

세포교정영양요법(OCNT)을 이용한 궤양성 대장염 개선 사례 보고

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A Case Report on the Improvement of Ulcerative Colitis Using Ortho-Cellular Nutrition Therapy (OCNT)

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ABSTRACT

Objective: Ulcerative colitis (UC) is a chronic inflammatory bowel disease affecting the colon and rectum. Key symptoms include bloody stool, diarrhea, mucous stool, abdominal pain and bloating, tenesmus, and fecal urgency. UC can be classified as proctitis, proctosigmoiditis, left-sided colitis, or extensive colitis depending on the extent of inflammation. Its exact cause is unclear but involves a combination of physical, genetic, and environmental factors.

Case Report: This case study involved a Korean male in his 30s who presented with diarrhea, constipation, oral ulcers, hematochezia, dizziness, and weight loss. The patient also reported difficulties in social and occupational life and relied on hospital-prescribed medications. He received Ortho-Cellular Nutrition Therapy (OCNT), including anthocyanins, mucin, probiotics, curcumin, and heme iron. Five months after initiating OCNT, the patient's ulcerative colitis-related symptoms improved, and his body weight returned to normal.

Conclusion: In this case study, the patient experienced significant relief of ulcerative colitis-related pain and symptoms through OCNT. However, as this report involves a single patient, the findings cannot be generalized to all ulcerative colitis patients, and further studies are needed to validate these results.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), ulcerative colitis, inflammation, ulcer, anthocyanins, mucin

Introduction

Ulcerative colitis (UC) is a chronic inflammatory bowel disease limited to the colon and rectum, characterized by mucosal inflammation and ulceration. It is one of the most common inflammatory bowel diseases (IBD) worldwide, occurring more frequently than Crohn's disease. Symptoms vary with the severity and extent of inflammation and may include hematochezia, diarrhea, mucus in the stool, abdominal pain and bloating, tenesmus, and fecal urgency. These are often accompanied by anorexia, nausea, retching, vomiting, fever, edema, fatigue, and weight loss. Some patients also present with extraintestinal manifestations, most commonly affecting the joints, skin, oral mucosa, and eyes.¹

Ulcerative colitis can be classified into four types based on

the extent of inflammation: proctitis, when limited to the rectum; proctosigmoiditis, when involving the rectum and sigmoid colon; left-sided colitis, when extending up to but not beyond the splenic flexure; and extensive colitis, when extending beyond the splenic flexure. Disease severity is categorized as mild, moderate, severe, or fulminant, based on bowel movement frequency, systemic toxic symptoms, and inflammatory markers.²

The exact cause of UC remains unclear, but it is known to result from a combination of immune dysregulation, genetic factors, gut microbiota imbalance, and environmental influences. Additionally, the westernization of lifestyle and dietary habits has contributed to an increasing incidence of UC in Korea. Diagnosis is made through colonoscopy, biopsy, blood tests, and stool examinations. Modern medical treatments include anti-inflammatory agents such as 5-aminosalicylic acid (5-ASA), corticosteroids, immunomodulators like azathioprine, and biologics such as infliximab. Surgery is recommended for patients with toxic megacolon, perforation, treatment failure, colonic dysplasia, or cancer, with approximately 10–15% of all patients managing the disease through surgical intervention.³

UC is associated with an increased risk of colorectal cancer, particularly in patients who also have primary sclerosing

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cholangitis. Additional risk factors include disease duration, extent of colitis, family medical history, multiple adenomatous polyps, and strictures. To prevent symptom exacerbation, UC patients should maintain adequate nutrition with a balanced diet, consume small and frequent meals, ensure proper hydration, and include soft foods and dietary fiber. Keeping a food diary to monitor the relationship between diet and symptoms is recommended, especially to identify trigger foods. Abdominal pain in UC patients is closely linked to stress, so stress management and healthy lifestyle practices can help alleviate this symptom.⁴

The patient in this case study experienced frequent abdominal pain and diarrhea and was diagnosed with ulcerative colitis at a hospital. Despite receiving anti-inflammatory treatment for several years, he felt no significant improvement. Consequently, Ortho-Cellular Nutrition Therapy (OCNT) was initiated to improve intestinal health.

Case Study

1. Subject

This case study involved a single patient with ulcerative colitis.

- 1) Name: Lim OO (31 years old, M)
- 2) Diagnosis: Ulcerative colitis
- 3) Date of onset: January 2019
- 4) Treatment period: November 6, 2024 – April 2025
- 5) Chief complaints: diarrhea, constipation, oral ulcers, hematochezia, dizziness, weight loss
- 6) Medical history: None
- 7) Social history: Former athlete during school years
- 8) Family history: None
- 9) Current illness and medications: None

2. Methods

The OCNT prescribed to the patient is detailed in Table 1.

Table 1. OCNT administered to the patient

Month Type	1	2	3	4	5
Cyaplex F Granules	101	101	-	-	-
Cyaplex X Granules	-	-	101	101	101
Enzaplex F Granules	101	101	101	-	-
Epibiome F Granules	100	100	100	-	-
Bioplex F Granules	001	001	001	101	101
Hemoplex Speed	101	101	-	-	-
Viva B Capsule	202	202	-	-	-
Apple Vinegar Power	-	-	101	101	101
Eufaplex Alpha	-	-	101	101	101
Tmplex F Granules	-	-	101	101	101
Saltea Aqua Lemon	-	-	101*	101*	101*
Paragon	-	101	Taken for 15 days		
Curculplex Capsule	-	101	Taken for 15 days		

* Instructed to dissolve in 500 mL of warm water before ingestion

** 100: once daily, one sachet/tablet in the morning; 001: once daily, one sachet/tablet in the evening; 101: twice daily, one sachet/tablet in the morning and evening; 202: twice daily, two sachets/tablets in the morning and evening

Results

The patient in this case study had been experiencing frequent abdominal pain, diarrhea, and weight loss for the past five years and was diagnosed with ulcerative colitis at a hospital. After undergoing OCNT for approximately five months at a pharmacy, the patient reported improvements in diarrhea, abdominal pain, oral ulcers, and dizziness within just one month. Symptom improvement was further accelerated through concurrent dietary management, and the patient's previously reduced body weight returned to baseline. Changes in the patient's condition and the severity of subjective symptoms during OCNT are summarized in Table 2.

Table 2. Severity of symptoms reported by the patient during OCNT. Higher scores from 0 to 5 indicate greater discomfort experienced by the patient.

Month Symptoms	1	2	3	4	5
Diarrhea	4	2	1	1	0
Abdominal pain	4	1	1	0	0
Hematochezia	3	1	0	0	0
Oral ulcers, glossitis	5	2	0	0	0
Weight loss	-7kg	+2kg	+3kg	+2kg	+1kg
Dizziness	4	2	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

Discussion

The patient in this case study was a healthy Korean male in his 30s who had been active as a student athlete. However, he began experiencing frequent abdominal pain and diarrhea approximately five years ago and sought hospital care, receiving symptomatic pharmacological treatment. His intestinal health subsequently deteriorated to the point that he had to give up employment, leading to feelings of depression and lethargy. Despite relying on prescribed medications for several years, he visited a pharmacy at his mother's suggestion and began OCNT.

To improve the patient's ulcerative colitis, the intervention aimed to reduce systemic inflammation. The prescribed Cyaplex F Granules and Cyaplex X Granules are rich in anthocyanins, flavonoid polyphenolic pigments primarily found in fruits and vegetables. Multiple animal studies and clinical trials have reported that diets high in anthocyanins can suppress inflammation and increased intestinal permeability, modulate gut microbial metabolism and the intestinal environment, and thereby enhance colonic health.⁵ Therefore, anthocyanins were prescribed to the patient to reduce colonic inflammation and promote a beneficial intestinal environment.

To alleviate the patient's abdominal pain and diarrhea, overall intestinal function was also targeted for improvement. The prescribed Enzaplex F Granules contain mucin, glycosylated proteins that play a critical role in regulating the protective barrier of human mucosa. Since ulcerative colitis is an inflammatory bowel disease characterized by persistent inflammation of the colonic mucosa, supplying mucin was intended to protect the colonic lining. Previous studies have shown that in UC patients, mucin expression, structure, and synthesis are altered, leading to impaired mucosal function.⁶ Previous studies have also reported that mucin activation is suppressed in UC patients.⁷ Therefore, Enzaplex F Granules, containing mucin, were prescribed to the patient to promote the recovery of intestinal mucosal function.

Further reduction of inflammation and enhancement of intestinal function required improving the patient's gut environment. Epibiome F Granules and Bioplex F Granules contain probiotics, live non-pathogenic microorganisms in the gastrointestinal tract, with *Lactobacillus* and *Bifidobacterium* as representative species.⁸ These probiotics help regulate gut microbial balance, strengthen the intestinal barrier, and enhance local immune responses, thereby contributing to the alleviation of ulcerative colitis symptoms. One study reported that probiotics induced remission in UC patients at a level comparable to 5-aminosalicylic acid, with minimal or no adverse effects.⁹ Therefore, probiotics were prescribed to improve the patient's intestinal microbial environment.

The prescribed Curculplex Capsule contains curcumin, an anti-inflammatory and antioxidant compound extracted from turmeric. In one clinical study, UC patients were administered curcumin for eight weeks, and blood tests were conducted to assess systemic inflammatory markers. The results showed that the curcumin group had significantly reduced CRP and ESR levels compared to the control group.¹⁰ Based on this evidence, curcumin was prescribed to reduce the patient's systemic inflammation. Since UC patients often develop anemia from bleeding due to intestinal ulcers, Hemoplex Speed, rich in heme iron, was also prescribed. Clinical studies show that iron administration in anemic UC patients generally increases hemoglobin levels.¹¹ Thus, this prescription aimed to prevent and improve anemia in a patient experiencing hematochezia.

This case study involved a single patient with ulcerative colitis. After five months of OCNT, the patient's primary symptoms were alleviated, and previously reduced body weight returned to normal. However, as this report is based on a single patient, the findings cannot be generalized to all UC patients. Since the intervention was tailored to the individual's specific symptoms, further studies are needed to evaluate broader applicability. Nonetheless, given the observed improvements with OCNT in this case, the report is presented with the patient's consent.

References

1. Feuerstein JD, Cheifetz AS, editors. Ulcerative colitis: epidemiology, diagnosis, and management. Mayo Clinic Proceedings; 2014: Elsevier.
2. Kornbluth A, Sachar DB. Ulcerative colitis practice guidelines in adults: American College Of Gastroenterology, Practice Parameters Committee. Am J Gastroenterol. 2010;105(3):501-23; quiz 24.
3. Danese S, Fiorino G, Peyrin-Biroulet L, Lucenteforte E, Virgili G, Moja L, et al. Biological agents for moderately to severely active ulcerative colitis: a systematic review and network meta-analysis. Ann Intern Med. 2014;160(10):704-11.
4. Castaño-Milla C, Chaparro M, Gisbert JP. Systematic review with meta-analysis: the declining risk of colorectal cancer in ulcerative colitis. Aliment Pharmacol Ther. 2014;39(7):645-59.
5. Li S, Wu B, Fu W, Reddivari L. The anti-inflammatory effects of dietary anthocyanins against ulcerative colitis. International journal of molecular sciences. 2019;20(10):2588.
6. Bankole E, Read E, Curtis MA, Neves JF, Garnett JA. The relationship between mucins and ulcerative colitis: a systematic review. Journal of Clinical Medicine. 2021;10(9):1935.
7. Tsai H, Dwarakanath A, Hart C, Milton J, Rhodes J. Increased faecal mucin sulphatase activity in ulcerative colitis: a potential target for treatment. Gut. 1995;36(4):570-6.
8. Williams NT. Probiotics. American Journal of Health-System Pharmacy. 2010;67(6):449-58.
9. Kaur L, Gordon M, Baines PA, Iheozor-Ejiofor Z, Sinopoulou V, Akobeng AK. Probiotics for induction of remission in ulcerative colitis. Cochrane Database of Systematic Reviews. 2020(3).
10. Sadeghi N, Mansoori A, Shayesteh A, Hashemi SJ. The effect of curcumin supplementation on clinical outcomes and inflammatory markers in patients with ulcerative colitis. Phytotherapy Research. 2020;34(5):1123-33.
11. Gasche C, Dejaco C, Reinisch W, Tillinger W, Waldhoer T, Fueger GF, et al. Sequential treatment of anemia in ulcerative colitis with intravenous iron and erythropoietin. Digestion. 1999;60(3):262-7.