

Case Report

세포교정영양요법(OCNT)을 이용한 자궁내막 이상증식증 개선 사례

강은경

충청북도 진천군 광혜원면 화랑길 29 안약국

A Case Report of Endometrial Hyperplasia Improvement with Ortho-Cellular Nutrition Therapy (OCNT)

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ABSTRACT

Objective: Endometrial hyperplasia is characterized by excessive thickening of the endometrial tissue and is considered a precursor lesion of endometrial cancer. Its incidence has been reported as approximately 133 cases per 10,000 women, and it is clinically significant because nearly one-third of patients with endometrial hyperplasia are diagnosed with endometrial cancer. Progestin-based hormonal therapy is commonly used as a noninvasive treatment, whereas invasive approaches include dilation and curettage or hysterectomy. However, these options carry various adverse effects and surgical risks, which often cause patients to avoid or hesitate to undergo treatment.

Case Report: The patient was a Korean woman in her 40s who presented with persistent vaginal bleeding for 1 month. Ultrasonographic examination revealed marked endometrial thickening exceeding four times the normal reference level, and she was diagnosed with endometrial hyperplasia. Hormonal therapy to induce withdrawal bleeding was initially administered, but only a modest decrease in endometrial thickness was achieved, insufficient to discontinue treatment. Dilation and curettage was subsequently planned; however, the patient strongly preferred noninvasive conservative management over a surgical or invasive procedure. Thereafter, the patient received Ortho-Cellular Nutrition Therapy (OCNT), and after a period of treatment, significant clinical improvement was observed in both endometrial thickness and vaginal bleeding.

Conclusion: As this case concerned a single patient with a single condition, the findings have limited generalizability to other patients receiving the same OCNT regimen. However, an appropriate OCNT regimen may be beneficial for patients who are hesitant to undergo invasive procedures.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), Endometrial hyperplasia, Endometrial cancer, Dilation and curettage, Conservative treatment

Introduction

Endometrial hyperplasia is a condition characterized by abnormal thickening of the endometrial tissue. A major underlying mechanism of endometrial hyperplasia is an imbalance between estrogen and progesterone. In particular, absent or insufficient progesterone secretion leads to prolonged exposure of the endometrium to unopposed estrogen. Factors associated with this hormonal imbalance include endogenous

factors such as obesity, chronic anovulation, early menarche, late menopause, and ovarian tumors, as well as exogenous factors such as estrogen replacement therapy and tamoxifen use.¹

Endometrial hyperplasia is considered a precursor lesion of endometrial cancer regardless of whether atypia is present. Its incidence has been reported to be approximately 133 cases per 10,000 women, and nearly one-third of women with endometrial hyperplasia are diagnosed with endometrial cancer.² Diagnostic evaluation for endometrial cancer includes endometrial biopsy, ultrasonography, and hysteroscopy, whereas definitive diagnosis is established by histopathological examination of tissue obtained through endometrial biopsy or dilation and curettage.³ In clinical practice, dilation and curettage is commonly performed initially for both diagnostic and therapeutic purposes in patients with endometrial hyperplasia, followed by histopathological examination of the obtained tissue.

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The primary treatment for endometrial hyperplasia is aimed at inhibiting endometrial proliferation through progestin therapy, either by insertion of a levonorgestrel-releasing intrauterine system (Mirena) or by oral progestin therapy. During hormone therapy, endometrial biopsies are performed every 3–6 months to assess the response to treatment. For atypical endometrial hyperplasia, hysterectomy is recommended as the standard treatment. However, in patients who wish to preserve fertility, factors contributing to excessive estrogen exposure are addressed, such as by addressing obesity, discontinuing exogenous estrogen, and treating anovulatory disorders, with close follow-up.¹

However, even when conventional hormonal therapy achieves a favorable therapeutic response, recurrence is likely if the underlying causes of hormonal imbalance are not addressed. Furthermore, adverse drug reactions during treatment, including gastrointestinal disturbances, mood changes, fatigue, and weight gain, may reduce medication adherence. Therefore, this report presents a case in which endometrial hyperplasia improved following Ortho-Cellular Nutrition Therapy (OCNT).

Case Study

1. Subject

One patient with endometrial hyperplasia was included in this case report.

- 1) Name: Ma ○○ (45 years old / F)
- 2) Diagnosis: Endometrial hyperplasia
- 3) Date of onset: December 3, 2025
- 4) Treatment period: January 21, 2026–May 4, 2026
- 5) Chief complaints: Abnormal uterine bleeding, endometrial hyperplasia
- 6) Past medical history: Hypotension, sleep disturbance
- 7) Social history: None
- 8) Family history: Uterine fibroids
- 9) Present illness and medications: None

2. Methods

The OCNT prescribed to the patient is presented in Tables 1 and 2.

Results

After continuing OCNT for approximately 3 months, the patient visited the Department of Obstetrics and Gynecology on May 4, 2026, for repeat endometrial ultrasonography. The

examination showed a marked reduction in endometrial thickness from 11 mm to 6 mm, indicating that it had approached the normal range. Consequently, the previously scheduled dilation and curettage was canceled, and the management plan was changed to follow-up with reassessment after 6 months.

Improvement in systemic symptoms was also observed. Fatigue associated with overwork decreased markedly, and long-standing edema was alleviated, with an accompanying weight loss of approximately 5 kg. These findings suggested overall improvement in symptoms associated with autonomic and endocrine imbalance.

Discussion

The patient in this case was a Korean woman in her 40s who had experienced light abnormal uterine bleeding since December 2025. As the bleeding persisted for more than 1 month, she visited the Department of Obstetrics and Gynecology in January 2026. Ultrasonography revealed an endometrial thickness of 17 mm, more than four times the normal value of 4 mm. The patient was therefore diagnosed with endometrial hyperplasia and underwent further evaluation at a tertiary care hospital. Further evaluation identified a benign polyp, and oral hormonal therapy was administered for 1 week to induce withdrawal bleeding. As a result, the endometrial thickness decreased to 11 mm. However, as this value remained above the normal range, dilation and curettage was recommended, and the procedure was being planned.

Dilation and curettage is a procedure in which endometrial tissue is directly removed from the uterine cavity. However, it may be associated with complications such as infection, bleeding, cervical laceration, uterine perforation, and postoperative intrauterine adhesions.⁴ The patient was reluctant to undergo such an invasive procedure and visited a pharmacy for an OCNT consultation, where she decided to pursue nutritional therapy as a conservative approach.

At the initial consultation, the patient was found to be under severe psychological stress and to have long-standing symptoms, including sleep disturbance, generalized edema, and hypotension. These findings suggested that chronic stress and autonomic nervous system imbalance may have affected the hypothalamic-pituitary-ovarian (HPO) axis, thereby aggravating hormonal imbalance and ultimately contributing to the development of endometrial hyperplasia.

Table 1. First OCNT prescribed on January 21, 2026.

Prescription	Dosage
Cyaplex A Capsule	202
Eufaplex Alpha Capsule	303
Aqua SAC Pure	Mix one sachet each with 500 mL of water and take twice daily.
Cyaplex Mineral Bamboo Salt	

* 202: Take 2 sachets/capsules per dose, twice daily, in the morning and evening.

303: Take 3 sachets/capsules per dose, twice daily, in the morning and evening.

Table 2. Second OCNT prescribed on February 16, 2026.

Prescription	Dosage
Cyaplex A Capsule	202
Eufaplex Alpha Capsule	303
Haliplex Capsule	202
Aqua SAC Pure	Mix one sachet each with 500 mL of water and take twice daily.
Cyaplex Mineral Bamboo Salt	
Heartberry Black	

* 202: Take 2 sachets/capsules per dose, twice daily, in the morning and evening.

303: Take 3 sachets/capsules per dose, twice daily, in the morning and evening.

In the endometrial tissue of patients with endometrial hyperplasia, lipid hydroperoxide (LOOH) levels, a marker of lipid peroxidation, are higher than those in patients with benign conditions such as polyps or fibroids. In addition, the activities of the antioxidant enzymes superoxide dismutase (SOD) and catalase (CAT) are reduced, which may suppress cell death and increase the risk of normal cells developing abnormal proliferative or cancerous characteristics.⁵ Anthocyanins contained in Cyaplex A and Heartberry Black are well-established antioxidants. Previous studies have reported that anthocyanins can directly inhibit LOOH-induced cytotoxicity, protect cells by scavenging radicals,⁶ and enhance SOD and CAT activities.⁷

Eufaplex Alpha is rich in omega-3 and omega-6 fatty acids. Both are polyunsaturated fatty acids (PUFAs). When endometrial cells were cultured under conditions with a high omega-3 to omega-6 fatty acid ratio, cell viability decreased most markedly, and pain scores associated with endometrial hyperplasia were significantly reduced.⁸

Sodium-potassium imbalance is commonly observed in women diagnosed with endometrial hyperplasia.⁹ Because supplementing these electrolytes is important for restoring normal fluid metabolism and stabilizing the autonomic nervous system, Aqua SAC Pure and Cyaplex Mineral Bamboo Salt were diluted in water and consumed regularly. Furthermore, disruption of electrolyte balance can increase extracellular fluid volume and lead to generalized edema.¹⁰ It may also markedly decrease effective circulating blood volume, thereby reducing tissue perfusion pressure and leading to hypotension and reduced blood flow.¹¹ Accordingly, this approach was intended not only to replenish fluids but also to restore intracellular and extracellular electrolyte balance and increase effective circulating blood volume, with the aim of improving the patient's symptoms.

Haliplex contains curcumin, resveratrol, genistein, and epigallocatechin gallate (EGCG). Curcumin may alleviate endometrial hyperplasia by targeting NOX4 and modulating oxidative stress.¹² Resveratrol exerts potent protective effects by markedly inhibiting TGF- β gene expression and CA-125 levels and by modulating the AhR pathway, thereby preventing abnormal endometrial proliferation, inflammation, and fibrosis and helping restore normal uterine tissue structure and reproductive function.¹³ Genistein can suppress cell proliferation by blocking EGFR signaling and induce apoptosis in endometrial hyperplasia cells by inhibiting the PI3K/Akt and NF- κ B cell survival pathways.¹⁴ Finally, EGCG exerts antiangiogenic, antiproliferative, antimetastatic, and apoptosis-inducing effects, reducing the number, size, and volume of endometrial hyperplasia lesions and inhibiting fibrosis.¹⁵

Because this report is based on a single patient, the findings have limited generalizability. Despite this limitation, the case is considered clinically meaningful because it suggests the potential for conservative management with OCNT in patients with endometrial hyperplasia who are reluctant to undergo hormonal therapy associated with a high risk of adverse effects or invasive procedures or surgery. Therefore, this case is reported with the patient's informed consent.

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