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Case Report

세포교정영양요법(OCNT)을 이용한 피부묘기증 개선 사례

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

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ABSTRACT

Objective: Dermatographism refers to an urticarial eruption that occurs in response to pressure or physical stimulation applied to the skin. When pressure is exerted, erythematous wheals develop along the pattern of the external force, resembling writing on the skin. In some patients, accompanying symptoms such as pruritus, burning sensation, and stinging may occur, causing discomfort in daily life.

Case Report: The patient in this case was a Korean female in her 40s who developed dermatographism seven months prior and reported discomfort due to urticaria and pruritus. She visited a hospital and was prescribed antihistamines and corticosteroids; however, her symptoms did not improve. Subsequently, she presented to a pharmacy, where Ortho-Cellular Nutrition Therapy (OCNT) utilizing anthocyanins, probiotics, and omega-3 fatty acids was implemented. OCNT was administered in combination with antihistamines, and the patient reported an improvement in her symptoms following the intervention.

Conclusion: As this case represents a personalized prescription applied to a single patient with dermatographism, the findings cannot be generalized to all patients with this condition. Nevertheless, the primary symptoms of dermatographism showed marked improvement, and the patient's underlying symptoms were clearly alleviated, suggesting that this intervention yielded meaningful clinical outcomes.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), dermatographism, allergy, anthocyanins, probiotics

Introduction

Dermatographism is defined as an urticarial eruption that occurs in response to pressure or physical stimulation applied to the skin. It is the most common form of inducible or physical urticaria and is reported to occur in approximately 2–5% of the general population. When pressure is applied to the skin, erythematous wheals develop along the pattern of the external force, resembling writing on the skin. In some patients with dermatographism, accompanying symptoms such as pruritus, burning sensation, and stinging may occur, resulting in discomfort in daily life.[1]

Dermatographism is commonly observed in young adults, with the highest incidence reported among individuals in their 20s and 30s. To date, no significant association with race has been identified, while a higher prevalence has been reported in females.[2] In addition, an increased incidence of dermatographism has been observed during periods of hormonal change, such as pregnancy and menopause. Although the exact etiology of dermatographism has not been clearly established, histamine release from mast cells is considered a primary mechanism involved in its pathophysiology.[3]

Although a definitive pathophysiological mechanism fully explaining the development of dermatographism has not yet been established, it is thought that the interaction between antigens formed by external physical stimuli and immunoglobulin E (IgE) secondarily stimulates mast cells, leading to the release of vasoactive mediators from these cells. As a result of this reaction, an initial stage of superficial erythema occurs due to capillary dilation. Subsequently, erythema spreads to the surrounding area through axon reflexes and signal transmission via sensory nerve fibers. Increased vascular permeability then results in fluid extravasation, forming linear wheals that resemble writing on the skin. This series of reactions is known to occur within approximately five minutes after the skin is scratched or rubbed by an external stimulus.[1]

In the management of dermatographism, reduction of physical stimuli and stress is considered an important factor. As most patients remain asymptomatic, treatment is generally reserved for those who experience accompanying symptoms. Pharmacologic management primarily involves the use of antihistamines.[4] If pruritus is not adequately controlled with H1

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receptor antagonists alone, H2 antihistamines may be used in combination. Phototherapy may also be considered as a treatment option. In addition, adjunctive administration of vitamin C has been reported to promote histamine degradation and help reduce allergic responses.[5]

Case Study

1. Subject

This case involved a single patient diagnosed with dermatographism.

1) Name: Cho OO (46 years / F)
2) Diagnosis: Dermatographism
3) Onset: October 2024
4) Treatment period: May 28, 2025 – September 1, 2025
5) Chief complaint: Dermatographism
6) Past medical history: Stress, toxin exposure, dietary antigens, nutritional imbalance, migraine, insomnia, nocturia, and polyuria
7) Social history: None
8) Family history: None
9) Present illness and current medications: Antihistamines and corticosteroids

2. Methods

The OCNT prescribed for the patient is described in detail in Table 1.

Table 1. OCNT Applied to the Patient

Type \ Course	1st	2nd	3rd	4th
Cyaplex X granule	101	101	101	101
Licoplex granule	101	101	101	101
Betaplex granule	101	101	101	
Caroplex granule	101	101		
Hwapyeongwon	101			
Epibiome F granule	101	101	101	
Apple Vinegar powder	101	101		
Aqua SAC pure	101	101	101	101
Heartberry haedam	101	101	101	101
Cyaplex mineral rock salt	101	101	101	101
Haepobooster F granule		101	101	101
Hemoplex capsule		202	202	202
**** Paragon**		101		
****Debactin granule**		101		
Aracodin granule			101	
Vivarol capsule			101	101
Vivagin X capsule			101	101
Lipotron M capsule				202
Bioplex F granule				101
Sulfoplex F powder				101
Bifidosanyacho liquid				100
Enzaplex F granule				101

* 100: once daily, take 1 sachet/tablet per dose in the morning, 101: Twice daily, take 1 sachet/tablet per dose in the morning and evening, 202: Twice daily, take 2 sachets/tablets per dose in the morning and evening
** Paragon and Debactin were administered as a 5-day regimen per 10-day cycle.

Results

Ortho-Cellular Nutrition Therapy (OCNT) was administered to the patient over approximately four treatment sessions and was conducted in combination with antihistamines and corticosteroids prescribed at the hospital. The patient exhibited elevated bilirubin levels and intestinal sensitivity and reported experiencing nocturia more than three times per night. She also complained of dry cough, migraine, insomnia, hypomenorrhea, dyspepsia, steatorrhea, and skin dryness. Based on these clinical findings and reported symptoms, the first course of OCNT was prescribed.

During the second course of OCNT, the patient reported that nocturia had decreased to twice per night. Urticaria and pruritus were alleviated, and the frequency of antihistamine use was reduced to once every two days. Following the third course of OCNT, further improvements were observed in migraine, dry cough, pruritus, and urticaria. The frequency of antihistamine use decreased to approximately once every four days. Nocturia was reduced to approximately once per night, and insomnia was also reported to have improved. After the fourth course of OCNT, the patient was able to maintain daily activities without the use of antihistamines, and other accompanying symptoms were reported to have generally improved.

Discussion

At the time of presentation, seven months had elapsed since the onset of dermatographism. Initially, the patient visited a hospital after misinterpreting her symptoms as urticaria or eczema. She was subsequently prescribed antihistamines and corticosteroids; however, her symptoms were not sufficiently alleviated. The symptoms persisted to the extent that she required medication at least two to four times per day, and her overall health condition was not optimal. The patient reported elevated bilirubin levels, cold extremities, skin dryness, esophagitis, steatorrhea, nocturia, dry cough, migraine, insomnia, and hypomenorrhea, suggesting underlying health disturbances. Based on these findings, she presented to a pharmacy and underwent Ortho-Cellular Nutrition Therapy (OCNT).

Although the precise pathogenesis of dermatographism has not yet been clearly elucidated, it is known that activation of immunoglobulin E (IgE) by external antigenic stimuli leads to histamine release from mast cells, a process that is involved in its development. Accordingly, the present case aimed to minimize immune responses and improve the patient's underlying condition.

To alleviate immune responses such as urticaria and pruritus, Cyaplex X containing anthocyanins was initially prescribed. Anthocyanins are a type of polyphenol found in the pigments of fruits and vegetables and are known to exert beneficial effects on the human body through anti-inflammatory and antioxidant activities. Recent studies have reported that anthocyanins inhibit mast cell degranulation and reduce histamine release, thereby suppressing IgE-mediated allergic inflammatory responses.[6] Accordingly, in this case, anthocyanins were prescribed to mitigate inflammatory responses and reduce the frequency of urticaria occurrence.

In addition to dermatographism, the patient presented with gastrointestinal symptoms, including dyspepsia and steatorrhea. Accordingly, Epibiome F granules containing probiotics were prescribed. Probiotics are defined as live microorganisms that, when administered in adequate amounts, confer health benefits to the host, primarily by improving the balance of intestinal microbiota. Furthermore, a review reported that combination

therapy with antihistamines and probiotics demonstrated safety and clinically significant symptom improvement in patients with chronic spontaneous urticaria.[7] Therefore, in this case, probiotics were prescribed to alleviate the patient's pre-existing gastrointestinal symptoms and to promote improvement in dermatographism.

In addition, Vivarol capsules prescribed to the patient contained polyunsaturated fatty acids (PUFAs), including omega-3 fatty acids. Previous studies have reported that PUFAs are closely associated with the risk of allergic diseases and may contribute to the prevention of such conditions through dietary intake. Recent genome-wide association study (GWAS)-based findings have further demonstrated that higher levels of various PUFAs, including omega-3 fatty acids, are associated with a lower risk of certain allergic diseases. In particular, omega-3 fatty acids have been shown to exert direct protective effects in conditions such as atopic dermatitis and allergic conjunctivitis.[8] Accordingly, in this case, omega-3 fatty acids were prescribed with the aim of alleviating allergic inflammatory responses and reducing the frequency of dermatographism occurrence.

After a total of four courses of OCNT, the patient reported that she was able to maintain daily activities without the use of previously prescribed antihistamines and corticosteroids. In addition, the various underlying symptoms that had been present were generally improved. As this case represents a personalized prescription tailored to the patient's individual condition, there are limitations in generalizing the findings to all patients with dermatographism. Nevertheless, the primary symptoms of dermatographism, including urticaria and pruritus, showed marked improvement, and the patient's pre-existing underlying symptoms also demonstrated clear alleviation, indicating clinically meaningful outcomes. Accordingly, this case is reported with the patient's informed consent.

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