CellMed
Orthocellular Medicine and Pharmaceutical Association

Case Report

세포교정영양요법(OCNT)을 이용한 메니에르병 및 파킨슨병 증후군 개선 사례

신수정 약사
대구광역시 북구 동변동 682 금강약국

A Case of Improvement in Ménière's Disease and Parkinsonian Syndrome Using Ortho-Cellular Nutrition Therapy (OCNT)

Pharmacist, Soo Jeong Shin
Geumgang Pharmacy, 682, Dongbyeon-dong, Buk-gu, Daegu, Republic of Korea

ABSTRACT

Objective: Ménière's disease is an inner ear disorder that causes symptoms such as episodic vertigo, fluctuating hearing loss, tinnitus, and aural fullness. Endolymphatic hydrops, characterized by excessive accumulation of endolymph in the inner ear and consequent damage to ganglion cells, is a characteristic pathological finding; however, the reason for its development remains unclear. Although surgical treatment may be considered in severe cases, most patients receive pharmacological therapy, which primarily focuses on relieving symptoms rather than treating the underlying disease.

Case Report: This case involved a patient who was diagnosed with Ménière's disease at a neurology clinic in 2020 and showed no improvement despite 2 years of pharmacological treatment. The patient subsequently developed multiple symptoms suggestive of central nervous system degeneration, including head tremor, impaired postural balance, reduced lower-extremity muscle strength, mild aphasia, and sleep fragmentation. Ortho-Cellular Nutrition Therapy (OCNT) was administered to address these symptoms, resulting in clinical improvement. The symptoms of Ménière's disease improved 6 months after the initiation of OCNT, and the subsequent neurodegenerative symptoms showed meaningful improvement following an additional 4 months of OCNT.

Conclusion: This report describes two conditions that occurred at different time points in a single patient; therefore, the same OCNT regimen cannot be generalized to all patients. Nevertheless, an appropriately individualized OCNT regimen may provide supportive benefits for patients with Ménière's disease and parkinsonian syndrome whose symptoms remain insufficiently controlled by conventional treatment.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), Ménière's disease, Parkinsonian syndrome, Long-term remission, Endolymphatic hydrops, Neurodegenerative symptoms

Introduction

Ménière's disease is an inner ear disorder that causes symptoms such as episodic vertigo, fluctuating hearing loss, tinnitus, and aural fullness. Its characteristic pathological finding is endolymphatic hydrops (EH), a condition in which excessive accumulation of endolymph in the inner ear leads to damage to ganglion cells.[1] However, the causes and underlying mechanisms of endolymphatic hydrops remain unclear.

Although various treatments are available for Ménière's disease, no curative treatment has yet been established, and current management focuses primarily on relieving symptoms rather than treating the disease itself.[2] Pharmacological and surgical approaches are generally used. Surgical procedures include labyrinthectomy, vestibular neurectomy, and semicircular canal occlusion. Although these procedures may reduce or eliminate vertigo, they can result in partial hearing loss. Gentamicin and corticosteroids are commonly used as pharmacological treatments in clinical practice; however, gentamicin carries a potential risk of hearing loss.[3]

The patient in this case report was diagnosed with Ménière's disease at a neurology clinic in 2020 and had taken prescribed medications for 2 years. However, the symptoms did not improve, and the patient experienced an episode of collapse while walking outdoors and reported persistent dizziness and nausea. Because of the ongoing distress caused by these symptoms, the patient began Ortho-Cellular Nutrition Therapy (OCNT) in 2022 to manage the symptoms of Ménière's disease.

*Correspondence: Soo Jeong Shin
E-mail: anlinagood@naver.com
Received Jul 29, 2026; **Revised** Jul 30, 2026; **Accepted** Jul 31, 2026; **Published** Jul 31, 2026
doi: http://dx.doi.org/10.5667/CellMed.spc.175

† This report has been translated and edited by the CellMed editor-in-chief, Prof. Beom-Jin Lee.

In 2026, the patient resumed OCNT after developing head tremor, impaired postural balance, reduced lower-extremity muscle strength, mild aphasia, and sleep fragmentation, although no definitive diagnosis, such as Parkinson's disease or mild cognitive impairment, had been established. After consistently following the OCNT regimen for 4 months, the head tremor, impaired postural balance, and mild aphasia were no longer observed, and the frequency of sleep fragmentation had decreased. Therefore, I report this case based on the observed clinical changes.

Case Study

1. Subject
This case involved one patient with Ménière's disease.

1) Name: Choi OOO (79 years old/F)
2) Diagnosis: Ménière's disease
3) Date of onset: 2020
4) Treatment period: 6 months
5) Chief complaints: Nausea, dizziness, and gait ataxia with staggering while walking
6) Past medical history: None
7) Social history: None
8) Family history: None
9) Present illness and current medications: None

2. Methods
The following OCNT regimen was prescribed.

1) Symptoms of Ménière's disease
- Hemoplex capsules 202 (2 capsules per dose, twice daily)
- Cyaplex X granules 101 (1 sachet per dose, twice daily)
- Eufaplex Alpha 101 (1 sachet per dose, twice daily)

In addition to the above products, trace minerals and herbal preparations were included in the OCNT regimen, which was continued for 6 months.

2) Parkinsonian symptoms
- Cyaplex X granules 101 (1 sachet per dose, twice daily)
- Vivarol capsules 101 (1 capsule per dose, twice daily)
- Diverol F capsules 101 (1 capsule per dose, twice daily)
- Resplex Alpha capsules 202 (2 capsules per dose, twice daily)
- Calmaplex granules 010 (1 sachet once daily)
- Epibiome F granules 100 (1 sachet once daily)
- Aqua SAC, 10 mL: diluted in 500 mL of water and consumed intermittently throughout the day

This OCNT regimen was prescribed for 4 months. Depending on the patient's symptomatic improvement, Calmaplex granules and Magplex Speed were prescribed alternately.

In addition, the patient was instructed to engage in barefoot walking, Kegel exercises, and facial exercises involving exaggerated movements of the facial muscles. Dietary recommendations included regularly consuming a soup prepared with four ingredients—sweet pumpkin, carrots, cabbage, and onions—either by drinking the liquid after boiling and cooling the ingredients or by blending and consuming the mixture. The patient was also advised to primarily consume white kimchi and rice cooked with lotus root, while limiting the intake of milk and wheat flour products, as well as avoiding fruit after the evening meal.

Results

An initial OCNT regimen targeting Ménière's disease was administered, followed by a 6-month follow-up period. During this period, the acute vertigo attacks, nausea, and associated gastrointestinal symptoms reported by the patient showed marked improvement. Subsequently, 4 months after the initiation of a second OCNT regimen prescribed for parkinsonian syndrome, substantial clinical improvement was observed in the patient's neurological and sleep-related symptoms. Specifically, the head tremor, which had been a chief complaint, completely resolved, and postural stability during standing and walking was restored. In addition, the tremor affecting vestibular and articulatory function during conversation, which had been observed at the initial visit, was no longer present, and the patient's speech fluency improved markedly.

Meaningful improvement was also observed in the patient's sleep pattern. The frequency of nocturnal awakenings, a representative non-motor symptom associated with parkinsonian syndrome, decreased considerably, resulting in improved sleep continuity. Overall, the patient regained the ability to perform activities of daily living, accompanied by improvements in functional symptoms associated with the central nervous system. The severity of the symptoms experienced by the patient during OCNT is presented in detail in Tables 1 and 2.

Table 1. Degree of discomfort perceived by the patient during OCNT for tinnitus. The degree of discomfort perceived by the patient increases on a scale from 0 to 5.

Symptom	1st (2022)	2nd	3rd	4th (2026.5)
Tinnitus	5	3	2	0 (no tinnitus)

Table 2. Degree of discomfort perceived by the patient during OCNT for parkinsonian syndrome. The degree of discomfort perceived by the patient increases on a scale from 0 to 5.

Symptom	1st (2025.12)	2nd (2026.1)	3rd (2026.2)	4th (2026.5.21)
Symptoms of parkinsonian syndrome	4	3.5	3	0 (almost no discomfort)

Discussion

The patient was a Korean woman in her 70s who was diagnosed with Ménière's disease at a neurology clinic in 2020. Although she took prescribed medications for the following 2 years, her symptoms did not improve and remained severe, resulting in a reduced quality of life. At the time of her initial visit to the pharmacy, she reported having experienced a fall due to severe vertigo and frequent episodes of nausea associated with pronounced dizziness.

As no clearly established curative treatment for Ménière's disease is currently available in conventional medicine, its management is generally limited to symptom relief and prevention of recurrence to minimize deterioration in quality of life. In this patient, conventional treatment likewise did not result in complete recovery, and symptom alleviation remained the

primary therapeutic goal. Therefore, OCNT was considered as a complementary approach to address the limitations of pharmacological therapy and to support impaired cellular and metabolic function in the ganglion cells of the inner ear.

Ménière's disease is not merely a condition characterized by endolymphatic hydrops; abnormal immune and inflammatory responses in the stria vascularis may also contribute to the development of endolymphatic hydrops.[4] Based on this consideration, Hemoplex was prescribed. During the degradation of heme iron contained in Hemoplex, biliverdin is produced, while iron storage promotes ferritin formation, both of which exhibit potent antioxidant activity. These effects may help protect the marginal cells of the stria vascularis from damage caused by inflammation-associated reactive oxygen species. In addition, carbon monoxide, a byproduct of heme degradation, has vasodilatory and antiplatelet properties and may support microvascular circulation in the stria vascularis, thereby helping to alleviate local hypoxia.[5]

Patients with tinnitus and vertigo have been reported to exhibit low serum vitamin B12 levels; therefore, vitamin B12 supplementation may provide supportive benefits for patients with auditory and vestibular symptoms.[6] In addition, genetic variants associated with folate metabolism have been linked to an increased susceptibility to Ménière's disease, suggesting that folate supplementation may help improve the associated symptoms.[7,8]

Patients with Ménière's disease may experience systemic oxidative stress, highlighting the potential importance of antioxidant intake.[9] Anthocyanins and aronia-derived bioactive compounds contained in Cyaplex X are known to possess antioxidant properties. In addition, the omega-3 fatty acids contained in Eufaplex may enhance nitric oxide production and attenuate excessive vasoconstrictive responses induced by norepinephrine and angiotensin II, thereby improving arterial compliance. These effects may support stable blood perfusion by alleviating localized ischemia and hypoxia in the stria vascularis of the inner ear, which have been implicated in attacks of Ménière's disease. Omega-3 fatty acids may also be incorporated into the phospholipid membranes of inner-ear sensory cells and cellular organelles, potentially modulating ion-channel dynamics and abnormal ion exchange between the perilymph and endolymph. This may help reduce the osmotic factors involved in the development of endolymphatic hydrops. Furthermore, omega-3 fatty acids may suppress chronic microvascular and neuroinflammatory responses associated with inner-ear damage.[10]

The patient's symptoms of Ménière's disease showed marked improvement after 6 months, with no recurrence reported to date. However, after developing new neurological symptoms in 2026, she returned to the pharmacy, recalling her previous improvement in Ménière's disease symptoms. The patient reported head tremor, impaired postural balance, reduced lower-extremity muscle strength, mild aphasia, and sleep fragmentation. Although she had not been diagnosed with Parkinson's disease or mild cognitive impairment at a hospital, the clinically observed combination of symptoms was considered consistent with neurological features suggestive of parkinsonian syndrome. Accordingly, an OCNT regimen was prescribed to alleviate the decline in function associated with degenerative changes in the central nervous system and impaired regulation of the sleep–wake cycle, while providing support for neuronal protection.

Previous studies using chemically induced models of Parkinson's disease have reported that anthocyanin derivatives contained in mulberry and blueberry extracts exert multifaceted cytoprotective effects, including the suppression of proteins that promote the death of nigrostriatal dopaminergic neurons and the reduction of α-synuclein-induced toxicity.[11] Based on these findings, the naturally derived anthocyanin complex contained in Cyaplex X was incorporated into the OCNT regimen. The observed clinical changes suggest that this intervention may have contributed to the potential for symptom improvement.

Linolenic acid contained in Vivarol has been shown to help inhibit the neurodegeneration of dopaminergic neurons in the substantia nigra pars compacta (SNpc) in a mouse model of Parkinson's disease. It also suppressed cell death in SH-SY5Y cells, a human neuroblastoma-derived cell line widely used in studies of the mechanisms underlying Parkinson's disease.[12]

Low serum 25-hydroxyvitamin D [25(OH)D] levels have been associated with an increased risk of developing Parkinson's disease, whereas higher 25(OH)D levels are known to be associated with better motor function, particularly improved postural balance.[13] In addition, patients with Parkinson's disease tend to have lower vitamin E levels, and vitamin E may contribute to neuroprotection by reducing neuronal cell death and supporting neuronal signaling.[14] Therefore, Diverol F, which contains vitamins D and E, was prescribed with the aim of supporting postural balance and providing these nutrients.

Resveratrol contained in Resplex Alpha may activate the AMPK–SIRT1 signaling pathway and induce intracellular autophagy. Through these mechanisms, it may help reduce the accumulation of α-synuclein, a key pathological protein associated with Parkinson's disease, and protect dopaminergic neurons from cell death.[15]

Previous studies[16,17] have identified excessive intracellular calcium influx in the substantia nigra pars compacta as an important pathological mechanism that promotes mitochondrial oxidative stress and α-synuclein aggregation. This calcium overload has been proposed to arise when insufficient extracellular calcium destabilizes the neuronal membrane potential, resulting in sustained disinhibition of Cav1.3 channels. Therefore, calcium supplementation with Calmaplex and Aqua SAC in this case was hypothesized to help restore extracellular calcium homeostasis and stabilize neuronal membrane potential. This may have limited abnormal calcium influx into neurons by mitigating the parathyroid hormone–associated calcium paradox. In addition, patients with Parkinson's disease have been reported to exhibit lower magnesium levels in the cerebrospinal fluid than control individuals, with similar findings observed in postmortem brain tissue. On this basis, magnesium contained in Calmaplex and Magplex was included in the OCNT regimen.

The gut microbiota is considered an important contributor to the pathological progression of Parkinson's disease. Studies examining the gut microbial composition of patients with Parkinson's disease have reported a reduction in short-chain fatty acid (SCFA)-producing bacteria and an increase in pro-inflammatory bacteria.[18] Clostridium butyricum contained in Epibiome produces butyrate, a type of SCFA, and may exert beneficial effects on gut microbial composition and intestinal health.

This report is limited by its single-patient design, and its findings therefore cannot be generalized. Furthermore, although

the patient exhibited symptoms suggestive of parkinsonian syndrome, no formal diagnosis of Parkinson's disease was made at a medical institution. Nevertheless, this case may have clinical value in that an individualized OCNT regimen was followed by marked improvement in the symptoms of Ménière's disease without reported recurrence and was subsequently associated with meaningful alleviation of degenerative neurological symptoms. These findings suggest that supporting the biochemical and physiological homeostasis of the central nervous system may have contributed to the observed clinical improvement. Accordingly, this case is reported with the patient's informed consent.

References

1. Nakashima T, Pyykkö I, Arroll MA, et al. Meniere's disease. *Nat Rev Dis Primers*. 2016;2(1):16028.
2. Current Treatment of Meniere's Disease : Matrix Science Medica. Ovid.
3. Zheng X, Lin R. Pharmacological Interventions for Menière's Disease: A Systematic Review and Network Meta-Analysis. *Ear Nose Throat J*. Published online June 22, 2024:01455613241264421.
4. Cruz-Granados P, Das S, Bagheri-Loftabad K, Lopez-Escamez JA. A Systematic Review on the Role of the Stria Vascularis in Menière's Disease Pathogenesis. *JARO*. 2025;26(5):491-513.
5. Katori M, Anselmo DM, Busuttil RW, Kupiec-Weglinski JW. A novel strategy against ischemia and reperfusion injury: cytoprotection with heme oxygenase system. *Transplant Immunology*. 2002;9(2):227-233.
6. Kondabattini UH, Garudasu HP. Association of Serum Vitamin B12 Deficiency with Auditory and Vestibular Symptoms in Patients Presenting with Tinnitus and Vertigo. *International Journal of Medical and Pharmaceutical Research*. 2026;7:1298-1305.
7. Huang Y, Teranishi M, Uchida Y, et al. Association Between Polymorphisms in Genes Encoding Methylenetetrahydrofolate Reductase and the Risk of Ménière's Disease. *Journal of Neurogenetics*. 2013;27(1-2):5-10.
8. Dai Q, Long L, Zhao H, Wang R, Zheng H, Duan M. Genetic advances in Meniere Disease. *Mol Biol Rep*. 2023;50(3):2901-2908.
9. Calabrese V, Cornelius C, Maiolino L, et al. Oxidative Stress, Redox Homeostasis and Cellular Stress Response in Ménière's Disease: Role of Vitagenes. *Neurochem Res*. 2010;35(12):2208-2217.
10. Pirodda A, Borghi C. Is it possible to consider non-conventional proposals for treating Ménière's disease? *Audiological Medicine*. Published online 2012.
11. Winter AN, Bickford PC. Anthocyanins and Their Metabolites as Therapeutic Agents for Neurodegenerative Disease. *Antioxidants*. 2019;8(9):333.
12. Alarcon-Gil J, Sierra-Magro A, Morales-Garcia JA, et al. Neuroprotective and Anti-Inflammatory Effects of Linoleic Acid in Models of Parkinson's Disease: The Implication of Lipid Droplets and Lipophagy. *Cells*. 2022;11(15):2297.
13. Pignolo A, Mastrilli S, Davì C, et al. Vitamin D and Parkinson's Disease. *Nutrients*. 2022;14(6):1220.
14. Schirinzi T, Martella G, Imbriani P, et al. Dietary Vitamin E as a Protective Factor for Parkinson's Disease: Clinical and Experimental Evidence. *Front Neurol*. 2019;10.
15. Wu Y, Li X, Zhu JX, et al. Resveratrol-Activated AMPK/SIRT1/Autophagy in Cellular Models of Parkinson's Disease. *Neurosignals*. 2011;19(3):163-174.
16. Surmeier DJ, Schumacker PT, Guzman JD, Ilijic E, Yang B, Zampese E. Calcium and Parkinson's disease. *Biochemical and Biophysical Research Communications*. 2017;483(4):1013-1019.
17. Calì T, Ottolini D, Brini M. Calcium signaling in Parkinson's disease. *Cell Tissue Res*. 2014;357(2):439-454.
18. Duan WX, Wang F, Liu JY, Liu CF. Relationship Between Short-chain Fatty Acids and Parkinson's Disease: A Review from Pathology to Clinic. *Neurosci Bull*. 2024;40(4):500-516.