

Experiential treatment of ankylosing spondylitis using Ortho-Cellular Nutrition Therapy (OCNT)

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ABSTRACT

Currently, a 70-year-old woman started suffering from S.I joint pain from 1973 and had severe pain in the S.I joint, wrist, and elbow from 1975 to 1977, and was diagnosed with spinal tuberculosis at a general hospital. From 1978 to 1987, she suffered from chronic fatigue and insomnia, and since January 1, 1988, she was unable to get up while lying down, suffering from whole body joint, muscle pain, and fibromyalgia. In May 1989, she was also diagnosed with ankylosing spondylitis through genetic testing at the Catholic St. Mary's Hospital Rheumatology Department in Korea, and was treated with sulfasalazine, analgesic, and immunosuppressant, methotrexate, for 12 years until 1999, but none of the drugs eliminated the pain. She was hospitalized and discharged repeatedly, and continued to receive salt water poultice and exercise therapy at home, but was unable to move at all. In 2000, after biologic treatment with Remicade injection (Remsima®), she was able to walk and move, and after that, she was continuously prescribed biologics. From 2015 to 2019, Enbrel® (Etanercept) injection was prescribed once a week, but the symptoms such as severe pain (joint and muscle, fibromyalgia), scleroderma, Sjogren's syndrome (dryness of eyes, nose and mouth), difficulty swallowing, chronic fatigue, and stiff body appeared. Around January 2018, hepatic indicators were high and lymphocytes became enlarged. However, most serious injuries were highly improved after the OCNT combination therapy using active phytonutrients, anthocyanin-fucoidan nanocomplex. Therefore, for patients with such experiences, OCNT treatment is proposed as an alternative.

Keywords Ortho-Cellular Nutrition Therapy, OCNT, ankylosing spondylitis, Cyaplex

INTRODUCTION

The importance of research on ortho-cellular treatment has been emphasized. OCNT refers to a nutritional therapy that corrects chronic disease cell genes and cell functions by using nutraceutical containing specific ingredients extracted from foods that help in the treatment or prevention of various diseases. A 70-year-old woman patient had been suffering from ankylosing spondylitis for a long time. Ankylosing spondylitis is the most common disease in the group of such diseases called 'serum-negative spondyloarthropathy' in which the rheumatoid factor is negative and a chronic inflammatory disease that characteristically affects the sacroiliac joints and the spinal joints¹⁻³).

Since then, while taking many drugs, on May 3, 1998, she

started OCNT treatment with products of Anthocyanin-fucoidan nanocomplex developed by JBKLAB. The pain disappeared after 2 weeks after starting nutritional therapy with Cyaplex A 101, Cyaplex F (take if necessary), Eufaplex 101, Chloplex 101, Calmaplex 101 and TMplex 101 at the same time. So, she stopped both hospital medicines and subcutaneous injection once a week. After that, she is managing her health with OCNT until now.

In this case report, a 70-year-old woman patient who has been taking various diseases and drugs want to share her clinical treatment experience using OCNT.

RESULT AND DISCUSSION

Since 1973, a 70-year-old woman patient has been treated with tuberculosis drugs, NSAIDs (Nonsteroidal anti-inflammatory drugs) [Indomethacin, Naproxen, Sulindac, Diclofenac Sodium, Aspirin, Piroxicam, Ibuprofen, Celecoxib], DMARDs (Disease-modifying anti-rheumatic drugs)[methotrexate, chloroquine hydroxychloroquine, sulfasalazine], Gold formulations (oral intramuscular injection), immunosuppressant (Azathioprine), biologic agents (TNF α inhibitors-Etanercept, Infliximab) were prescribed and taken.

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Since January 1988, all joints of the whole body having swelling and pain were treated with nonsteroidal drugs and DMARDs because steroids did not work. While this treatment did not show a satisfactory effect, in 1989, she visited Professor Kim (Catholic St. Mary's Hospital Rheumatology Department) and was diagnosed with ankylosing spondylitis, and began treatment with medication, physical therapy, exercise therapy, and poultice therapy while lying down for 12 years. By the year 2000, she was given an injection of the biological agent, TNF α inhibitor (Remicade), and had enough pain to walk. Thanks to continuous exercise therapy, physical therapy, and poultice therapy, the symptoms of bent large joints, right elbows, both wrists, fingers, both hips, both knees, both heels, and rash were improved, but the joints were still bent, leaving traces of two toes.

The ankylosing spondylitis, which has been plagued for such a long time, can be seen to be almost healed with the combination therapy with OCNT that the pain, fibromyalgia, dysphagia, chronic headache, body stiffness, scleroderma, and so on, was almost relieved. While she was living by using all the newly developed drugs as she was registered as a special case at a general hospital. Since OCNT treatment began, she stopped all medicines and symptoms such as chronic fatigue, difficulty swallowing, and scleroderma disappeared.

In addition, there would be no current appearance unless there was her treatment that relieves shoulders, waist, knees, and ankles that were hard like stones through physical therapy, exercise therapy and poultice treatment. Thanks to these traditional physical treatments and OCNT treatments at the same time, she can run a pharmacy and do social activities even if she is over 70 years old.

CONCLUSION

As the best method for treating ankylosing spondylitis, first, the disease must be detected before the joints of the body are stiff and hardened. Second, physical therapy, poultice therapy, and exercise therapy that can prevent joint mutations are very helpful to be combined with drug therapy. Third, get enough physical and mental stability and rest. Fourth, drug therapy (NSAIDs, DMARDs, biologics) should be used. Fifth, nutritional therapy is very helpful. As a result, I think OCNT is the best combination treatment that can treat immune diseases that has been stuck like a thorn in the body for 40 years, and restore the body's function.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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