

세포교정영양요법(OCNT)을 이용한 알레르기성 비염 개선 사례

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Improvement of Allergic Rhinitis Using Ortho-Cellular Nutrition Therapy (OCNT): A Case Report

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ABSTRACT

Objective: Allergic rhinitis is one of the most common chronic diseases worldwide and is caused by an immunoglobulin E-mediated reaction to inhaled allergens. Its hallmark symptoms include nasal obstruction, rhinorrhea, nasal itching, and sneezing. Thorough medical history-taking, physical examination, and skin-prick testing are essential for establishing a diagnosis of allergic rhinitis.

Case Report: A Korean male patient in his 30s presented with long-standing discomfort associated with allergic rhinitis that had persisted since childhood. His medical history was also notable for allergic keratoconjunctivitis, irritable bowel syndrome, and chronic constipation. The patient received Ortho-Cellular Nutrition Therapy (OCNT), which included supplementation with omega-3 fatty acids, glycyrrhizin, *Ginkgo biloba* extract, silymarin, and selenium. Following OCNT, the patient reported marked improvement in symptoms associated with his allergic conditions.

Conclusion: Although this single-patient case limits the generalizability of the findings to all individuals with allergic rhinitis, the notable improvement observed following six months of prolonged OCNT suggests potential clinical relevance. Accordingly, this case is reported to highlight the therapeutic implications of OCNT in allergic rhinitis management.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), allergic rhinitis, inflammatory response, platelet-activating factor

Introduction

Rhinitis is broadly defined as inflammation of the nasal mucosa and is a common condition affecting up to 40% of the global population. Among the various types of chronic rhinitis, allergic rhinitis is the most prevalent. Allergic rhinitis is characterized by an immunoglobulin E-mediated response to inhaled allergens and frequently coexists with asthma and conjunctivitis. It is recognized as a major public health concern worldwide due to its substantial disease burden and associated disability. Typical symptoms include nasal obstruction, nasal itching, rhinorrhea, and sneezing. Establishing a diagnosis requires comprehensive medical history-taking, physical examination, and allergy skin testing.¹

Allergic rhinitis is known to be associated with significant reductions in quality of life, sleep, and occupational performance. Although it was once regarded as a condition confined primarily to the nose and nasal passages, recent studies suggest that allergic rhinitis may instead represent a systemic airway disease. This concept is supported by evidence that inflammatory responses can be induced in both the upper and lower airways, and by the frequent coexistence of allergic rhinitis and asthma.²

Rhinitis can be classified as allergic, autonomic, infectious, or idiopathic, depending on its etiology. Allergic rhinitis has traditionally been categorized as seasonal or perennial. However, this classification does not fit all patients. For instance, individuals with pollen-induced allergic rhinitis may experience symptoms year-round when residing in regions with mild climates, blurring the distinction between seasonal and perennial patterns. Consequently, allergic rhinitis is now more commonly classified based on symptom duration and severity, a system that better informs individualized therapeutic strategies.³

Allergic rhinitis is typically a long-standing condition and is frequently overlooked or underdiagnosed in primary care settings. As a result, many patients may not fully recognize the impact of their symptoms on quality of life and daily functioning, which can lead to reduced motivation to seek medical attention.

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Screening for rhinitis is therefore recommended when the symptom is suspected, and this is particularly important in patients with asthma. Epidemiological studies have reported that rhinitis is present in up to 95% of individuals with asthma. Allergy testing plays an important role in confirming allergic sensitization as the cause of allergic rhinitis. However, when the diagnosis remains uncertain, referral to an appropriate specialist should be considered.⁴

The patient described in this report had experienced persistent discomfort from allergic rhinitis since childhood. He later sought care at a community pharmacy, where he initiated Ortho-Cellular Nutrition Therapy (OCNT). Following this intervention, the patient reported notable improvement not only in allergic rhinitis but also in several pre-existing chronic conditions. Based on these observed clinical benefits, Therefore, this case of clinical improvement is reported.

Case Study

1. Subject

A single male patient was evaluated for symptoms associated with allergic rhinitis.

- 1) Name: Jang OO (35 years old/M)
- 2) Diagnosis: Allergic rhinitis
- 3) Onset: Unknown
- 4) Treatment period: June 2025 to November 2025
- 5) Chief complaint: Allergic rhinitis, allergic keratoconjunctivitis, irritable bowel syndrome, constipation, photosensitivity-related allergic symptoms
- 6) Past medical history: None

- 7) Social history: Excessive caffeine consumption
- 8) Family history: Father with chronic obstructive pulmonary disease (COPD), Mother hospitalized for treatment of intestinal metaplasia, Paternal uncle with cancer, Nephew with chronic diarrhea symptoms
- 9) Present illness and current medications: None

2. Methods

The OCNT regimen prescribed for the patient is detailed in Table 1. In addition, the patient was instructed to concomitantly use an herbal granule formulation and probiotics.

Results

The patient in this case consumed the nutrient prescribed as part of OCNT and reported a marked reduction in discomfort associated with allergic rhinitis. Notable improvement was also observed in symptoms of allergic keratoconjunctivitis, irritable bowel symptoms, and chronic constipation. Furthermore, the patient reported alleviation of pre-existing photosensitivity-related manifestations. The patient's symptom severity over the course of OCNT is presented in Table 2.

Discussion

The patient had experienced allergic rhinitis since childhood, and more recently reported considerable discomfort due to allergic keratoconjunctivitis. The patient therefore presented to a pharmacy and initiated OCNT. Because the majority of his chief complaints were presumed to be associated with recurrent inflammatory responses within the body, OCNT was prescribed

Table 1. Components of OCNT administered to the patient.

Phase Type	1 (2025.06)	2 (2025.07)	3 (2025.08)	4 (2025.10)	5 (2025.11)
Viva Kan capsules	101	101	101	101	101
Viva Circu capsules	101	101	101	101	101
Vivarol	202	202	202	202	202
Cyaplex Mineral Bamboo Salt	-	-	-	100	-
Licoplex F tablet	-	-	-	-	101

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

Table 2. Symptom severity reported by the patient during the course of OCNT. A higher score from 0 to 5 indicates greater perceived symptom burden.

Phase Symptom	1	2	3	4	5
Allergic rhinitis	5	4	3	2	2
Allergic keratoconjunctivitis	5	4	3	2	2
Irritable bowel symptoms	5	4	3	2	2
Constipation	3	2	1	1	1

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

with an emphasis on modulating inflammation. In addition, underlying gastrointestinal conditions were targeted with the intention of improving gut function and thereby contributing to overall health improvement.

The initial therapeutic approach focused on modulating the patient's inflammatory responses, and nutritional components were selected accordingly. Omega-3 fatty acids and glycyrrhizin were prescribed as key agents. Omega-3 fatty acids are a class of polyunsaturated fatty acids, and well known for their relevance to systemic health and exert anti-inflammatory effects by suppressing the production of eicosanoids involved in inflammatory signaling and inhibiting the NF- κ B pathway. In addition, omega-3 metabolites such as resolvins, protectins, and maresins are recognized for promoting the resolution of inflammation.⁵ Glycyrrhizin, primarily derived from licorice root, has been reported to attenuate inflammatory responses by inhibiting the production and secretion of pro-inflammatory chemokines, including interleukin-8 (IL-8) and eotaxin-1, and by downregulating inflammatory mediators such as tumor necrosis factor-alpha (TNF- α) and cyclooxygenase-2 (COX-2).⁶ These components were administered through Vivarol and Licoplex F tablets, respectively.

Next, Viva ciru was prescribed to alleviate symptoms associated with allergic inflammation of the nasal mucosa. Allergic responses within the body can induce edema, irritation, and nasal obstruction. Recent studies have identified platelet-activating factor (PAF) as a central mediator of these reactions, demonstrating that PAF promotes vascular irritation and immune cell activation, thereby contributing to symptom manifestation. The endogenous enzyme PAF acetylhydrolase (PAF-AH) is known to attenuate these responses by inactivating PAF. The primary component of Viva ciru, *Ginkgo biloba* extract, has been reported to exert PAF-AH-like activity, thereby reducing edema and contributing to the improvement of allergic symptoms.⁷ Based on these mechanistic properties, *Ginkgo biloba* extract was considered likely to support the overall amelioration of allergic symptoms in this patient.

Lastly, in order not only to improve symptoms but also to maintain a healthier physiological state following clinical improvement, enhancing endogenous antioxidant capacity was considered essential. Therefore, silymarin and selenium were prescribed to support antioxidant defense mechanisms. Silymarin is a constituent that can be extracted from milk thistle and comprises various flavonolignans, including silybin. Silymarin has been reported to enhance antioxidant capacity by upregulating nuclear factor erythroid 2-related factor 2 (Nrf2)-mediated antioxidant gene expression, reducing reactive oxygen species (ROS) formation through mitochondrial protection, and inhibiting ROS-producing enzymes.⁸ Selenium is an essential trace element required for human health and is converted into selenoproteins following ingestion. These selenoproteins increase total antioxidant capacity and enhance the activity of antioxidant enzymes such as glutathione peroxidase, thereby contributing to overall antioxidant defense.⁹ Based on these mechanistic profiles, Viva kan, which contains both silymarin and selenium, was prescribed to strengthen the patient's antioxidant capacity.

Through OCNT, the patient experienced improvement in longstanding symptoms of allergic rhinitis and reported a meaningful enhancement in quality of life. In addition, symptoms associated with irritable bowel dysfunction and chronic constipation also improved concurrently. However, as

this case report describes a single patient, the findings cannot be generalized to all individuals with allergic rhinitis, and the application of identical OCNT protocols to broader populations may be limited. Nevertheless, the notable improvement in chronic symptoms and quality of life achieved through a relatively simple OCNT regimen is considered clinically meaningful. Therefore, this case is reported with the patient's consent.

References

1. Bousquet J, Anto JM, Bachert C, Baiardini I, Bosnic-Anticevich S, Walter Canonica G, et al. Allergic rhinitis. *Nature reviews Disease primers*. 2020;6(1):95.
2. Small P, Frenkiel S, Becker A, Boisvert P, Bouchard J, Carr S, et al. Rhinitis: A Practical and Comprehensive Approach to Assessment and Therapy. *Journal of otolaryngology*. 2007;36.
3. Bousquet J, Khaltav N, Cruz AA, Denburg J, Fokkens W, Togias A, et al. Allergic rhinitis and its impact on asthma (ARIA) 2008. *Allergy*. 2008;63:8-160.
4. Guerra S, Sherrill DL, Martinez FD, Barbee RA. Rhinitis as an independent risk factor for adult-onset asthma. *Journal of Allergy and Clinical Immunology*. 2002;109(3):419-25.
5. Djuricic I, Calder PC. Beneficial Outcomes of Omega-6 and Omega-3 Polyunsaturated Fatty Acids on Human Health: An Update for 2021. *Nutrients*. 2021;13(7).
6. Richard SA. Exploring the Pivotal Immunomodulatory and Anti-Inflammatory Potentials of Glycyrrhizic and Glycyrrhetic Acids. *Mediators Inflamm*. 2021;2021:6699560.
7. Upton J, Vadas P. Potential therapeutic strategies for severe anaphylaxis targeting platelet-activating factor and PAF acetylhydrolase. *Current Treatment Options in Allergy*. 2014;1(3):232-46.
8. Surai PF. Silymarin as a Natural Antioxidant: An Overview of the Current Evidence and Perspectives. *Antioxidants (Basel)*. 2015;4(1):204-47.
9. Hasani M, Djalalinia S, Khazdooz M, Asayesh H, Zarei M, Gorabi AM, et al. Effect of selenium supplementation on antioxidant markers: a systematic review and meta-analysis of randomized controlled trials. *Hormones (Athens)*. 2019;18(4):451-62.