
PROSTATITIS

Pygeum africanum (See 'MATERIA MEDICA').)

A tropical African evergreen tree.

Administration of extracts of the bark (standardized to contain 14% beta-sitosterol and 0.5% n-docosanol) may be beneficial at a dosage of 50 to 100 mg twice daily. (See 'BENIGN PROSTATIC HYPERPLASIA').)

Experimental Study: 18 pts. with benign prostatic hypertrophy or chronic prostatitis and, simultaneously, sexual disturbances, received an extract of *Pygeum africanum* (Tadenan[®], Roussel-Pharma) 200 mg daily. After 60 days, the extract had improved all the urinary parameters that were investigated. Also, sexual behavior was reported to be improved despite a lack of change in the levels of sex hormones or in nocturnal penile tumescence and rigidity. No side effects were observed (Carani C, Salvioli V, Scuteri A, et al. [Urological and sexual evaluation of treatment of benign prostatic disease using *Pygeum africanum* at high doses.] *Arch Ital Urol Nefrol Androl* 63(3):341-5, 1991) (in Italian).

COMBINATION TREATMENT

Flower Pollen extract

Administration of a standardized extract of flower pollen (Cernilton[®]), may be beneficial.

*Note: In vitro studies suggest that Cernilton[®] is a potent cyclo-oxygenase and lipoxygenase inhibitor and a smooth muscle relaxant (Buck AC, Rees RW, Ebeling L. Treatment of chronic prostatitis and prostatodynia with pollen extract. *Br J Urol* 64(5):496-9, 1989).*

Experimental Study: 90 pts. with chronic prostatitis received Cernilton N one tablet 3 times daily. After 6 mo., in the 72 pts. without complicating factors (urethral strictures, prostatic calculi or bladder neck sclerosis), 56 (78%) had a favorable response; 26 (36%) were cured of their signs and symptoms, and 30 (42%) improved significantly with an increase in flow rate, a reduction in leukocyturia in the post-prostate massage urine and a decrease in complement C3/ceruloplasmin in the ejaculate. In the 18 pts. with complicating factors, however, only 1 pt. showed a response; thus complicating factors should be considered in pts. who fail to respond to treatment within 3 months. The extract was well tolerated by 97% of pts. (Rugendorff EW, Weidner W, Ebeling L, Buck AC. Results of treatment with pollen extract (Cernilton N) in chronic prostatitis and prostatodynia. *Br J Urol* 71(4):433-8, 1993).

Experimental Study: 25 pts. with chronic prostatitis received Cernilton tablets. Improvement of subjective symptoms and objective findings was noted in 96% and 76%, respectively. Sonographic finding showed 33-100% improvement in 4 objective parameters. No side effects were observed (Suzuki T, Kurokawa K, Mashimo T, et al. [Clinical effect of Cernilton in chronic prostatitis.] *Hinyokika Kyo* 38(4):489-94, 1992) (in Japanese).

Experimental Study: 13/15 pts. with chronic prostatitis and prostodynia with a mean duration of 3.3 yrs. were treated with Cernilton 2 tabs twice daily. 7 had complete and lasting symptom relief, while 6 had marked improvement. Most pts. who responded (11/13) did not start to show improvement until 3 mo. after starting treatment, and symptoms recurred in 2 pts. who stopped treatment. No adverse reactions were seen (*Buck AC, Rees RW, Ebeling L. Treatment of chronic prostatitis and prostatodynia with pollen extract. Br J Urol 64(5):496-9, 1989.*)

Experimental Study: 32 pts. with chronic prostatitis received Cernilton 6 tabs daily. After an average of 6 wks., improvement of subjective symptoms and objective findings was noted in 74.2% and 65.6%, respectively. The effective rate was 75%. No subjective side effects or abnormal changes in laboratory data were observed (*Jodai A, Maruta N, Shimomae E, et al. [A long-term therapeutic experience with Cernilton in chronic prostatitis.] Hinyokika Kiyo 34(3):561-8, 1988 (in Japanese).*)

Experimental Double-blind Study: Based on a grading system using both objective and subjective measures, of 14 pts. with non-gonorrheal prostatitis and urethritis given Cernilton 4 tabs daily, it was 'effective' in 10 (71%), and 'slightly effective' in 3 (21%). Of 16 pts. given placebo, it was 'effective' in 7 (44%) and 'slightly effective' in none. Subjective symptoms disappeared in 10 pts. (71%) and diminished in 4 (29%) while the rest had some degree of improvement in the Cernilton group. In the placebo gp., subjective symptoms disappeared in 5 pts. (31%), diminished in 2 (13%), and worsened in 2 (13%). In the Cernilton gp., there was normalization of the urinary sediment in 5 pts. (36%), improvement in 1 (7%), persistence of the abnormal state in 2 (14%), exacerbation in 1 (7%), and continuation of the normal state in 4 (29%) (the result in 1 pt. is unknown). In the placebo gp., there was normalization in 3 pts. (19%), improvement in 2 (13%), persistence of the abnormal state in 3 (13%) and persistence of the normal state in 8 (50%). For the Cernilton gp., urinary bacteria following prostatic massage disappeared in 3 pts. (21%), failed to change in 2 (14%), and remained normal in 9 (64%). For the placebo gp., bacteria disappeared in 1 pt. (6%), failed to change in 2 (13%), reappeared in 1 (6%) and remained normal in 12 (75%). There were no notable subjective or objective side effects (*Ohkoski M, Kawamura N, Nagakubo I. [Clinical evaluation of Cernilton in chronic prostatitis.] Rev Med Suiza 2(16):436-9, 1970 (in Spanish).*)

See Also:

Kato T, Watanabe H, Takahashi H, et al. [Clinical experience on treatment of chronic prostatitis with Cernilton tablet.] Hinyokika Kiyo 16(4):192-5, 1970

Ask-Upmark E. Prostatitis and its treatment. Acta Med Scand 181(3):355-7, 1967

Diamant B. [Pollen?] Lakartidningen 64(11):1100-2, 1967 (in Swedish)

Andersson A, Linden W van der. [The treatment of chronic prostatitis with pollen.] Z Urol Nephrol 59(6):437-40, 1966 (in German)