



Flower Pollen Extract and its Effect on Alcoholism

Cernitol™ treatment of Chronic Alcoholics

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Summary

A Clinical and Laboratory Study of Cernitol™ in Malnourished Chronic Alcoholics

In a double blind test, 44 patients being treated for chronic alcoholism were divided into two random groups and given Cernitol™, a pollen preparation, or placebos, respectively. The study revealed considerable differences between the groups for the following variables and in favour of the group undergoing treatment: overall result according to the doctor, body weight, appetite, asthenia, psychomotor capacity and memory.

The laboratory tests size showed significant differences in protein, total lipids and cholesterol in serum, and in 17-OH-steroids and 17-oxi-steroids in the urine. All values were higher in tire group undergoing treatment. ATO side effects were noted.

Earlier experiments have shown that Cernitol™ produces good results in patients suffering from nutrition problems in the form of emaciation, loss of appetite and physical and mental asthenia (1, 2). These effects have been noted both in children and elderly patients convalescing after various illnesses. In particular, protein synthesis increased as did secretion of 17-OH-steroids and 17-oxi-steroids. No side effects were shown as being attributable to the preparation, and significant results were achieved after as little as two months of treatment.

At the National Rehabilitation Institute in Saint-Maurice, a large number of chronic alcoholics are cared for in abstinence. Low body weight, expressed loss of appetite, physical and mental asthenia, and poor general condition are characteristics common to all of them.

In view of the good results previously obtained by giving Cernitol™ to patients in this type of condition, a double blind test of Cernitol™ was carried out.

Material and Methods

44 male in-patients undergoing cures for chronic alcoholism were divided into two random groups and given Cernitol™ or placebos over a period of six weeks. The dose administered was four tablets a day, each tablet containing 120 mg Cernitin™ extract T60™ and 6 mg Cernitin™ GBX™ respectively.

The age, weight etc of patients in both groups was as set out in Table 1.

Table 1

	Average Age	Average Weight	Poly-Neuritics	Cirrhotics
Group	55	53.7	18	3

Treated				
Controls	53	53.0	20	1

The following examinations were carried out before and after the treatment. Treatment did not start until after the patients had been admitted to the Institute for one week.

Body Weight

Muscle power was recorded according to Bidoux method (3), three groups of muscles in the ankle joint and hand being tested.

Memory and attentiveness were tested using the method outlined by Couve & Lezine (3), partly in the form of a classification test, and partly in the form of an exclusion test using certain letters and digits.

An overall assessment was made by the doctor, on a scale of much improved, somewhat improved, unchanged.

The following serum values were ascertained by laboratory tests: protein, total lipids, cholesterol, pyruvate, sodium, potassium chloride and urea. 17-OH-steroids and 17-oxi-steroids in the urine were determined over a period of 24 hours.

Statistical calculations were made using Student's "t" Test.

Results

The doctor's overall assessment of the results showed that the condition of 68% of the group undergoing treatment was much improved, while the condition of the controls remained unchanged ($p < 0.001$). Please see Table 2.

Table 2

	Much Improved	Somewhat Improved	Unchanged
Group Treated			
Controls	0	3	19

The average body weight of patients undergoing treatment increased by 3.6 kg, whereas that of controls decreased by 0.6kg ($p < 0.001$).

The appetites of all patients undergoing treatment improved or returned to normal, but not the appetites of any of the controls ($p < 0.001$).

Levels of fatigue were reduced in 54% of the group being treated, but were not reduced in any of the controls ($p < 0.001$).

Muscle power was more than tripled (an increase of 305%) in members of the group being treated, and was increased by 17% among controls ($p < 0.001$).

The classification test revealed an improvement of 81 points among members of the group being treated, but a deterioration of 5 points among controls ($p < 0.001$).

The memory test showed an improvement of 59% among members of the group being treated, but a deterioration of 9% among controls ($p < 0.001$).

The blood tests carried out revealed increases in protein, lipids and cholesterol in the group being treated in relation to the

controls ($p < 0.001$). Other values showed no significant changes. Urine tests showed increases in 17-OH-steroids and 17-oxi-steroids in samples from the group being treated, but no such increases in the samples from the controls ($p < 0.001$) (please see Table 3). There were no significant differences in the creatinine, urea, sodium or potassium content of the urine samples from either group.

No side effects of the preparation were noted.

Table 3

	Serum Protein	Serum Lipids	Serum Cholesterol
Group Treated:			
Before	64.3	7.13	2.00
After	71.5	8.43	2.71
Controls:			
Before	67.3	7.40	2.00
After	65.5	7.22	2.00

	U-17-OH-steroids mg per 24 hours	U- 17-oxi-Steroids mg per 24 hours
Group Treated:		
Before	2.60	6.00
After	4.63	7.23
Controls:		
Before	3.04	5.00
After	2.99	4.80

Conclusions

Previous research carried out in Poland (4) showed that, in an experiment with rats, Cernitol™ almost completely eliminated the injury conducted to the liver caused by liberal access to alcohol over a period of three months.

The present experiment showed that existing alcoholic injury can be treated and good results obtained during a period of rehabilitation and abstinence. Results related in particular to improved anabolism of fat and protein in the form of better appetite, increased muscle power and increased body weight. These can be assumed to result inter alia from improved function of the liver as the result of the administration of Cernitol™. In addition, there was a perceptible improvement in patients' mental state and asthenia. For this reason Cernitol™ appears to be well suited to deal with the shifts in the metabolism which occur in cases of chronic alcoholism among human beings.

References:

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