Clinical experience with Cerniltonby means of double blind test

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Basing on the clinical results obtained, the author has previously reported that CERNILTON is effective in the treatment of prostatic hypertrophy. However, as the criteria of evaluation used then were primarily based on improvement in subjective symptoms, he thought psychosomatic factors might have played a substantial role. For this reason he performed, as reported here, a double blind test, using 4 cases which showed favorable response in the previous experiment and 10 new cases.

The details of each case are as shown in Table. Cases 1-5 were responsive to CERNILTON but were then given placebos in the course of treatment. Placebos and CERNILTON were identical in appearance, though slightly differing in smelling. None of the patients, however, noticed the difference.

In cases 2 and 3 there were noted no specific changes in symptoms after administration of placebos. This can mean one or the other: either that the effect of CERNILTON was continuing or that the effectiveness of CERNILTON had a suggestive effect on the patients. If in the former, it means placebos were ineffective and, if in the latter, psychosomatic factors played a part.

In cases 1 and 4 the subjective symptoms became exacerbated after administration of placebos, showing ineffectiveness of the placebos. In other words, the effectiveness of CERNILTON was proved. Subsequently, however, suprapubic prostatectomy was carried out in case 1 at the request of the patient.

Cases 6-14 visited the Outpatient Clinic with chief complaints of pollakisuria and dysuria and were all diagnosed as having prostatic hypertrophy. To avoid the influence the drug or psychic suggestions, placebos were given first, 4 tablets daily, or 2 tablets each in the morning and

evening. As, however, there was obtained no improvement either in subjective or objective symptoms after 1-2 weeks' administration except in case 9, CERNILTON was given in place of placebos. In 2 weeks all the patients had good urination with marked improvement in subjective symptoms: residual urine decreased, too.

In case 9, with administration of placebos, the frequency of urination was decreased from 10 times to 5-6 times in the daytime and from 5-6 times to 1-2 times at night. Even after switching over to CERNILTON, the favorable clinical course continued.

In summary, while placebos exerted influence in 3 of 14 cases, no influence was noted at all in the other 11 cases. In other words, in 11 (78%) of 14 cases the effect was definitely due CERNILTON. It is obvious then that CERNILTON can be considerably effective in the treatment of dysuria associated with prostatic hypertrophy.

No.	Age	Chief Complaints	Residual Urine	Clinical Course
1	60	Pollakisuria	100	Cernilton was given in doses of 4 tablets for 4 weeks. No residual urine. Then placebos were given for 2 weeks. The symptoms were exacerbated and prostatectomy was performed.
2	63	Pollakisuria	50	With Cernilton, residual urine was 10cc and urination decreased in frequency. With placebos, no specific changes were noted in subjective symptoms.
3	75	Nocturnol Pollakisuria	80	With Cernilton, residual urine was 50cc. Placebos were given for two weeks but residual urine was not changed. Subjective symptoms were not exacerbated.
4	86	Dysuria	0	Urination improved with Cernilton. Placebos were given, but urination was again disturbed.
5	66	Anuria	600	Residual urine was 550cc after 7 days and 300cc after 14 days with Cernilton. Placebos were then given but the symptom was not improved.
6	74	Pollakisuria	50	Placebos were ineffective. Cernilton was given in doses of 4 tablets for two weeks. Frequency of urination decreased to 5-6 times in the daytime and one time at night. Residual urine was 20cc.
7	71	Imcomplete Anuria	150	Placebos were given in doses of 4 tablets for 7 days after catheterization without effect. With Cernilton, sensation of urinary retention disappeared and residual urine was not found.
8	70	Dysuria	0	The patient voided 10 times in the daytime and 4 to 5 times at night had complained of marked sensation of urinary retention. Placebos had no effect at all. With Cernilton, good urination ensued.
9	55	Pollakisuria	10	The patient complained of dysuria and voided 4 to 5 times at night. Placebos were first given. In one week the frequency of urination decreased to 5-6 time in the daytime and 1-2 times at night. Cernilton was then given, but no changes were noted.

10	75	Dysuria	130	The patient voided every one to two hours. With placebos, sensation of urinary retention became even worse. With Cernilton, the frequency of urination decreased to 4-5 times in the daytime and 1-2 times at night, and one month later urination was no longer disturbed.
11	74	Pollakisuria	30	The patient voided every 20 minutes in the daytime and had severe sensation of urinary retention. The symptoms were not changed at all with placebos. With Cernilton, sensation of retention disappeared and residual urine was 10cc.
12	75	Dysuria	50	No changes with placebo. After administration of Cernilton for two weeks, the frequency of urination was decreased from 4 times to 2 times at night.
13	63	Pollakisuria	0	The patient voided 8 times in the daytime and 3 times at night. Placebos were ineffective. Good urination with normal frequency was noted after administration of Cernilton.
14	71	Pollakisuria	100	The patient voided every 20 minutes in the daytime and 3 times at night. Placebos were ineffective. After administration of Cernilton, he voided every 3 hours and 2 times at night. Disturbance of urination was improved.

Effects of yanlieping formula on mice with chronic nonbacterial prostatitis
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OBJECTIVES: To study the mechanism of Yanlieping Formula in treating chronic nonbacterial prostatitis. METHODS: Thirty-two C57BL/6 mice were divided into Chinese Traditional Medicine group (Yanlieping group, 10 mice), treatment control group (Cernilton group, 10 mice), model group (6 mice) and normal group (6 mice). The animal model was created by using immunologic adjuvant, and Yanlieping (0.84 g per mouse), Cernilton (7.5 mg per mouse), distilled water (1.05 ml per mouse) and distilled water (0.5 ml per mouse) were respectively administered to the four groups every day for one month. The prostate weight, pathological changes, TNF-alpha and IL-2 in serum were observed. RESULTS: The prostate weight in Yanlieping group and Cernilton group became significantly lower than in the model group ($P < 0.05$). Pathologic sign of chronic inflammation became better significantly (Yanlieping group showed more significant improvement). The expression of IL-2 in Yanlieping group and Cernilton group were down regulated significantly. And the expression of TNF-alpha in Yanlieping group was higher than that of the model group and the normal group ($P < 0.05$). CONCLUSIONS: The mechanism of Yanlieping Formula in treating chronic prostatitis may lie in the max urethral close pressure reduction, anti-inflammation, local blood circulation improvement.

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