



## OTHER SUPPORT:

GRAMINEX Flower Pollen Extract

### Therapeutic Action of a Pollen Extract

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At the request of OZOTHINE Laboratories, we have studied an appetite stimulant compound marketed under the name of STENOREX, in children undergoing prolonged hospital admissions. This entirely vegetable-based product, prepared from a pollen extract, possesses neither hormonal nor antihistamine effects, but acts purely as an appetite stimulant; its principal effects are therefore exerted on weight gain and on physical and psychic asthenia.

#### 1. Conditions of Trial

##### Choice of children

The trial covered 54 children chosen from three institutions: the Institution J.-B. Thiéry, the Maison d' Enfants Clairjoie, and the Pouponnière de l' Aide à l' Enfance of Meurthe-et-Moselle. The Institution J.-B. Thiéry takes children with chronic neurological ailments, mild, moderate or profound mental retardation, and children with behavior disorders or psychoses; the other two establishments take normal infants and children, for exclusively social indications.

The conditions of life of the children remained unchanged throughout the trial; in particular, diet was not altered when the trial was started. The product was only given to children who had been inmates of one of the institutions for at least four months. Children developing an acute illness in the course of the trial were excluded from it.

##### Dosage

In accordance with the recommendations of OZOTHINE Laboratories, we adopted the following dosage schedule:

- 1 gelule daily for children weighing less than 5kg.
- 2 “ s “ “ “ “ from 5 to 10kg.
- 3 “ “ “ “ “ from 11 to 15kg.
- 4 “ “ “ “ “ over 16kg.

The duration of treatment was four weeks in all cases.

The product was given at mealtimes, the gelule either being swallowed with a little jam or yoghurt, or – in the case of the youngest children – the contents of the gelule being mixed with these foods.

However administered, the product was accepted with pleasure by all the children.

##### Age

The ages of the children ranged from 6 months to 12 years. There were 20 infants aged under 30 months, and 34 children from 2 1/2 to 12 years of age.

##### Indications

We accepted the following indications for treatment:

2. Plateau of weight curve. We particularly selected children whose weight curve had been stationary for several months in spite of a properly balanced diet; these children might or might not have been anorexic (see observation No. 7 and weight curve attached).

3. Severe delay in stature and weight, either in cases of long-standing constant anorexia, or – more particularly – in grossly premature infants, twins, and chronically ill children (e.g. with congenital cardiac disease)

4. Asthenic children, with low motivation either for play, food, or schoolwork. These were often children who had been hospitalized for several years, suffering from emotional deprivation and parental rejection.

A laboratory profile covering serum proteins, blood count and haemoglobin level was carried out at the beginning and end of treatment whenever this was feasible – in a total of 30 cases.

The children's weight was recorded during the month before treatment was begun, at the end of each week of treatment and finally on day 60.

## 2. Therapeutic Effects

### Effect on appetite

Sthénorex appeared to us to have a beneficial effect upon appetite.

- In 34 out of 54 cases, the teaching or supervisory staff noted an improvement in mealtime behaviour.
- In 7 cases, there was judged to have been an excellent return of appetite.

### Effect on weight curve

Remarkable weight gains were recorded in 40 out of 54 cases. The mean gain was well above that considered normal according to standard weight tables. Some cases showed

spectacular gains, up to 10% or more of the initial weight.

In over half the cases, the weight gain continued during the following month.

### Effect on delay in stature and weight

The duration of treatment was too short to observe any gain in stature.

### Effect on asthenia

The effect of Sthénorex on behavior appeared to us to be often beneficial. Treatment improved the relationship between child and teacher; the words of encouragement when the dose was given reinforced the emotional bond that had been established; the child was consequently more cheerful, meals were awaited with pleasure and willingly eaten.

## 3. Tolerance and Toxicity

Tolerance of the product was perfect in every case. No digestive disturbances were recorded; there was neither vomiting nor diarrhea.

Serum protein was measured in 30 cases and a blood count done in 31.

No toxic effects were recorded; in particular there was no anemia, leucopenia or thrombocytopenia. An increase in red cell count was noted in 11 cases, and the same applies to hemoglobin levels. This fact appears to us worthy of note, in view of the presence of trace elements in the pollen extract whose administration must certainly be favourable to haemoglobin synthesis.

No sleep disturbances were noted during the trial.

The combination of Sthénorex with other medications (barbiturates, anticonvulsants,

and neuroleptic or cardiotoxic drugs) did not cause any trouble.

No allergic skin reactions were noted throughout the trial.

#### 4. Conclusion

This clinical study of Sthénorex in 54 children aged from 3 months to 12 years enabled us to reach the following conclusions:

- The product is totally non-toxic.
- It is easily absorbed: it is perfectly tolerated with the digestive tract
- It has a beneficial effect on appetite and weight gain, and a significant action in correcting anaemia.
- The high success rate (19 very good results, with a weight gain of 1 kg or more, and 20 good results, with a weight gain from 400 g to 1 kg) justifies the use of the product in all cases of asthenia, anorexia or failure to gain weight.
- Finally, the fact that this is a natural product of plant origin further encourages us to recommend the use of the product.

#### Addendum

- For purposes of illustration, the weight curve of Véronique C. case No. 7, is attached; this shows an excellent weight gain after 4 months of stagnation. The effect continued during the succeeding months.

#### KEY TO FIGURE

Fortifiant = Tonic

P (poids) = Weight

T (taille) = Height

