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Case Report

세포교정영양요법(OCNT)을 이용한 아토피 개선 사례

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

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ABSTRACT

Objective: This case study aims to evaluate the effect of Ortho-Cellular Nutrition Therapy (OCNT) on improving symptoms such as skin rash, vesicles, and dryness in an adult female patient with chronic atopic dermatitis.

Case Report: A 40-year-old Korean female, whose occupation involves extensive use of her hands, had been taking and applying prescribed medications for atopic dermatitis but did not achieve a fundamental cure. OCNT was applied to the patient for two months. Approximately one month after starting the OCNT, the rash, vesicles, and dryness caused by atopic dermatitis significantly improved, alleviating the patient's discomfort.

Conclusion: Although targeting a singular instance remains a limitation, this case confirmed that OCNT may help reduce symptoms in atopic dermatitis patients experiencing dryness, rash, and vesicles.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), atopic dermatitis, dryness, itching, rash, vesicles

Introduction

Atopic dermatitis is a chronic, recurrent inflammatory skin disease caused by a combination of skin barrier dysfunction and hypersensitive immune responses. Genetic predisposition and environmental factors interact in its development. It is characterized by dry skin that is highly sensitive to external stimuli. Atopic dermatitis often begins in infancy or early childhood, with symptoms sometimes improving as patients grow; however, it can persist into adulthood or newly develop during adulthood.[1]

Major causes of atopic dermatitis include a deficiency or dysfunction of filaggrin, a skin barrier protein that leads to reduced skin moisture retention; exposure to environmental allergens (such as house dust mites, animal hair, and pollen); stress; climate changes; and food allergies. These factors trigger skin inflammation accompanied by itching. In addition, Symptoms also occur such as severe itching, erythema, oozing, and lichenification (thickening of the skin). Scratching increases the risk of secondary bacterial infections.[2]

Atopic dermatitis is generally diagnosed through the patient's medical history and clinical symptom observation. When necessary, auxiliary diagnostic methods such as serum IgE level measurement, allergy patch tests, and assessments of skin pruritus are conducted. Basic treatment includes the use of moisturizers to restore the skin barrier and topical corticosteroids or topical calcineurin inhibitors to suppress inflammation. In severe cases, antihistamines, immunomodulators, phototherapy, and targeted biological therapies such as Dupilumab are also used. Additionally, environmental management and stress control play important roles in overall care.[3]

The subject of this case study is a 40-year-old female who does not drink or smoke and has been running a flower shop. Since 2024, she experienced symptoms of vesicles, rash, and itching on her palms. She proceeded treatment at a hospital, receiving medication and topical agents for one year. The prescribed medication and topical treatments provided only short-term symptom relief; symptoms recurred after finishing the medication, and she experienced worsening symptoms along with increased skin dryness. For fundamental treatment, she sought consultation for Ortho-Cellular Nutrition Therapy (OCNT).

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Case Study

1. Subject

This case study involved one patient with atopic dermatitis.

1) Name: Lee ○○ (40 years old, F)
2) Diagnosis: Atopic dermatitis
3) Date of onset: January 2024
4) Treatment period: May 27, 2025 – July 2025
5) Chief complaints: itching, rash, vesicles
6) Medical history: Thyroid medication treatment 10 years ago for a duration of 1 to 2 years.
7) Social history: None
8) Family history: None
9) Current illness and medications: Mestinon for ptosis of the left eyelid.

2. Method

<Month 1>
Cyaplex A Granules (101): Twice daily, 1 sachet per dose
Notoplex Granules (101): Twice daily, 1 sachet per dose
Eufaplex Alpha (101): Twice daily, 1 sachet per dose
Licoplex Granules (101): Twice daily, 1 sachet per dose
Aqua SAC Pure (0.5 0 0.5): Twice daily, 0.5 sachet per dose
Cyaplex Mineral Rock Salt (101): Twice daily, 1 sachet per dose
Heartberry Seven (0.5 0 0.5): Twice daily, 0.5 sachet per dose

* Aqua SAC Pure and Heartberry Seven were mixed into 600 mL of water and consumed as 300 mL in the morning and 300 mL in the afternoon.

- Topical agents
Cyaplex Cream, Cyaplex Balm, and Cyaplex Liposome Portable Stick were applied generously to the affected areas.

In addition, the patient was advised to minimize intake of food groups that could trigger atopic dermatitis, such as flour and milk. The patient has continued OCNT using this method for approximately two months.

Results

About two weeks later starting OCNT, noticeable reduction in skin peeling was observed (Fig. 1B, 1E). By week 4, most lesions, including vesicles and rash, had disappeared visually (Fig. 1C, 1F). Additionally, both itching and dryness symptoms reported by the patient improved. Since the patient was also assessed to have low fluid intake, dehydration was suspected, and Cyaplex Mineral Rock Salt was added to the prescription.

However, during the second month of treatment, the patient contracted the flu and discontinued OCNT for 15 days. Due to the nature of her occupation, hand skin issues persisted in the hand area, leading to a recurrence of vesicles. Since then, the patient has resumed OCNT and continues to be closely monitored. Changes in severity of symptoms by the patient is described in Table 1.

Discussion

Atopic dermatitis is a chronic inflammatory disease caused by skin barrier damage and excessive activation of immune responses. Therefore, this study aimed to improve the patient's quality of life by restoring skin barrier function and reducing inflammatory responses through OCNT.

Intake of Aronia extract through Cyaplex A Granules has been shown to exert strong antioxidant effects that prevent skin cell damage caused by reactive oxygen species (ROS) and suppress the production of inflammatory mediators, thereby positively contributing to the reduction of inflammation in atopic dermatitis.[4] Gamma-linolenic acid (γ-linolenic acid, GLA), contained in Eufaplex Alpha, is a component of skin lipids that helps strengthen the skin barrier and reduce moisture loss. In fact, significant reductions in itching and skin dryness have been reported in atopic dermatitis patients who consumed GLA.[5]

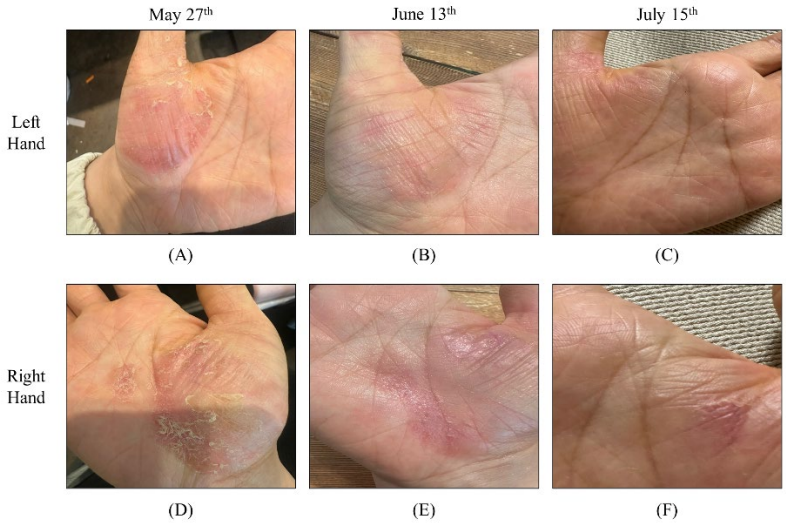

Fig. 1. Alterations in the symptoms of atopic dermatitis in patients' hands following OCNT treatment over time. The picture of the left hand (A–C) and right hand (D–F) was taken on May 27 (A, D), June 13 (B, E), and July 15th (C, F), respectively.

Table 1. Severity of symptoms experienced by the patient during OCNT. A higher score from 1 to 5 indicates greater discomfort felt by the patient.

Period / Symptoms	1 week	2 weeks	3 weeks	4 weeks	2 months
Itching	4	3	2	0	0
Vesicles	4	3	2	0	0
Rash	4	3	2	1	1
Dryness	5	4	2	1	1

0: No symptoms and no impact on daily life; 1: Mild symptoms with little to no impact on daily life; 2: More noticeable symptoms requiring some adaptation in daily life; 3: Symptoms significantly affect daily life, causing difficulty in performing some activities; 4: Great difficulty in performing activities during daily life; 5: Discomfort in daily life accompanied by severe stress

Notoginseng (*Centella asiatica* extract) contained in Notoplex Granules promotes skin regeneration and has a soothing effect. Clinical studies have shown that it helps in the recovery of skin damage in patients with chronic dermatitis.[6]

Glycine contained in Licoplex Granules is known to suppress the secretion of Th2 cytokines such as IL-4 and IL-13. In a mouse allergy model, it was shown to reduce IgE production and skin edema, confirming its potential to alleviate atopic dermatitis by targeting the Th2 immune response, which plays a key role in the disease's pathology.[7, 8]

This case study involves a single patient and therefore cannot be universally applied to all patients. Nonetheless, OCNT may have contributed to symptom relief and improved daily discomfort in the patient with atopic dermatitis. Accordingly, this report is presented with the patient's consent.

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