OCNT Ortho-Cellular Nutrition Therapy

Case Report

세포교정영양요법(OCNT)을 이용한 칸디다성 질염 개선 사례

최연

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A Case of Improvement in Vulvovaginal Candidiasis Using Ortho-Cellular Nutrition Therapy (OCNT)

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ABSTRACT

Objective: Vulvovaginal candidiasis (VVC) is an infection caused by *Candida* species that affects millions of women each year. Vaginal microbiome dysbiosis, pregnancy, hormonal therapy, diabetes mellitus, and immunosuppression are considered contributing factors to its development. More than 90% of uncomplicated VVC cases can be successfully treated with topical agents or a single dose of an oral antifungal agent, whereas recurrent VVC requires long-term maintenance therapy and a systematic treatment strategy. However, even with long-term fluconazole therapy administered once weekly for 6 months, the cure rate at 12 months is only 42.9%, indicating that more than half of women remain uncured.

Case Report: The patient in this case was a Korean woman in her 50s who experienced considerable discomfort and stress that interfered with her daily life due to recurrent vulvovaginal candidiasis. Although medications prescribed by an obstetrician-gynecologist provided only temporary symptom relief, the condition continued to recur. Therefore, Ortho-Cellular Nutrition Therapy (OCNT) was initiated. As a result, marked clinical improvement was observed, including relief of her discomfort. The patient was subsequently followed for 2 years, during which no recurrence of vulvovaginal candidiasis was observed.

Conclusion: Because this case involved a single patient with a single condition, the applicability of the same OCNT regimen to all patients is limited. However, an appropriately tailored OCNT regimen may be helpful for patients suffering from recurrent vulvovaginal candidiasis, a condition that can be difficult to cure completely.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), Vulvovaginal candidiasis, Recurrent vaginitis, *Candida*, Vaginal infection

Introduction

Vulvovaginal candidiasis (VVC) is an infection caused by *Candida* species that affects millions of women each year, with *Candida albicans* generally considered the predominant causative species. The development of VVC may be influenced by multiple factors, including vaginal microbiome dysbiosis, pregnancy, hormonal therapy, diabetes mellitus, immunosuppression, glucocorticoid use, and genetic predisposition.[1]

Uncomplicated VVC can be successfully treated in more than 90% of cases with topical agents, including clotrimazole, butoconazole, and miconazole, or with a single 150 mg dose of fluconazole. However, recurrent VVC requires prolonged treatment.[2] In addition, fluconazole prophylaxis is widely used as long-term maintenance therapy for recurrent VVC; however, complete cure is uncommon, and treatment often results only in symptom control.[3] Even with a regimen of fluconazole administered once weekly for 6 months, the cure rate at 12 months is only 42.9%.[4]

The patient in this case report had experienced recurrent VVC from 2020 to 2024. Despite receiving ongoing medical treatment, the condition recurred repeatedly, and each recurrence was accompanied by symptoms such as severe pruritus and thick, white, clumpy vaginal discharge. However, following 5 months of Ortho-Cellular Nutrition Therapy (OCNT), from June to October 2024, VVC-related symptoms markedly improved, and no recurrence or worsening of symptoms was observed during

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the subsequent 2-year follow-up period. This case is considered clinically meaningful because recurrent VVC, which is difficult to cure completely, showed marked improvement, and the patient maintained a stable health status thereafter. Therefore, I report this case with the patient's informed consent.

Case Study

1. Subject
This case report involved one patient with vulvovaginal candidiasis.

1) Name: OOO (51 years old / F)
2) Diagnosis: Recurrent vulvovaginal candidiasis
3) Onset: 2020–2024
4) Treatment period: June 2024–October 2024
5) Chief complaints: Severe pruritus (itching), white curd-like vaginal discharge, psychological stress
6) Past medical history: Thyroid nodule, carotid atherosclerotic plaque, anemia
7) Social history: No alcohol consumption or smoking
8) Family history: None
9) Present illness and current medications: None

2. Methods
1) June 2024 (1st OCNT)

• Cyaplex X Granules 101 (twice daily, 1 sachet per dose)
• Cyaplex X Capsules 303 (twice daily, 3 capsules per dose)
• Epibiome Granules 101 (twice daily, 1 sachet per dose)
• Hemoplex Capsules 202 (twice daily, 2 capsules per dose)
• Viva Kan Capsules 101 (twice daily, 1 capsule per dose)
• Cyaplex Mineral Rock Salt*
• Aqua SAC Pure*

* The patient was instructed to dissolve 1 sachet of each product in 330 mL of bottled water and consume it continuously throughout the day.

2) July 2024 (2nd OCNT)
The 1st OCNT regimen was maintained without change, and the following product was added.

• Angelan F Granules 101 (twice daily, 1 sachet per dose)

In addition, at the time of the 2nd OCNT, the patient was advised to undergo laser treatment at the obstetrics and gynecology clinic she visited and was prescribed fluconazole 150 mg once weekly.

3) August–October 2024 (3rd–5th OCNT)
The same regimen as the 2nd OCNT was prescribed.

4) July 2026 (6th OCNT)
A new OCNT regimen was initiated because the patient wished to improve her lipid levels and menopausal symptoms.

• Cyaplex X Granules 101 (twice daily, 1 sachet per dose)
• Eufaplex Alpha 101 (twice daily, 1 sachet per dose)
• Geniplex Granules 101 (twice daily, 1 sachet per dose)
• Yohanplex Granules 101 (twice daily, 1 sachet per dose)
• Salty Aqua Lemon*
• Cyaplex Mineral Bamboo Salt*
• Aqua SAC Pure*

* The patient was instructed to dissolve 1 sachet of each product in 330 mL of bottled water and consume it continuously throughout the day.

Results

Following OCNT, the severe vulvar pruritus that had been the patient's most bothersome symptom completely resolved, and the abnormal thick, white, clumpy vaginal discharge with a cottage cheese-like appearance also improved. The patient's psychological stress related to the chronic condition was also alleviated.

After completion of the 5-month OCNT regimen, the patient was followed for approximately 2 years. During this period, no recurrence of vulvovaginal candidiasis symptoms was observed, and symptom control was maintained. In addition, a recent comprehensive health examination confirmed that all evaluated parameters were within normal ranges. Changes in the patient's self-reported chief complaints during the OCNT period are presented in Table 1.

To date, the patient has remained in stable remission without recurrence of vaginitis symptoms. As she wished to manage her blood lipid levels and improve menopausal symptoms, she was prescribed a new OCNT regimen, which she is currently following with good adherence.

Discussion

The patient in this case was a Korean woman in her 50s who had experienced recurrent VVC from 2020 to 2024. Over this 4-year period, she repeatedly received gynecologic care and underwent treatment with standard antifungal agents, vaginal suppositories, topical agents, and oral medications. However, clinical improvement was only temporary, and the condition recurred shortly thereafter, resulting in a poor quality of life.

Table 1. Changes in symptoms perceived by the patient during the OCNT period.

Symptoms	1st (2024.06)	2nd (2024.07)	3rd (2024.08)	4th (2024.09)	5th (2024.10)	Current (2026.07)
Pruritus (itching)	5	4	3	0	0	0
Vaginal discharge	5	4	3	1	0	0

0: No symptoms and no impact on daily activities; 1: Mild symptoms with minimal impact on daily activities; 2: Noticeable symptoms requiring minor adjustments in daily activities; 3: Symptoms significantly affect daily activities, making some tasks difficult; 4: Major difficulty performing tasks during daily activities; 5: Symptoms severely interfere with daily activities, causing substantial distress

Candida species are part of the normal human microbiota, but they can overgrow and cause inflammation when immune function is weakened. Therefore, VVC symptoms may develop when immune function is compromised. In addition, physiological stress and unhealthy lifestyle habits may exacerbate VVC symptoms.

Patients with recurrent VVC have impaired overall antioxidant capacity, which increases oxidative stress in the vaginal mucosa and adversely affects mucosal tissue.[5] Therefore, to compensate for this impairment, anthocyanins and polyphenols contained in Cyaplex X were used to support antioxidant capacity. Aronia contains higher levels of anthocyanins and polyphenols than other berries.[6] Therefore, to compensate for this impairment, anthocyanins and polyphenols contained in Cyaplex X were used to support antioxidant capacity. Aronia contains higher levels of anthocyanins and polyphenols than other berries.[7]

Clostridium butyricum in Epibiome produces butyrate, a type of short-chain fatty acid (SCFA), which helps normalize the vaginal microbiota by regulating inflammatory responses.[8] *Bifidobacterium animalis* subsp. *lactis* is a probiotic that can reach the vaginal mucosa following oral administration and has been reported to significantly improve VVC and gut microbial dysbiosis.[9]

Previous studies have shown that hemoglobin is synthesized not only in red blood cells but also in human primary vaginal epithelial cells (hPVECs), where it serves as an endogenous antimicrobial defense protein against infection and inflammation.[10] The iron contained in Hemoplex may contribute to supporting local immune defense and alleviating chronic vaginitis by promoting hematopoiesis and providing nutritional support for the endogenous hemoglobin-mediated defense system in vaginal epithelial cells. In addition, vitamin B12 and folate are essential nutrients for cell division, DNA synthesis and repair, and cellular metabolism. They help maintain immune homeostasis through methylation and homocysteine regulation, the serine/glycine cycle, and DNA and RNA synthesis and repair.[11]

Silymarin contained in Viva Kan can selectively inhibit the 5-lipoxygenase pathway that promotes inflammation in hepatic Kupffer cells. It can also suppress activation of the nuclear transcription factor NF-κB in Kupffer cells and other inflammatory cells in the liver and suppress the synthesis of pro-inflammatory cytokines induced by toxins and other stimuli. In addition, silymarin may help alleviate hepatic inflammatory responses by suppressing excessive nitric oxide production and iNOS gene expression induced by inflammatory stimuli.[12] Through these activities, silymarin may help protect the liver and maintain a healthy hepatic environment, thereby supporting the clearance of toxins, bacteria, and waste products and creating favorable conditions for improved systemic immune function.

The various minerals contained in Cyaplex Mineral Rock Salt and Aqua SAC Pure contribute to modulating the extracellular matrix (ECM), thereby facilitating the activation of macrophage filopodia and actin rings. This may help enhance antifungal immune responses against *Candida*, reduce excessive inflammatory responses, and promote M2-mediated tissue repair, thereby supporting the rapid normalization of the vaginal mucosal environment.[13,14]

One month after the initial OCNT regimen, Angelan was added to support uterine and vaginal immune function. Previous studies have reported that Angelica gigas extract in Angelan rapidly activates macrophages and natural killer (NK) cells involved in innate immunity and enhances antibody production by B cells. Such systemic immune cell activation and cytokine modulation may provide nutritional support for enhancing the responsiveness of local immune cells within the vaginal mucosal microenvironment and supporting host resistance to infection.[15]

Because this case involved a single patient, the findings have limited generalizability. However, this case is considered clinically valuable because recurrent VVC, which had markedly impaired the patient's quality of life for 4 years, was successfully managed with appropriate OCNT, and the resulting improvement was maintained without recurrence for 2 years. Therefore, this case is reported with the patient's informed consent.

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