



PROSTATE SUPPORT:

GRAMINEX Flower Pollen Extract

Report on the clinical evaluation of “Cernilton” preparation in cases of chronic prostatitis

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The trial treatment of nine patients has been in progress since April 1965. Preparations of “Cernilton” in tablet form were placed at our disposal for these trial experiments by the Berlin Institute of Medicine.

Nine cases of clinically established prostate diseases, i.e. prostatitis, were treated. The following symptoms were observed in all instances:

- 9 cases of micturition disturbances
- 9 cases of cohabitation difficulties
- 9 cases of leukocytes in the ejaculate

All the patients were found to suffer from lowered libido and painful orgasms, and six of them exhibited manifestations of impotence. The practice of coitus interruptus was denied in all cases. In three cases the diagnosis was confirmed by histological excision, which revealed adenomatosis of the prostate with leukocyte infiltration. Haemospermia was detected in five cases.

Cultures of ejaculates from all nine cases revealed two cases of haemorrhagic ejaculates, two cases of greenish streptococci, two cases of haemolytic streptococci and one case of *Pseudomonas aeruginosa*. Apathogenic bacteria were found in three cases. All the ejaculates contained leukocytes and bacteria. Two cases with haemorrhagic discharges were observed, and a previous history of venereal infection (gonorrhoea) was reported for two patients. One patient exhibited a predisposition to allergy.

Suicide had previously been attempted by two patients and grave depressive manifestations were observed in four others.

No pathological changes in the kidneys, urethra, or bladder could be established, i.e. no calculus, pyelonephritis or malformations could be confirmed.

Comprehensive re-examinations undertaken in 1966, revealed that all the patients had responded with a definite improvement. The following conclusions could be drawn from the use and evaluation of the drug to date:

In agreement with the findings of other investigators, it is apparent that scientific exactitude in the treatment of this subject is not possible.

In establishing criteria for cure or improvement, the following tests were undertaken:

1. Urine examination
2. Ejaculate examination
3. Examination of bacterial culture of ejaculate

4. Subjective report by the patient
5. Palpation findings

Chronic prostatitis is understandably difficult to define, since a considerable diversity of changes can take place in the prostate, that cannot always be definitely differentiated from each other. The diagnosis is thus best confirmed by histological examination. Biopsy specimens were therefore used in two cases. In the other cases, the material examined was the ejaculate and not the product of stripping, which had been studied by other investigators. As mentioned above, non-pathogenic bacteria were found in all cases, as well as large numbers of leukocytes.

As the test group consisted of no more than nine patients, no purpose could be served by grouping with relation to venereal disease. It may however be mentioned that, at the end of the treatment, previous infection of the urinary tract was of no fundamental importance.

In contrast to the observation period of 3 months, practiced by many of the West German workers, our own observations were carried over three years.

1. In all the nine cases, the ejaculate examinations showed the ejaculates to be free from leukocytes and bacteria after a protracted course of one Cernilton tablet taken three times daily.
2. Cultivated specimens of ejaculate and urine did not reveal the presence of pathogenic bacteria.
3. All the patients exhibited a considerable improvement both mentally and physically, with the result that some of the patients discontinued medication with Cernilton during the final 6-12 month. Only in three cases is Cernilton still being taken (3 x 1 tablets daily), but even these patients experience both physical and mental well-being.

The appearance of discharges has ceased, cohabitation difficulties no longer occur and pains radiating to the perineum and sacral region have disappeared.

Micturition disturbances could no longer be observed, neither could side-effects or after-effects following treatment with Cernilton be confirmed.

In conclusion it may be said that treatment of nine patients with one Cernilton tablet taken three times daily for a period of two years and longer brought about a healing of the condition, and that the pollen preparation Cernilton is a very suitable agent in the treatment also of severe and stubborn cases of chronic prostatitis. It would be a commendable advance if treatment with this pollen preparation were to become incorporated into recommended therapeutic praxis.