

## Plant extracts in the medical management of benign prostatic hyperplasia: fact or fiction?

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The objective of this study was to critically review the published literature on the role of phytotherapeutic agents and phytosterols (also referred to as plant extracts) in the medical management of benign prostatic hyperplasia. Data sources included a bibliographic database that was searched to retrieve articles on benign prostatic hyperplasia with a time constraint of 1985-1993. Indexing terms used included plant extracts, phytosterols, cernilton, paraprost and medical management. Studies selected were randomized trials incorporating plant extracts. English abstracts were reviewed for articles published in other languages and these reviews are noted. English articles were critically reviewed based on study design, patient selection, length of follow up, postulated mechanisms of action and benign prostatic hyperplasia subjective and objective outcome measures. A number of plant extracts are being used in the management of benign prostatic hyperplasia, predominantly in Europe. These plant extracts, which are biochemically heterogeneous, have been found to act through a variety of mechanisms: an anti-inflammatory effect, a decrease in globulin, a direct cytotoxic effect, anti-prolactin activity and bladder compliance modification. More importantly, these plant extracts have not been associated with the side effects of chemical castration. Their alleged efficacy may be based upon a mechanism which is currently not understood and a combination of these extracts with accepted medications may have the potential of improving the overall efficacy of medical therapy in the treatment of benign prostatic hyperplasia. Despite the shortcomings of the published trials, there is enough evidence to warrant additional study in the form of randomized control trials using scientific validated outcome measures. Using validated scores with patients of mild to moderate symptomatology would help to further elucidate the relative efficacy of cernilton, curbicin and permixon.

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