

세포교정영양요법(OCNT)을 이용한 피부염증 환자 개선 사례

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A Case of improvement in a patient with dermatitis by using Ortho-Cellular Nutrition Therapy (OCNT)

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ABSTRACT

Objective: A Case report on the improvement of dermatitis through implementation of OCNT.

Methods: OCNT was implemented for 3 months for a Korean man in his 70's with dermatitis with unknown cause since 2015.

Results: Following the implementation of OCNT, fever that accompanied dermatitis subsided, occurrence of itchiness and abscess decreased, and the stratum corneum of the palm although displayed improvement of being thinned. As the result of visual follow-up observation upon discontinuation of OCNT, damaged skin due to inflammation was restored to the level of normal skin.

Conclusion: OCNT can provide assistance to those experiencing inconvenience due to dermatitis.

Keywords Ortho-Cellular Nutrition Therapy (OCNT), dermatitis, eczema

Introduction

Dermatitis is estimated to affect 245 million people worldwide in 2015, that is, 3.34% of

the world's population.¹ Atopic dermatitis is the most common type and usually begins during childhood.² Contact dermatitis manifests in men 2 times more frequently than in women, and it is estimated that allergic contact dermatitis is experienced by approximately 7% of the entire population at least once in their lives. Dermatitis is an inflammation of the skin and there are several

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types including atopic dermatitis, contact dermatitis, stasis dermatitis and seborrheic dermatitis, etc.³ dermatitis Although the symptoms of dermatitis vary diversely depending on their conditions or formats, there are common features for all the types including rubefaction, swelling, itching, and sometimes skin lesion that results in oozing and scars, etc. Small blisters may appear if the period of manifestation is relatively short and thickening of the skin may occur if the conditions are prolonged. Areas of manifestation of dermatitis is diversified including localized areas such hands and covering the entire body. Since the boundary for distinction between dermatitis and eczema is not clear through examination of various symptoms such as inflammatory reactions, itching and pain, these 2 terms are used interchangeably. Some people consider atopic dermatitis to be eczema and atopic dermatitis to be atopic eczema.

On the other hand, dermatitis signifies an acute disease while eczema signifies a chronic disease. People with eczema are confronted with the risk of developing fatal complications. This is because people with atopic dermatitis lack the proteins and lipids that composes skin barrier along with defective dendritic cells, thereby resulting in inability to keep out bacteria from infiltrating the body. Accordingly, improvement of the skin barrier through continuous moisturization to minimize trans-epidermal moisture loss and

application of anti-inflammatory therapy are recommended. Although the exact cause of these diseases referred to as dermatitis or eczema is yet to be clearly disclosed, environmental and genetic factors are presumed to play a role, and there are situations in which a combination of factors such as allergy and venous insufficiency manifest to induce these disorders occasionally. The type of dermatitis is generally determined by the individual's past medical or social history of an individual, and the location of the rash. For example, irritant dermatitis often occurs in those who frequently wet their hands. Allergic contact dermatitis occurs in people who are frequently exposed to allergens with resultant development of hypersensitive reaction in their skin. These cases are usually treated by avoiding the irritant that induces dermatitis or by avoiding the substances the induce allergy.^{4,5} Atopic dermatitis is generally prevented by using essential fatty acids and can be treated with moisturizers and steroid cream.^{6,7} However, steroid creams should be used for less than two weeks since they can cause side effects.⁸ Antibiotics may be necessary if there are signs of a skin infection. Antihistamine can be helpful with sleep and can reduce scratching during sleep. Irritant contact dermatitis is particularly common in people with certain occupations.

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The patient in this case developed dermatitis with unknown cause and symptoms could not be improved although treatment at a dermatology clinic was attempted. Nutrition therapy was applied to this patient with highly degraded quality of life due to stress arising from itchiness and discoloration of the affected area and the progresses thereof are reported.

Case

1. Subject

1 case of patient with dermatitis was selected for the study.

- 1) Name: O O O (70 years old/M)
- 2) Name of diagnosis: Dermatitis
- 3) Date of manifestation: Around 2015
- 4) Treatment period: December 9, 2022 ~ March 9, 2023 (examination)
- 5) Main symptoms: Itchiness, fever and abscess
- 6) Past medical history: None
- 7) Past social history: No drinking and smoking
- 8) Past family history: None
- 9) Current medical history: Steroid ointments, antihistamines and antibiotics

2. Method

OCNT was implemented as follows to alleviate the symptoms.

Cyaplex X (101, 1 sachet at a time, 2 times a day)

Licoplex (101, 1 sachet at a time, 2 times a day)

Hwapyeongwon (101, 1 sachet at a time, 2 times a day)

Bioplex (101, 1 sachet at a time, 2 times a day)

Skin

- Topical preparations were also applied concurrently to soothe the skin and reduce fever. Cyaplex Cleansing Bar (generate foam and lightly massage for about 10~20 seconds before rinsing with water)

Cyaplex Balm (apply appropriate quantity to affected area)

Glycyrrhizin Lotion (apply appropriate quantity to affected area)

Results

The patient in this case started to visit dermatology clinic due to frequent occurrence of abscess all over the body since 2015. However, definitive cause of the symptoms could not be identified even after having visited the clinic, and inflammation began to aggravate and spread to scalp, arms, legs, neck area and even to the palms. Before starting OCNT, he complained of a thick layer of dead skin cells particularly on the palms, and the skin began to crack, get chapped and itch.

- December 24, 2022.

15 days after the commencement of OCNT, the fever in the whole body was reduced and the stratum corneum of the palm thinned (Fig. 1A).

- January 9, 2023

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There was no more formation of new abscess.

- February 24, 2023

Significant improvement in skin condition compared to before (Fig. 1B).

- March 9, 2023

Less itchy and skin became close to being normal (Fig. 1C).

Subsequently, OCNT was discontinued and started management through diet therapy.

- July 28, 2023

Skin appeared to be normal when examined visually (Fig. 1D).

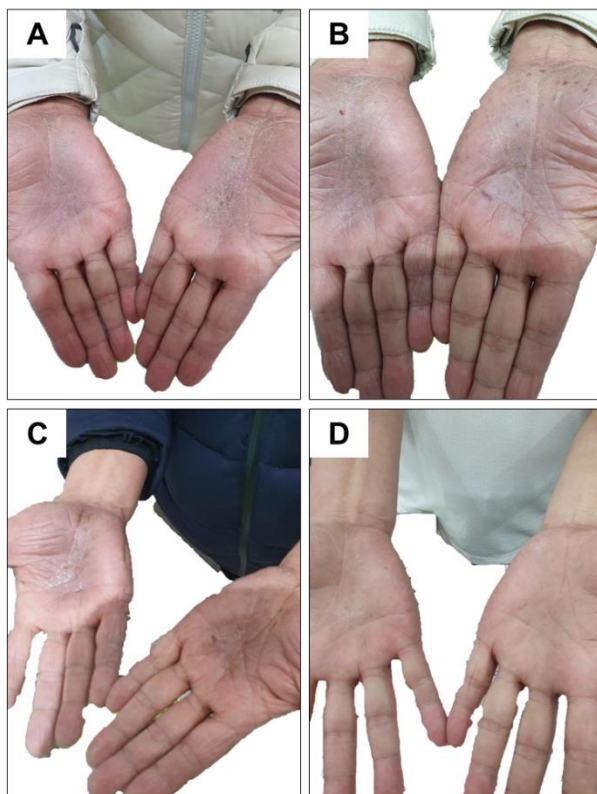


Fig 1. Condition of skin on palms following OCNT

(A) 15 days after commencement of nutrition therapy.

(B) Significant reduction in stratum corneum previously observed on the palm.

(C) Somewhat closer to being normal skin.

(D) Appeared to be normal skin.

Considerations

In the case of allergic contact dermatitis, keeping distance from the antigen is the best means of prevention, while seborrheic dermatitis needs to be treated with antifungal medications such as anti-dandruff shampoos. However, since the causes of dermatitis can be varied and complex, there may not be a definitive treatment method. From this perspective, the only option may be to reduce inflammation and relieve itching to control symptoms as the optimal method.

The anthocyanin-fucoidan nanocomplex contained in Cyaplex X has been reported to have immunostimulatory function by promoting the action of macrophages and increasing the synthesis of cytokines involved in the immune response. Moreover, since anthocyanin has antiviral property, it may have assisted the patient with prevention of secondary infections arising from dermatitis.^{9,10}

Licorice contained in Licoplex and bamboo leaf extract contained in Hwapyeongwon reduce the generation of nitric oxide (NO), a compound that mediates the inflammatory reaction. Such anti-inflammatory effect has the possibility of having

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helped in controlling symptoms in patients suffering from dermatitis.^{11,12}

Post-neobiotics in Bioplex is helpful in the reduction of itchiness and severity by imparting favorable effect on the clinical condition of adult atopic dermatitis patients.¹³

Coconut oil in Coconut oil contained in Cyaplex Cleansing Bar has been shown to be effective in improving the severity of disease and skin barrier function in patients with atopic eczema, and sunflower seed oil has been shown to protect the skin and improve supply of moisture in adult skin without inducing erythema.^{14,15} Therefore, it can improve skin barrier and supplement moisture in patients weakened by prolonged period of suffering from dermatitis.

In addition, it has been disclosed that linolenic ingredient included in Cyaplex Balm is highly effective in reducing symptoms such as dryness, flaking, cracking pain and itchiness in those with severely dry hands.¹⁶

Dipotassium glycyrrhizate (DPG) contained in Glycyrrhizin Lotion displayed wound healing effects in animal experiment and makes the skin tissues more durable and firmer by participating in tissue regeneration and collagen deposition in the skin. Moreover, it can help with healing of wounds and controlling of inflammatory reaction in patients since there is a report that it reduced inflammation in the aforementioned processes.¹⁷

Although this is a single patient case and the results cannot be generalized for all the dermatitis patients, it is believed that OCNT was helpful in alleviating

symptoms and improving the quality of life of a patient who suffered from dermatitis for a long time.

As such this case is being reported by having acquired the consent of the patient.

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