Results of Some Urological Problems with Cernilton

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Introduction

In 1960 Ask-Upmark (15) published a report on a patient who had been under medical treatment for chronic prostatitis since 1952 but who had begun taking pollen tablets. At a dose of 6 tablets a day, this patient experienced relief from fatigue and a disappearance of symptoms, but also recurrences of his condition.

About a year earlier (1959), H. Palmstierna showed that the above-mentioned pollen compounds had no bactericidal, bacteriostatic and fungicidal or fungistatic effect whatsoever. In the same study, he had also shown that there was no toxic effect after interperitoneal administration of the compound in the guinea pig (1).

In 1967, Kienholz examined the pollen compounds which are known to be effective – in vitro and in vivo – against bacterial infections, and showed that components of Cernilton, namely Cernilton T60 and Cernitin GBX, inactivated Streptolysin in vitro, the destructive effect of Streptolysin over blood cells therefore being checked in this manner.

In the same clinical work, it was also demonstrated that Cernitin T60 and Cernitin GBX had no effect on Staphylococcus toxins, and on the activities of urease, acid phosphatase and pyruyate transminase (10).

The use of pollen extracts in cases of fatigue and convalescence because of their roborating effect has also been successful in chronic infections. These results had previously been controlled in laboratory trials.

On the basis of the improvement found by Ask-Upmark in a case of prostatitis, Jönsson studied 10 cases during a period of 1 year and finally stated good results, except in 2 cases who proved to be resistant to therapy (7).

Leander reported 179 cases of prostatovesiculitis in conjunction with classical conservative therapy. He achieved success in 68-80% of these cases in comparison to those receiving only conservative treatment (11,12).

12 German authors treated 212 cases with only Cernilton and found 44% complete improvement (1).

The drug has also been used in Turkey in Urology Clinics in small groups of patients with favourable results (3, 9).

In recent years, the indications for pollen compounds also include hypertrophy of the prostate. Inada, Kitagawa and Miyakawa (Japan) have treated 24 cases of hypertrophy of the prostate with Cernilton, and observed the disappearance or diminishing of subjective complaints. Again, another Japanese author Kai

carried out trials with placebo controls and showed the disappearance of complaints in the patients under Cernilton therapy whereas the cases who had been on placebo remained unchanged (8).

MATERIAL and METHOD:

Group of patients

Our study consists of 57 results in 53 patients. Cernilton was given to 86 patients, but 33 of them were left out of our classification because of the impossibility of following up.

Group I	Chronic prostatitis	19 cases
Group II	Non-specific chronic urethritis	10 cases
Group III	Chronic cystitis	4 cases
Group IV	Impotence	14 cases
Group V	Ejaculatio praecox	10 cases

Contents of the drug

Cernilton has been sent to us from time to time since 1964 by AB Cernelle, Vegeholm (Sweden); its contents are as follows:

Cernitin T60 (dry extract, powdered) 60 mg
Cernitin GBX (2nd extract, derived from the first extract) 3 mg
Sacchari lactis, Amyli solani, talci
magnesii stearati, laccae in tabulis et color. q.s.

According to details given for Cernitin T60 and Cernitin GBX, they also contain approximately 20 amino acids, small amounts of different sugar substances, some vitamins, sterols and oestrogenic substances.

Pollen, which is the main substance of the drug, is obtained from specially cultivated plants by electromechanical means is prepared by extraction. By drying this extract, called Cernitin T60, a second extract, called Cernitin GBX, is obtained.

The plants from which pollens are obtained are as follows:

Rye	40%
Corn	26%
Phleum pratense	26%
Pine	5%
Dactilis glomerate	2%
Elm	1%

ADMINISTRATION and DOSAGE

Cernilton can be used either alone or in association with antibiotics and sulphanilamides in chronic infections. Results are much more favorable in combined therapy. In chronic prostatitis, prostatic massage can be added to combined therapy.

The optimum dose is 3-6 tablets daily. If necessary the optimum dose can be doubled. We have preferred to give our patients a minimum of 3 and a maximum of 6 tablets daily. The drug is purely non-toxic and therefore it does not make any difference whether it is taken before or after meals, but we have always instructed to our patients to take the first tablet after breakfast.

Treatment must be extended over a long period of time, otherwise good results cannot be expected. 100 tablets can be considered as a cure, but sometimes this can take weeks.

In some of our chronic infections cases, we have combined Cernilton with antibiotics, Ventrux-Acido tablets (containing Lactic acid producing bacteria) and Cernitorier Supp. (which contain pollen extract).

PRESENTATION OF THE CASES:

Group 1: Chronic prostatitis

Selection of cases:

We have selected only the cases which did not respond favorably to any kind of conservative treatment. The materials obtained after prostatic massage showed a considerable content of clumps of leucocytes.

Cases No.	Name	Prior to treatment	Cernilton		Additional treatment	Result
1	L.T.	antibiotic massage	4 x 1	100 tabl.	–	xxx
2	S.Ç.	antibiotic	4 x 1	100 tabl.	–	xx
3	K.Ş.	antibiotic massage	4 x 1	200 tabl.	–	xxx
4	S.A.	antibiotic massage	4 x 1	100 tabl.	–	xx
5	S.A.	antibiotic	4 x 1	100 tabl.	–	xx
6	T.Ö.	antibiotic	4 x 1	100 tabl.	–	xx
7	E.G.	antibiotic	4 x 1	100 tabl.	–	–
8	T.C.	antibiotic	4 x 1	400 tabl.	–	xxx
9	Ç.D.	antibiotic, hormone massage	4 x 1	200 tabl.	–	xxx
Cases No.	Name	Prior to treatment	Cernilton		Additional treatment	Result
10	E.C.	antibiotic	4 x 1	200 tabl.	Ventrux-Acido	xxx
11	T.Y.	massage	3 x 2	100 tabl.	–	–
12	S.A.	antibiotic enzyme	3 x 2	100 tabl.	–	xx
13	Z.A.	antibiotic	3 x 2	100 tabl.	Cernitorier	xxx
14	D.Ç.	antibiotic massage	3 x 2	200 tabl.	Ventrux-Acido massage	xxx
15	J.D.	antibiotic	3 x 2	200 tabl.	Ventrux-Acido massage	xxx
16	I.P.	antibiotic massage	4 x 1	100 tabl.	–	xx
17	A.E.	antibiotic	4 x 1	200 tabl.	Cernitorier	xxx
18	C.Ü.	antibiotic	4 x 1	200 tabl.	–	xxx
19	A.Ç.	antibiotic massage	4 x 1	200 tabl.	Cernitorier massage	xxx

Group II: Non-specific chronic urethritis

Selection of cases:

In this group we have selected only the cases whose complaints persisted in spite of therapy and in whom examination of urethral discharge showed no growth.

Cases	Name	Report No.	Cernilton therapy		Additional treatment	Result
1	T.S.	1330	4 x 1	100 tabl.	–	xx
2	S.S.	2163	4 x 1	100 tabl.	–	xx
3	A.B.	2178	4 x 1	100 tabl.	–	xxx
4	F.D.	2132	4 x 1	100 tabl.	–	xxx
5	M.H.	–	4 x 1	100 tabl.	–	xx
6	M.E.	2227	4 x 1	200 tabl.	–	xxx
7	I.D.	2384	4 x 1	200 tabl.	–	xx
8	A.M.	2398	4 x 1	100 tabl.	–	xxx
9	N.H.	2611	4 x 1	100 tabl.	–	–
10	Y.Ö.T.	2692	4 x 1	200 tabl.	–	xxx

Group III: Chronic cystitis

Selection of cases:

The cases in this group insisted for different reasons upon the therapy which was done according to antibiotic sensitivity studies. In all cases, combined Cernilton and antibiotic therapy was administered.

Case	Name	Prior to therapy	Cernilton	Additional therapy	Result
1	N.Ö.	antibiotic sulfanilamide	4 x 1 100 tabl.	Tetracyclin	xxx
2	M.Y.	antibiotic	3 x 1 200 tabl.	Thiophenicol	xxx
3	M.S.	antibiotic sulfanilamide	3 x 1 300 tabl.	Ventrux-Acido	xx
4	E.Y.	antibiotic sulfanilamide	4 x 1 100 tabl.	Ventrux-Acido	xxx

Group IV: Impotence

Selection of cases:

In this group, we selected all the cases among the patients who showed no favorable results from tonics, vitamins and hormones. In these cases, only Cernilton was used.

Case No.	Name	Cernilton dosage	total	Result
1	H.G.	4 x 1	200	xxx
2	N.Ş.	3 x 1	200	-
3	H.M.	3 x 2	100	xx
4	A.P.	3 x 1	60	xxx
5	A.Ö.	4 x 1	200	xx
6	S.I.	4 x 1	200	xxx
7	M.M.	4 x 1	100	xx
8	H.Y.	4 x 1	200	xx
9	A.S.	4 x 1	400	xxx
10	I.P.	4 x 1	200	xxx
11	M.U.K.	4 x 1	200	xxx
12	V.B.	4 x 1	200	xx
13	N.H.	4 x 1	100	xx
14	Y.D.	3 x 1	200	-

Group V: Ejaculatio praecox

Selection of cases:

A large number of patients in this group had been treated in various ways. We have used Cernilton alone in 10 cases who had previously been submitted to some kind of treatment or who had not been treated at all.

Case No.	Name	Cernilton dosage	total	Result
1	N.U.	3 x 2	200 tabl.	xxx
2	H.Ç.	3 x 2	100 tabl.	xx
3	Ç.D.	4 x 1	200 tabl.	xxx
4	T.Y.	3 x 2	300 tabl.	-
5	U.T.	3 x 2	100 tabl.	xx
6	Y.T.	3 x 1	100 tabl.	xxx
7	A.P.	3 x 1	100 tabl.	xxx
8	H.Y.	4 x 1	100 tabl.	xx
9	I.K.	3 x 1	100 tabl.	xxx
10	Ç.G.	4 x 1	100 tabl.	xxx

DISCUSSION

The results achieved in the cases presented above are similar to those obtained by the other authors.

Allergic reaction to the main substance of the drug (pollen) in some individuals is a very well known factor. Cernilton, being a pollen extract also arouses the same dubious thought. But in 1960 Helander and some other authors showed in various series of immunologic studies that Cernilton did not cause any allergic reactions (2,3,7,12,13,14,16,17).

Helander studied the allergic effects of pollen tablets in two groups of patients, one of which was allergic to pollen one was not. He concluded that pollen extracts in high concentration usually contain pollen antigen and give cutaneous reactions in some individuals, but that the same pollen extract when given orally, even in high doses, do not cause any reaction at all.

The absence of any allergic reaction in our 53 cases also supported this conclusion.

We did not see any side-effects to the drug. Leander, in his 179 cases, reported one case of gynacomesty at the end of two weeks of Cernilton administration. One other case complained of a sensation of fullness in the breasts. But all this ceased upon discontinuation of the drug. Later on, the same author reported not a single side-effect in a series of 500 cases (11,12). Unsatisfactory effect might possibly be due to small amounts of oestrogenic substances which the drug contains. In our series, consisting of 53 patients, we did not encounter such side-reactions even after 3 months of therapy.

On the contrary, we found some positive side-effects in the patients who were under Cernilton therapy.

For example, a female patient with cystitis stated that, during the course of therapy, there was a considerable reduction in the formerly excessive loss of hair and that she no longer suffered from cracked nails to the same extent as previously. In our material, 3 cases of prostatic hypertrophy were troubled by

nocturia 1-2 times per night. Those patients have reported that during the therapy they are not troubled by nocturia and voiding is far more comfortable. These findings support the results of Inada, Kitagawa, Miyakawa and Kai, who previously tested Cernilton in prostatic hypertrophy.

But, we do believe that the drug has no effect whatsoever directly on hypertrophy. In our opinion, relief from symptoms is due to a positive effect of the drug on the detrusor muscle resulting in better contractibility.

The effect of Cernilton in chronic prostatitis appears to be twofold: the ability to evacuate the prostate gland, as proposed by Leander, and the ability to inactivate streptolysin, as found by Kienholz. This latter effect is considered to play an important role in the treatment of streptococcal prostatitis and may in fact be the only effect in this particular disease. In other types of prostatitis, it is advisable to use antibiotics in combination with Cernilton which thus contributes its evacuating property to the therapy. In our opinion, cases which do not respond to Cernilton are non-streptococcal in origin.

The same mechanism applies to chronic non-specific urethritis which sometimes persists even though no growth is shown in bacteriological studies. In such cases, we feel that bactorial toxins are responsible for the complaint. We achieved good results with Cernilton alone, and assume that the disease was purely Streptococcal in origin; in non-improved results mixed toxins play an important role.

The positive results that we obtained in Chronic cystitits are due to the inactivation of toxins and the synergetic effect of the antibiotics.

The effect of the drug in cases of impotence and ejaculatio praecox is merely to supply energy to the body. In cases of impotence of non-psychic origin (e.g. old age, fatigue) Cernilton has been very effective.

CONCLUSION

As shown below, we have used Cernilton alone and in combination with other drugs in all cases that did not respond to any kind of conservative therapy; more than half of the cases responded extremely well, the majority of the rest showed fairly good results.

From the therapeutic point of view, Cernilton resolved some common Urologic problems, and can therefore be considered as a good therapeutic agent. It is a drug which is non-toxic, non habit-forming and with minimal side-effects which are very important factors in long-term treatment.

It must be accepted before embarking on treatment that the therapeutical period will extend over a long period of time. Short-term therapy of irregular therapy is of no use whatsoever.

According to our experience, the minimum number of tablets for one therapeutical period should be not less than 100 tablets. Alternatively a certain number of weeks of therapy can be stipulated, but if there is no improvement after 6 weeks there is no call to pursue treatment.

Diseases	Number of cases	Duration of treatment	Good result	Fair	No improvement
Chronic prostatitis	19	3-14 weeks	11	6	2
Non-specific chronic urethritis	10	3-6 weeks	5	4	1
Chronic cystitis	4	2-9 weeks	3	1	-

Impotence	14	3-14 weeks	6	6	2
Ejaculatio praecox	10	2-6 weeks	6	3	1
Total	57		55%	34%	11%

SUMMARY

In this investigation, we have given the field of application for a pollen extract, named Cernilton, in some unsolved urologic problems. The 57 results obtained from 53 patients complaining of some urologic disorders, divided into 5 groups (chronic prostatitis, non-specific chronic urethritis, chronic cystitis, impotence and ejaculatio praecox), have been studied. These results showed that the drug was effective alone or combined with conservative therapy, even in cases that did not previously respond to conservative therapy.

In our opinion, the use of the drug in combination with other methods of therapy gave better results.

We found that Cernilton is a very effective drug in some urologic conditions.

Our observations indicate that in cases of chronic inflammation caused by bacteria or their toxins could be favorably influenced by Cernilton.

Sexual disturbances, such as reduced libido, impotence and ejaculatio praecox were also treated successfully by Cernilton in a large number of cases.

Cernilton was found to be effective in dysuria associated with vesical outlet obstructions.

We have not observed any allergic reactions or other side-effects.

References

1. Alken C.E., Buscher H.K., Gumbrecht, Jonsson G., Lurz H., Heck D., Rothange C.F., Rohl L., Schmiedt E., Schnierstein J., Stoll H., Zoodler D. Report on a clinical trial of Cernilton in chronic prostatitis. (Report) Heidelberg 1966.
2. Gurun H. Report on immunobiologic control of Cernilton. 1964. Hospital of Maritime Bank T.A.O. Istanbul.
3. Guveno N., Yhya D.: A new medicine on urogenital infections. Report of Department of Urology, Faculty of Medicine CAPA Istanbul University.
4. Helander E. High fever and pollen tablets. Grana Palynogica 2:2 1960.
5. Helander E. Heuschprungen und Pollen Tabletten. Swedish Medical Journal 57:969 No. 10, 1960.
6. Inada T., Kitawa T., Miyakaya M. Use of Cernilton in patients with Prostatic hypertrophy, Acta Urologica 1960.
7. Jonsson G. Prostatititis and pollen. Swedish Medical Journal No. 36, 1961.
8. Kai Y. Clinical experience with Cernilton by means of a double blind test. Department of Urology, Showa University, School of Medicine, (Report) 1968.
9. Karakas R., Solok V., Cernilton in Urologie infections. Cerrahpapa Medical bult. Vol 2, 21-22, 1968. Faculty of Medicine Cerrahpapa, Istanbul University.
10. Kienholz M. Opinion on the action of Cernitin. Municipal Hospital Offenbach a.M. Central Lab. (Report) 1967.
11. Leander G., Palmstierna H. Ytterligare erfarenheter av prostatit och pollen. Svensk Urolog. Dec. 1961.
12. Leander G. A preliminary investigation on the therapeutic effect of Cernilton in chronic prostatovesiculitis. Swedish Medical Journal 59:3296, No. 45, 1962.
13. Noyes Jr. C. The use of Cernitin, an extract of organic pollen, to increase resistance toward infection. (Report) 1961, Calif. U.S.A.
14. Palmstierna H. Bacteriologic study of Cernilton. Bakteriologiska Institutionen, Karolinska institutet. Report 1959.
15. Ask-Upmark E. On a new treatment of prostatitis. Grana Palynologica 2:2, 1960.
16. Ask-Upmark E. La prostatitis y su tratamiento. Folica Clinica International KIT:3, 1962.
17. Ask-Upmark E. Die handlung der prostatitis. Zeitschrift fur Urologic. 56:3, 1963.