



PROSTATE SUPPORT:

GRAMINEX Flower Pollen Extract

Clinical Evaluation of Cernilton in Adenoma of the Prostate

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Frequently the urologist is confronted with patients suffering from adenoma of the prostate who, for certain reasons, cannot in the immediate future be submitted to any sort of surgical treatment.

A significant number of such cases having been confirmed in our Urology Service at the Italian Hospital in Buenos Aires, it was decided to determine what effect CERNITIN exerted in this type of condition.

CERNITIN is a microbiological extract of dried pollen obtained under optimum conditions of standardization.

This extract contains various active principles: 21 different amino-acids, lipids, saccharides, phospholipids, a minute percentage of oestrogens, enzymes, DNA, RNA, vitamins (not vitamin B₁₂) and minerals.

As long ago as 1960, Ask-Upmark of Sweden was reporting that CERNITIN was effective in the treatment of prostatitis. The mode of action of CERNITIN has not yet been determined, but what can be considered proven is a decongestant effect with a marked specific affinity for prostatic tissue, and a capacity to improve defense mechanisms against infection and inflammation in general.

Although the mode of action of CERNITIN is not yet clear, the following are, briefly, some of the theories and investigations which have taken place, which will surely in the future help to elucidate it:

1. From experiments conducted by Sir Alic-Isaac it appears that CERNITIN may be able to augment the production of INTERFERON (a protein produced by the cells for defense against viruses.)
2. Cernitin may have a stimulant effect upon the THYMUS, and it is already known that this gland plays an important role in the body's defences against infections.
3. Finally we report an article in Acta Chemica Scandinavica Vol. 24, 1970 – pp.3672, in which Dr. Kvanta mentions the fact that he has proved that CERNITIN has an inactivating effect upon STREPTOLYSIN (a toxin produced by streptococci).

From all these observations and facts it would appear that CERNITIN may take effect by means of a combination of different modes of action.

Materials and methods

100 patients were included in this investigation divided into 4 Groups (see diagram) according to their symptomatology.

Group 1: Patients who presented with minimal prostatism; that is, with commencing dysuria, slight polyuria, nocturia once or twice, clear abacterial urine and no residual urine.

Rectal examination revealed a prostate normal as to size, shape and consistency.

Group 2: Patients who presented with prostatism and increased dysuria and polyuria, both by day and by night, clear urine, residual urine of 60 c. c., and slight bacteriuria

Rectal examination: enlarged prostate with the features of an adenoma.

Group 3: Patients who present with marked dysuria, burning on micturition, a feeling of hypogastric fullness, nocturia, cloudy urine, bacteriuria of more than 150.000 colonies per millilitre and residual urine of 150 to 250 c.c.

Rectal examination: enlarged prostate with loss of median sulcus, smooth surface and elastic consistency.

Group 4: Patients consist of some with a large volume of residual urine and others with a total acute retention of urine, with pyuric cloudy urine, sometimes blood-stained. Their general condition is only fair.

The age of the 100 patients varied between 55 and 70 years.

Dosage and Results

The most frequently-used dose of Cernilton was 6 tablets daily, taken before meals (Giúdice), or else 3 or 4 tablets daily taken in the morning (Toro) both over a prolonged period.

Rearing in mind the symptomatology, urinalysis and the absence or presence of residual urine (Groups 1 and 2) we preferred to prescribe 4 tablets daily for 3 weeks, followed by a pause of 10 days and then continuing up to a total dosage of 100 tablets.

In this group of 40 patients we noticed, within a few days of starting the treatment, an improvement in their symptoms, and their total disappearance after the full dosage mentioned had been taken.

With regard to Groups 3 and 4, the treatment followed was 6 to 8 tablets a day up to a total of 100. We also prescribed antibiotics after appropriate urine culture. In this group of 60 patients, within a few days of the commencement of treatment, we observed a great improvement in the symptoms, mainly in frequency and nocturia.

10% of these patients showed no response to the treatment given.

Secondary Effects

In all the cases treated we encountered no allergic reactions, gastritis or hepatic intolerance. Some patients complained of abdominal distension, which improved with reduction of dosage. These side-effects were insignificant, and did not modify the final results.

Conclusions

Cernilton appears to have a decongestant and antiphlogistic effect upon the prostate gland, for which reason the subjective and objective symptomatology disappears or improves, which fact persuades us to continue with this treatment. The advantages of this preparation lie in its harmlessness and the possibility of carrying out prolonged courses of treatment.

	Group 1	Group 2	Group 3	Group 4
Number of cases	15	25	38	22
Average age	55-70	55-70	55-70	55-70
Urinalysis	Abacterial	Abacterial	Urinary infection	Urinary infection more than 100.00 colonies
Symptoms	Commencing dysuria Polyuria		Dysuria, polyuria, burning on micturition, nocturia	Incomplete or complete retention or urine. Hematolpyuria

Note: We are using Cernilton in acute and chronic prostato-cystitis, chronic urethritis and the cystitis syndrome in the female.

In view of the few cases so far treated, we have not yet reached a definitive conclusion.

