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Case Report-A learning from clinical experiential history

# 세포교정영양요법(OCNT)을 이용한 무좀 개선 사례 연구

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# A Case Study on the Improvement of Athlete's Foot Using Ortho-Cellular Nutrition Therapy (OCNT)

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**ABSTRACT**

**Objective:** A case report on the improvement of athlete's foot using Ortho-Cellular Nutrition Therapy (OCNT).

**Methods:** A Korean male in his 50s is suffering from athlete's foot for 10 years.

**Results:** Keratinization of the soles and deformity of the toenails were alleviated after undergoing OCNT.

**Conclusion:** Application of OCNT to patients with athlete's foot can help protect the skin barrier and improve symptoms.

**Keywords:** Ortho-Cellular Nutrition Therapy (OCNT), athlete's foot

## Introduction

Athlete's foot (tinea pedis) is a chronic fungal infection of the feet, and it is often observed in immunosuppressed patients or those with diabetes. In the United States, it is estimated to be the second most common skin condition following acne, which indicates that it affects a maximum of 15% of the population.

Trichophyton rubrum, Trichophyton mentagrophytes, and Epidermophyton floccosum are identified as the causative organisms of athlete's foot.[1] Athlete's foot can spread not only to the feet, but also to the rest of the body, and in worst cases, to others.[2] Topical Terbinafine has a 70% rate of full recovery, while Tolnaftate and Miconazole take about 2-4 weeks for complete recovery.[3]

However, the patient, in this case, explained that other medications did not work well, and the athlete's foot continued to become more severe. After using Sulfoplex Cream Mild, the symptoms of the athlete's foot were significantly improved, and this case report is provided with the consent of the patient.

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**Cases**

**1. Target**

It targeted one patient with athlete's foot.

1) Name: Park, O O (M/54 years old)

2) Diagnosis: Athlete's foot

3) Date of Onset: January 2012

4) Treatment Period: For 33 days in 2023

5) Chief Complaint: Total infection of both feet and toenails, severe keratinization of the soles of both feet

6) Past History: None

7) Social History: No history of smoking and alcohol

8) Family History: None

9) Current medication: None

**2. Method**

Sulfoplex Cream Mild (101, twice a day, appropriate amount applied to the affected area) Wash the feet, wipe completely, and let it absorb while massaging both feet and toenails.

**Result**

The patient in this case developed athlete's foot 10 years ago and made various attempts for treatment throughout the years. However, the nature of the patient's job makes it inevitable to develop athlete's foot fungus, and since the condition had continued for a long time, both the heels and toenails of both feet were severely infected (**Fig. 1**). Advancement of severe keratinization was observed on the entire sole of the foot with cracks, but it was confirmed that keratinization and skin cracks were noticeably improved after undergoing OCNT (**Fig. 1A**). In addition, the patient had dark and thick toenails due to athlete's foot bacteria that had penetrated the toenails at first, but the thickness of the toenails recovered to normal conditions after undergoing OCNT, and the color of the toenails also showed a clear difference compared to conditions prior to treatment **(Fig. 1B**).

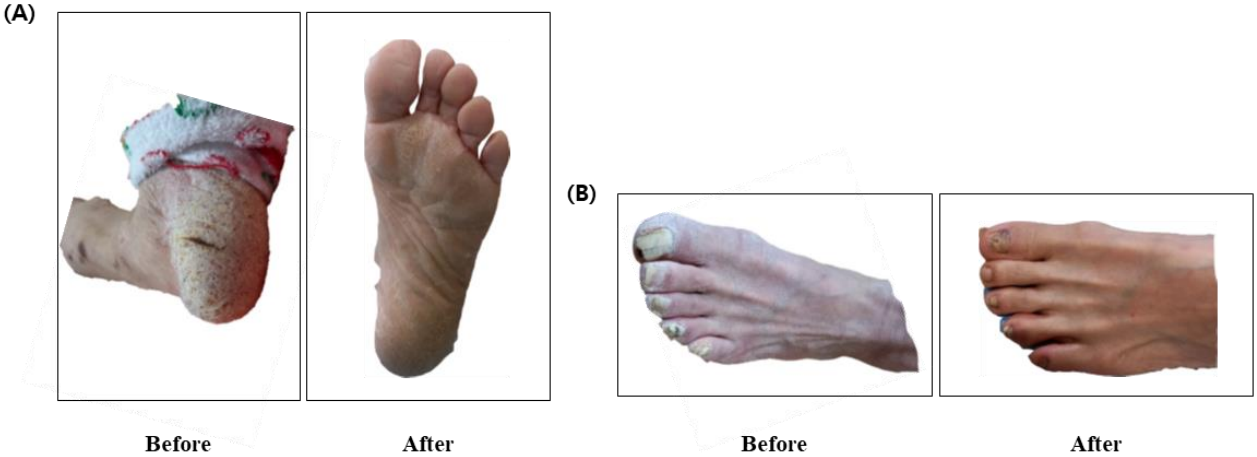


**Fig. 1. Comparison of the patient's condition before and after undergoing OCNT. (**A) Changes in the patient's soles before and after undergoing OCNT. (B) Changes in the patient's toenails before and after undergoing OCNT.

## Consideration

The patient is a male in his 50s, who runs a gas station and wears boots most of the time, which does not allow athlete's foot bacteria to worsen to the point of covering both feet. All ten toenails were infected with athlete's foot bacteria and turned white, even up to the point of deformation, and the soles of both feet were thick and cracked with dead skin cells due to keratinization. The patient tried using various medications for treatment, but no treatment effect was observed, and the athlete's foot only got worse. The skin barrier of the patient was weakened by a long-lasting athlete's foot, and it was determined that an existing external application could actually worsen the symptoms. Therefore, OCNT was performed because it seems that the protection of the skin barrier weakened by infection and the treatment of athlete's foot bacteria must be performed simultaneously.

MSM contained in Sulfoplex Cream Mild is effective in anti-inflammatory and immune functions, and[4] cyanidin is capable of treating the fungus that causes athlete's foot by reducing the length of the genital tract as well as the diameter of the growth of the fungus.[5]

In addition, centella asiatica and turmeric root treat inflammation caused by bacteria entering the body through cracked skin[6,7], and they play the role of antibacterial action[8,9] to prevent secondary infection.

Hyaluronic acid moisturizes dry feet by supplying moisture to the skin[10], and sunflower seed oil[11] and evening primrose oil[12,13] are responsible for softening dead skin cells on the soles of the feet to normalize the skin barrier.

As this is a single case study, the findings may not be universally applicable to all patients with athlete's feet. However, it is reported with the patient's consent as a case that has shown improvement in symptoms.

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