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Case Report

세포교정영양요법(OCNT)을 이용한 두부 찰과상 개선 사례

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Case Report of Scalp Abrasion Improvement Using Ortho-Cellular Nutrition Therapy (OCNT)

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ABSTRACT

Objective: Chronic non-healing wounds present as disruptions in skin continuity that require more than three months to heal or fail to heal entirely and recur. This condition is characterized by an interruption of the typical healing process and delayed recovery, with aging identified as a major contributing factor among various etiologies. Treatment approaches vary by patient and include either systemic therapy or local treatment of the wound site.[1,2]

Case Report: This case report aims to describe the clinical outcomes associated with the improvement of a refractory scalp ulcer in an elderly patient who had remained unresponsive to conventional treatment for one year. The clinical effectiveness of a combination therapy was evaluated, encompassing systemic treatment based on Ortho-Cellular Nutrition Therapy (OCNT) incorporating platycodon root, licorice, jujube, peony root, dried ginger, and bitter orange fruit, together with topical treatment consisting of cyanidin and lanolin. Approximately one month after initiating OCNT, reduced inflammation and evidence of tissue regeneration were observed at the chronic non-healing wound site on the scalp.

Conclusion: As this case report is based on a single patient, limitations exist in generalizing the same OCNT protocol to all elderly patients with chronic non-healing wounds. Nevertheless, appropriate OCNT prescription can benefit patients with chronic non-healing wounds.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), Scalp abrasion, Cellular correction, Chronic non-healing wound

Introduction

As the global elderly population continues to grow rapidly, delayed wound healing associated with aging and the progression of acute wounds into chronic wounds have emerged as major clinical challenges. Superficial abrasions in younger individuals typically resolve within several weeks without complications; however, the same type of wound in elderly patients may progress into persistent, non-healing wounds due to impaired tissue repair mechanisms.

Normal wound healing is an innate immune response to tissue injury that restores tissue integrity and the barrier function of the skin.[3] In the aged skin microenvironment, excessive pro-inflammatory responses driven by early neutrophil infiltration and upregulation of matrix metalloproteinases (MMPs), specifically MMP-2 and MMP-9, may occur. This imbalance of proteolytic enzymes induces sustained matrix degradation, which can cause acute wounds to progress into a chronic pathological state that persists without resolution for more than one year.[4]

When the wound microenvironment in elderly individuals becomes dysregulated in this manner, restoring impaired tissue repair mechanisms through simple topical dressings or conventional therapies alone is challenging. Multifaceted nutritional interventions at the molecular and cellular levels have therefore been proposed as an alternative strategy to normalize cellular metabolic function and interrupt the vicious cycle of chronic inflammation.

This case involves a male patient in his 70s who was experiencing delayed wound healing and chronic inflammation following a scalp abrasion. Ortho-Cellular Nutrition Therapy (OCNT) was administered to this patient, and the resulting improvement in the scalp wound was observed and is reported with the patient's informed consent.

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Case Study

1. Subject
One patient with scalp abrasion was included in this case report.

1) Name: O O O (estimated late seventies, M)
2) Diagnosis: Scalp abrasion
3) Date of onset: February 2025
4) Treatment period: February 2026 – March 2026
5) Chief complaint: Scalp abrasion
6) Past medical history: None
7) Social history: None
8) Family history: None
9) Present illness and current medications: None

2. Methods
The OCNT prescribed to the patient was as follows.

• February 2026: Tricodon capsule 222 (2 capsules per dose, three times daily) administered orally, Cyaplex balm applied to the wound site once daily
• March 2026: Cyaplex balm applied to the wound site once daily

Results

Despite regular removal of the yellow exudate that had spread extensively across the scalp and ongoing care at medical facilities, age-related impairment in cellular regenerative capacity was presumed, perpetuating a vicious cycle of rapid reaccumulation of exudate and wound deterioration that continued for one year (Fig. 1a.).

After OCNT was initiated, the amount of persistent exudate decreased and signs of tissue regeneration began to emerge, allowing the wound surface to remain clean and ultimately leading to healthy re-epithelialization, as shown in Fig. 1B.

Discussion

The patient in this case was a Korean male in his late 70s who had sustained a scalp abrasion following a fall approximately one year before visiting the pharmacy. He had since been receiving outpatient treatment at a medical facility for approximately one year and reported persistent pain and discomfort stemming from persistent exudate production and the absence of normal wound recovery, although the injury was a simple abrasion.

While inflammation associated with a simple abrasion typically persists for two to five days and subsides upon removal of the noxious stimulus,[5] the wound environment in some elderly patients may permit dead cell debris to accumulate without being cleared in a timely manner. This results in the overexpression of TNF receptors, leading to sustained activation of the MAPK and JNK signaling pathways. Consequently, keratinocytes and macrophages continuously release TNF-α and chemokines, recruiting neutrophils and macrophages to the wound site and perpetuating a vicious cycle of chronic inflammation.

Tricodon, which was prescribed to the patient, contains platycodon root, licorice, jujube, peony root, dried ginger, and bitter orange fruit. Platycodin D, extracted from platycodon root, exerts a potent anti-inflammatory effect by inhibiting the nuclear factor-kappa B (NF-κB) and MAPK signaling pathways in macrophages.[6] Licorice inhibits the expression of mediators such as TNF-α, MMPs, and prostaglandin E2 (PGE2) and reduces oxidative stress, thereby suppressing the progression of inflammation-related diseases.[7] Jujube primarily contributes to anti-inflammatory responses by influencing inflammatory cell growth and metabolism as well as cytokine secretion and expression.[8]

Peony root potently suppresses inflammatory mediators responsible for swelling, pain, and cellular damage at the wound site, while simultaneously modulating immune balance to prevent the wound from becoming chronic.[9] Dried ginger is a medicinal herb prepared from ginger through a drying and processing procedure, during which the gingerols present in ginger are converted to shogaols. The resulting compounds, including 6-shogaol, inhibit the production of pro-inflammatory

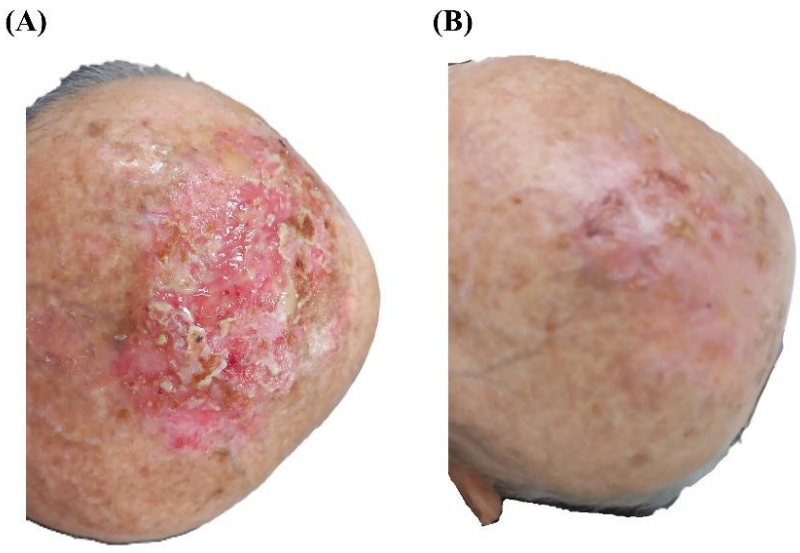

Fig. 1. Photographs of the patient's scalp wound site. (A) Taken in February 2026. (B) Taken in March 2026.

mediators and signaling molecules, including prostaglandin E2, nitric oxide (NO), TNF-α, interleukin-1β (IL-1β), and NF-κB, thereby exerting anti-inflammatory effects.[10]

Bitter orange fruit is a medicinal herb prepared from dried immature trifoliate orange and potently suppresses inflammatory mediators, including thymus and activation-regulated chemokine (TARC), monocyte chemoattractant protein-1 (MCP-1), IL-6, and IL-8. In addition, by reducing inflammatory cytokines in immune cells, it may play a positive role in fostering an environment in which the wound site can transition out of the chronic inflammatory phase and support natural cellular proliferation and tissue regeneration. It may rebuild the skin barrier and prevent the formation of scars and calluses.[11]

Cyaplex balm is rich in cyanidin extracted from berries. This compound can protect cells from oxidative stress and free radicals, promote angiogenesis, and exert anti-inflammatory effects that support wound healing.[12,13] Cyaplex balm also contains lanolin derived from sheep wool, which promotes epithelial healing[14] and may play a positive role in facilitating tissue regeneration.[15]

As this case is based on a single patient, limitations exist in generalizing the findings to all patients with abrasions. Nevertheless, this case is of considerable significance in that it demonstrates that the application of an appropriate OCNT regimen to a patient who had failed to improve despite having a simple abrasion and had not responded to more than one year of outpatient treatment suggested the potential for improvement of the underlying cellular environment and a viable therapeutic approach. Therefore, this case is reported with the patient's informed consent.

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