



Flower Pollen Extract and its Effect on the Prostate

Phytherapeutic Agents in the Treatment of Benign Prostatic Hyperplasia

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The rationale and efficacy of phytherapeutic agents in the treatment of lower urinary tract symptoms secondary to benign prostatic hyperplasia (BPH) are continuously debated. While plant extracts are prescribed and reimbursable treatment options in Europe, they are officially classified merely as dietary supplements in the United States. The most commonly used preparations originate from the species *Serenoa repens*, *Pygeum africanum*, *hypoxis rooperi*, *pinus*, *picea*, *urtica dioica*, and *secale cereale* (rye pollen). Combination extracts derived from two or more plants are also used. Various components have been suggested to be active, and different mechanisms of action are being supposed. Open trials and some short-term randomized studies, suggesting safety and efficacy have been reported. However, if stringent criteria of evidence-based medicine are applied, the data are inconclusive. Therefore, the 4th International Consultation on BPH and the recent German guidelines have not (yet) recommended phytotherapy for the management of symptomatic BPH.

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