldest son had died of cancer.

The precise causes of intestinal metaplasia and atrophic gastritis have not been clearly established, although both conditions may develop as a result of chronic inflammation in the stomach. Accordingly, an OCNT regimen was considered to protect the gastric mucosa, reduce inflammation, and enhance cell membrane fluidity and gastric mucosal blood flow.

The anthocyanins contained in Cyaplex X are known to support anti-inflammatory and antioxidant activity. Through these effects, they may help reduce gastric inflammation, protect the stomach from oxidative stress, and protect gastric and intestinal epithelial cells. They may also help maintain a balanced gut microbiota, contributing to improved gut health.[5–7]

Damage or injury to the gastric mucosa may lead to reduced levels of mucin, which normally helps protect the gastric wall.[8] Under such circumstances, adequately ingested mucin may physically adhere to the gastric mucosal surface and form a protective coating, thereby helping protect the compromised gastric mucosa. Mucin in the gastric mucosa may be broken down and subsequently fermented by gut bacteria.

Mucin transformed through this process serves as an energy source for gut microbiota, leading to the production of end metabolites, such as short-chain fatty acids (SCFAs), which provide energy to human mucosal epithelial cells and promote cellular differentiation.[9] In patients with intestinal metaplasia or atrophic gastritis, the balance of the gastric mucosal environment is disrupted. The fermented mucin contained in Gastron may be absorbed by gastrointestinal epithelial cells, thereby helping restore mucosal balance and support gastric epithelial cell regeneration.

Alpha-linolenic acid in Vivarol exerts gastroprotective effects that may help attenuate gastric mucosal injury. This effect appears to be attributable, at least in part, to enhanced antioxidant capacity resulting from a reduction in reactive oxygen species.[10] Gamma-linolenic acid may also help protect against gastric mucosal injury by bypassing the inhibition of delta-6 desaturase and may serve as a precursor for the synthesis of arachidonic acid and prostaglandins.[11]

Beta-carotene in the Caroplex is an antioxidant known to promote the elimination of reactive oxygen species, reduce oxidative DNA damage, and positively influence DNA repair mechanisms. Through these actions, it may reduce the risk of gastric cancer and improving prognosis.[12] In addition, increased ornithine decarboxylase (ODC) activity in the gastric mucosa of patients with chronic atrophic gastritis may promote abnormal cell proliferation and tumorigenic activity. Beta-carotene may help regulate cell proliferation by significantly reducing ODC activity.[13]

Finally, patients with intestinal metaplasia are more likely to have vitamin D deficiency than healthy individuals. Vitamin D deficiency may contribute to the development of precancerous phenotypes associated with gastric adenocarcinoma, and one case-control study reported that intestinal metaplasia was observed more frequently among individuals with vitamin D deficiency.[14] Diverol was therefore prescribed to provide vitamin D supplementation.

Because this case is limited to a single patient, its findings cannot be readily generalized to other patients with intestinal metaplasia and atrophic gastritis. However, given that no established curative treatment is currently available for these conditions and management is primarily symptomatic, appropriately applied OCNT may help improve patients' symptoms and provide psychological reassurance to those experiencing anxiety about potential progression to cancer. This case is also considered significant because it suggests that OCNT may improve the cellular environment and have therapeutic potential. This case is therefore reported with the patient's consent.

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