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(x)

CERNILTON IN URINARY INFECTIONS

by

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1. INTRODUCTION

In 1960, E. Ask-Upmark published the first report of the successful use of pollens in the treatment of prostatitis. Various authors has since reported good results achieved with pollen in the treatment of this disease.

Chronic prostatitis is one of the most troublesome problems met in the field of urology; 30 - 40 % of the patients visiting the urology clinics complain of symptoms of prostatitis. The infection focus may be anywhere in the body, e.g. a decayed tooth or inflamed tonsils, releasing pathogenic agents into the blood stream and possibly giving rise to prostatitis.

It is especially prevalent in countries which do not actively pursue a public health programme. The symptoms are not definite. The patients generally complain of a vague burning sensation at the perineum, hyperaesthesia of the feet, a feeling of heat on the soles of the feet, and an undefined subfebrile fever. Urethral discharge at the time of bowel movement, low back pain and sexual discomfort in the form of premature ejaculation are also included among the symptoms of prostatitis, which are generally seen between the ages of 20 - 40 years.

At our clinic, we have used a pollen extract preparation called CERNILTON^(x) in prostatitis patients who were previously treated, without success, according to classical methods.

We have also used Cernilton in urethritis, cystitis, ejaculatio praecox and diminished libido.

2. COMPOSITION

The percentages of the various plant pollens in CERNILTON are as follows:

Dactylis glomerata	2 %
Phleum parentese	26 %
Maize	26 %
Rye	40 %
Pine	5 %
Maple	1 %

The pollens are gathered from the blooms of non-poisonous plants by means of an electro-mechanical process.

One Cernilton tablet contains:

Cernitin T 60 sicc. 60 mg
(dry extract, pulverized, containing
at least 21 aminoacids, saccharose,
oestogenic substance and sterols)

Cernitin GBx 3 mg
(second extract, derived from first
extract)

Magnesii stearati, accua in tabulis
et color q.s.

CERNILTON has no bactericidal, bacteriostatic, fungicidal or fungistatic effect. It is also non-allergenic. Even though its mechanism is not definitely known, it is considered to have some inhibitory effect on bacterial growth. In some cases, it has been shown to have a caffeine-like effect.

G. Leander has reported a case of gynecostia after 2 months of therapy, which disappeared upon cessation of the drug. Another case also complained of fullness of breath but showed no change in size. This subjective complaint disappeared when the drug was discontinued. Some secondary side effects such as nausea and pruritis have also been reported occasionally.

5. MATERIAL AND METHOD

The cases included in our material are between the ages of 32 - 75 years and were treated with various drugs and antibiotics prior to CERNILTON administration.

Treatment was started at a daily dose of 4 Cernilton tablets, combined with an antibiotic, and lasted 3 - 20 weeks. Occasionally prostatic massage was also employed.

The duration and results of treatment in 28 cases are given below:

TABLE 1

Illness	Nof. of patients	Treatment	Period xxxxx	Effect- ive	Improve- ment	No effec
Chronic prostatitis	14	Antibiotics Massage Cernilton	2 - 8 weeks	8	5	1
Reiter's syndrome	1	Antibiotic Tanderil Massage Cernilton	3 weeks	1	-	-
Interstitial cystitis	1	Antibiotic Cernilton	5 months	-	-	1
Acute cystitis	2	Antibiotic Cernilton	1 week	2	-	-
Chronic cystitis	4	Antibiotic Cernilton	2 months	-	3	1
Bladder tumour, (+) gold green implantation	1	Cernilton Antibiotic	2 months	1	-	-
Feeble libide and ejaculatio praecox	2	Cernilton tonic	6 weeks	2	-	-
Banal urethritis	3	Antibiotic Cernilton	2 months	3	-	-

(+) No healing of bladder tumour but the remedy was effective in cystitis, which occurred secondarily.

As seen in the Table, 17 of our cases were completely cured, their complaints disappeared and the clinical findings reverted to normal. 8 cases showed improvement but 3 cases remained unchanged.

4. RESULTS

We have administered CERNILTON in 28 cases showing different aspects of the disease. In all cases, the therapy was combined with antibiotics, and prostatic massage was included in prostatic cases. None of the cases experienced any discomfort from the therapy nor were there any side effects such as gynecomastia.

We have not studied the bactericidal and bacteriostatic effects of the drug since combined therapy was employed throughout. The drug increases the resistance of the body to pathogenic agents.

5. SUMMARY

We administered CERNILTON, which is a pollen extract preparation, to 28 urological patients suffering from infections of the urinary tract. In all our cases, we combined Cernilton with antibiotics and antiphlogistics. We found that Cernilton desensitized the organism and potentiated the effects of the other drugs. We obtained good results.

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(x) CERNILTON was supplied by the Swedish Representative of Messrs.

Special note from: M. Vahdettin Tuncal, Nisantas Ehlamur yolu 30/3,
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- the Swedish Representative of Messrs.

"According to tests and investigations of the influence of Cernilton on the bladder tumour, the following report has been supplied by Dr. Nejat FEERTAN, Dept. of Urology, Hospital for Children, SISLI-Istanbul: A patient with a small tumour in the bladder has been supplied with Cernilton tablets as sole medication for 7 years. According to recent urological tests, no increase in the size of the tumour could be observed." (Dated: 5.6.1970).
