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Case Report

세포교정영양요법(OCNT)을 이용한 자반증 개선 사례

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A Case Study on the Improvement in Purpura using Ortho-Cellular Nutrition Therapy (OCNT)

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ABSTRACT
Objective: Report on the improvement of purpura through Ortho-Cellular Nutrition Therapy (OCNT).
Methods: OCNT was administered to a male in his 80s and another in his 70s, both Korean, suffering from purpura.
Results: After the application of OCNT, there was a noticeable reduction in purpura on the arms.
Conclusion: OCNT can be beneficial in alleviating the symptoms of purpura.

Keywords: Ortho-Cellular Nutrition Therapy (OCNT), purpura, vasculitis

Introduction

Purpura is a type of vasculitis, refers to a condition where red or purple discolorations on the skin due to the extravasation of red blood cells into the dermis. In other words, skin discoloration caused by subcutaneous bleeding.[1]

Initially, the lesions appear bright red in the superficial dermis. However, they turn a reddish-brown to a stronger brown hue, ultimately changing to purple. A clinical characteristic of these spots is that their color does not change when pressure is applied, and purpura and petechiae (commonly known as bruises) are considered the same lesion.

There are various causes of purpura, which can clinically be divided mainly into thrombocytopenic purpura and allergic purpura.

Thrombocytopenic Purpura is divided into thrombotic thrombocytopenic purpura (TTP) and immune thrombocytopenic purpura. TTP is a rare condition characterized by the formation of clots in small blood vessels throughout the body. This leads to decreased platelet counts, destruction of red blood cells, and inadequate blood supply to organs, which can be life-threatening.[2] Immune thrombocytopenic purpura involves accelerated platelet destruction due to autoantibodies and damage to platelet production by these antibodies.[3]

Allergic Purpura (Henoch-Schönlein Purpura), also known as IgA vasculitis, is a systemic small vessel leukocytoclastic vasculitis mediated by immune complexes.[4] Its causes are not fully understood but may be associated with infections such as Group A *Streptococcus* and Mycoplasma, or related to food, cold exposure, insect bites, and drug allergies.[5]

Other types include pigmentary purpura, characterized by petechial bleeding due to capillaritis[6], livedoid purpura, marked by skin vascular occlusion due to fibrin deposition and intravascular thrombosis[7], and hypersensitivity purpura, which arises as a side effect of certain drugs[8].

In addition to skin discoloration, purpura symptoms can include abdominal pain, vomiting, diarrhea, fatigue, joint pain caused by abnormal bleeding outside of the skin lesions. In addition, proteinuria and hematuria may occur due to kidney dysfunction.[9]

Diagnosis of purpura typically involves peripheral blood tests to check for a decrease in platelet count and abnormalities in blood clotting.[10]

Treatment of purpura involves identifying and addressing the underlying cause to fundamentally treat internal organs and skin, as well as eliminating toxins and waste, and improving immunity. Symptomatic therapy commonly includes the use of antibiotics, immunosuppressants, and steroids.[1]

This case study reports significant improvement in patients A and B with purpura following OCNT, with consent obtained from the patients for this report.

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Case Study

1. Subjects

Two cases of patients with purpura were studied.

- Patient A

1) Name: Kim O O (M/82 years old)
2) Diagnosis: Purpura
3) Onset: Gradual progression over the past 2 to 3 years.
4) Treatment Duration: June 2020 to October 2020 (4 months)
5) Primary Symptoms: Purpura on the right arm, itchiness, inflammation, fatigue
6) Medical History: Cerebral infarction
7) Social History: None
8) Family History: None
9) Medications and Treatments Applied: Hypertension, Type 2 Diabetes, long-term medication use including Nicergoline 10mg, Cilostazol 100mg, Donepezil 5mg

- Patient B

1) Name: Lee O O (M/71 years old)
2) Diagnosis: Purpura
3) Onset: Progressing for about 8 years
4) Treatment Duration: July 2020 to January 2021 (6 months)
5) Primary Symptoms: Purpura on both arms, itchiness, inflammation, fatigue
6) Medical History: Cerebral infarction
7) Social History: None
8) Family History: None
9) Medications and Treatments Applied: Hypertension, hyperlipidemia, Type 2 Diabetes, long-term medication use including Oxiracetam, Cilostazol 100mg

2. Method

- Patient A
  - Cyaplex X granule (101, twice a day, one packet per dose)
  - Diverol (202, twice a day, two capsules per dose)
  - Cyaplex balm (twice a day in the first month, and once a day afterwards, apply appropriate amount to the lesion)

  The prescribed OCNT was applied for approximately four months.

- Patient B
  - Cyaplex X granule (101, twice a day, one packet per dose)
  - Diverol (202, twice a day, two capsules per dose)
  - Cyaplex balm (twice a day in the first month, and once a day afterwards, apply appropriate amount to the lesion)

  The prescribed OCNT was applied for approximately six months.

Results

Patient A, an 82-year-old Korean male, had been taking prescribed medications for hypertension, diabetes, brain function enhancement, and thrombosis prevention following a cerebral infarction diagnosis several years ago. Initially, he began to develop bruises on his skin, which worsened and improved intermittently until the skin discoloration became permanent. He reported these symptoms to his physician, but no other measures were taken other than prescriptions for steroid topical agents and moisturizers, prompting the implementation of OCNT.

Two months into the OCNT, although purpura temporarily appeared on the previously unaffected left arm, it disappeared after 10 days. Satisfactory improvement was observed after applying OCNT for 4 months. (Refer to Table 1 and Fig. 1.)

Patient B suffered a cerebral infarction over a decade ago. Afterward, purpura arose while taking antithrombotic drugs to manage hypertension, hyperlipidemia, and Type 2 diabetes. He had been managing the condition for a long time with dermatological prescriptions and topical agents before starting OCNT. He reported satisfactory improvement in the purpura just 2 months after starting OCNT, and the therapy continued for another 4 months. (Refer to Table 1 and Fig. 2.)

Table 1. Severity of symptoms experienced by Patients A and B during OCNT. The scale ranges from 0 to 5, where higher numbers indicate greater discomfort. Both patients reported disappearance of symptoms related to discomfort after 4-5 months.

Symptoms/Month	Patient	1 Month	2 Months	3 Months	4 Months	5 Months	6 Months
Discoloration (Purpura)	A (Left Arm)	0	3 → 0	0	0	-	-
	A (Right Arm)	5	2	1	0	-	-
	B	5	2	1	1	0	0
Itchiness	A	2	1	1	0	-	-
	B	1	1	0	0	0	0
Inflammation (Rash)	A	1	0	0	0	-	-
	B	2	1	0	0	0	0
Fatigue	A	2	1	0	0	-	-
	B	3	1	1	1	0	0

0: No symptoms, 1: Mild symptoms, almost no impact on daily life, 2: Moderate symptoms, some discomfort in daily activities, 3: Significant symptoms, difficulty in some activities, 4: Severe symptoms, major disruption in daily life, 5: Symptoms nearly impossible to manage, causing significant daily discomfort.

Discussion

The subjects, Korean males in their 80s (Patient A) and 70s (Patient B), both developed purpura while on prescribed medications. The purpura did not improve despite management with dermatologically prescribed drugs, prompting the start of OCNT.

Both Patient A and Patient B had suffered from cerebral strokes and had been taking prescription drugs for an extended period, suggesting that the purpura could be due to a decrease in immunity.

Anthocyanins in Cyaplex X, known for their antioxidant and immunomodulating properties.[11] In addition, it helps improve endothelial function within blood vessels and inhibits enzymes like COX-1 and COX-2, thereby promoting vascular health.[12-14]

Quercetin promotes angiogenesis (new blood vessel formation) in ischemic conditions,[15] which can help alleviate purpura by stimulating vascular formation at the sites of vascular bleeding. Rutin, a glycoside composed of the flavonol aglycone quercetin and the disaccharide rutinose, is involved in various pharmacological activities including vascular protection, antioxidation, and cellular protection.[16]

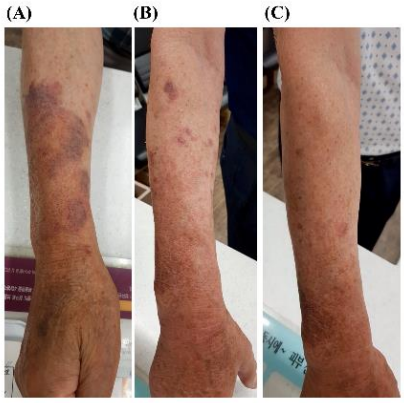

Fig. 1. Photos of patient A's right arm purpura. (A) Before starting OCNT, (B) 7 days after starting OCNT, (C) One month after starting OCNT. There is a notable advancement 7 days after starting OCNT, with even more significant improvement after one month.

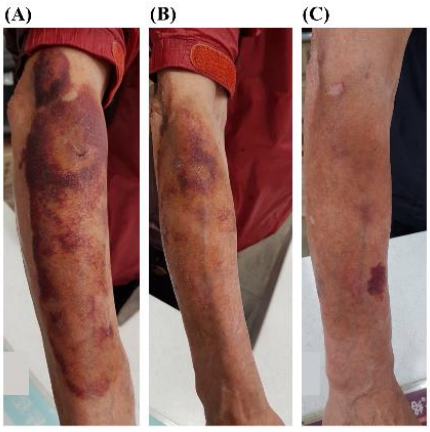

Fig. 2. Photos of patient B's right arm purpura. (A) Before starting OCNT, (B) 8 days after starting OCNT, (C) One month after starting OCNT. Significant improvement in symptoms was noted 8 days after starting OCNT, with considerable improvement of the purpura after one month.

EGCG plays a crucial role in regulating immune responses, preventing autoimmune diseases, and suppressing inflammation by inducing an increase in regulatory T cells (Treg cells). It causes epigenetic changes that are essential for the development and function of Treg cells, ensuring proper expression of the Foxp3 gene.[17] Damage to endothelial cells, which forms the basis for pathological states such as platelet aggregation, coagulation, cell apoptosis, proliferation of vascular smooth muscle cells, and dysregulation of vascular tone, is caused by free radicals. Chlorogenic acid offers effective cardiovascular protection by eliminating free radicals and protecting endothelial cells. It also plays an immunoregulatory role in inhibiting the production of anti-inflammatory cytokines generated by macrophages.[18]

Recent findings suggest that vitamin D in Diverol plays a crucial regulatory role in immune function, inflammation, and angiogenesis. Vitamin D receptors are expressed in most tissues, including the immune system, endothelial cells, and myocardium.[19]

Anthocyanins in Cyaplex balm have shown higher permeability in both in vitro and in vivo skin models,[20] and their antioxidant effects appear to be more pronounced in dermal fibroblasts than in epidermal keratinocytes.[21]

This case report has its limitations when it comes to universal application to all patients with purpura. However, significant improvements were noted in symptoms and aesthetic appearance of purpura after simple OCNT. This led to a considerable enhancement in the quality of life of the patients, significant enough to warrant this report with the consent of the patients involved.

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