

# **RESEARCH PROPOSAL**

# 1963 - NOW

## No.1 pollen extract Global brand

"Research is the key to unlocking new knowledge and advancing our understanding of the world."



## STEM CELL SUPPLEMENTS

Pollitin is a high quality natural extract. extracted from rye pollen under the production and research with technology The same standard as the production of drugs according to the requirements of the World Health Organization. therefore has been registered as "NUTRACEUTICAL" or "nutritional therapeutic nutrition" receiving the ORAC standard or the antioxidant concentration and the CAP-e Test or the ability to be absorbed into red blood cells at a very high level

The body receives almost 100% of the nutrients that are extracted from rye grass pollen. Sold to more than 50 countries on 6 continents around the world for more than 50 years, Swedish researchers have found that research studies. extracted from rye pollen contains Substances that are essential for the creation of new life in the plant family and are fundamental in the food chain. It is a natural anabolic steroid.

It has been proven by scientific laboratories that Contains a variety of nutrients including vitamins, minerals, phytosterols, carotenoids, flavonoids, nucleic acids, amino acids, substances necessary for the synthesis of RNA and DNA, antioxidant activity, enzymes, saturated fatty acids, precursors in the synthesis of prostaglandins.

So extracted from rye pollen Therefore, it is the ideal food for use in helping to make the body healthy and perfect holistic. Because there are nutrients that help to relieve fatigue, have antioxidants. The main culprit that causes many serious diseases to humans, contains important substances such as phytosterols that help boost immunity. keep the body healthy until able to cope with various illnesses caused by facing pollution and germs on a daily basis more effectively

### **IN SCIENCE WE TRUST**



#### CELL REPAIRING

Research has confirmed that there are more than 300 types of nutrients, vitamins, minerals that are essential for the care of the body and cells.

## XOX

#### NUTRASCEUTICAL

Contains important substances that have antioxidant properties. Thus helping to slow down aging and help your skin look better.



#### BODY IMMUNE DEFENCE

Research reports on efficacy that helps to inhibit prostatitis caused by hormones

# փ.

#### PHARMACEUTICAL FOOD

Contains nucleic acids and other important substances that stimulates the body to create interferon to stimulate white blood cells to work more efficiently better deal with germs

## **GUARANTEED WORLD-CLASS PRODUCTION STANDARDS**



## **POLLITIN - EXCLUSIVE STEM CELL SUPPLEMENTS**

Our premium natural extracts originate from meticulously selected flower pollen found in "Rye." These extracts undergo a unique proprietary production process crafted by Graminex L.L.C. in Ohio, United States. This exclusive process encompasses every stage, from cultivation and harvesting to the creation of high-quality natural extracts, specifically G60 and G63, derived from GBX flower pollen particles. Graminex holds the sole rights to this process and maintains adherence to strict pharmaceutical production standards in alignment with the World Health Organization's requirements.

Our extracts are renowned for their world-class production standards, boasting ORAC certification for exceptionally high antioxidant concentration and CAP-e Test accreditation, which signifies outstanding absorption into red blood cells. Over more than five decades, we have consistently refined and improved our product's efficacy.

Registered as a "NUTRACEUTICAL" or "nutritional therapy," Pollitin addresses issues at the cellular level, offering antibacterial properties and reinforcing immunity. By delivering essential nutrients tailored to various bodily systems, it equips the body to effectively combat abnormal cells. Our dedication to research is exemplified by over 150 certifications from medical and pharmaceutical institutions.

Moreover, Pollitin is not only a national achievement but a global triumph, available in over 50 countries. Our exclusive patented production process sets us apart as the sole producer of this unique formulation globally, rendering it impossible for anyone else to replicate our success in extracting and utilizing these flower pollen particles. Pollitin - สารอาหารบำบัดเซลล์อ

สารสกัดธรรมชาติคุณภาพสูง สกัดจากเกสรดอกไม้ จาก "ข้าวไรย์" ที่มีสูตรลับเฉพาะของ บริษัท (Graminex L.L.C.) ที่รัฐโอไฮโอ้ ประเทศ สหรัฐอเมริกา ในการปลูก เก็บ และผลิตสกัด ธรรมชาติคุณภาพสูง G60, G63 จากอณูละอองเกสร ดอกไม้ GBX, Graminex® เอกสิทธิ์เฉพาะของบริษัท Graminex เท่านั่นที่ผลิตได้เพียงเจ้าเดียวในโลก อยู่ ภายใต้การควบคุมมาตรฐานการผลิตยา ตามข้อ กำหนดขององค์การอนามัยโลก

จนเราได้รับการรับรองมาตรฐานการผลิตระดับโลก ระดับเดียวกับการผลิตยาเพราะ Pollitin ได้รับรอง การทดสอบค่า ORAC หรือ ค่าระดับความเข้มข้นของ สารต้านอนุมูลอิสระที่สูงมาก และ CAP-e Test หรือ ค่าความสามารถในการดูดซึมเข้าสู่เม็ดเลือดแแดงใน ระดับที่สูงจนได้รับ

การขึ้นทะเบียนเป็น "NUTRACEUTICAL" หรือ "โภชนเภสัช สารอาหารบำบัดระดับเซลล์" ที่สามารถ แก้ไขปัญหาฟื้นฟูได้ลึกถึงระดับเซลล์ มีฤทธิ์ฆ่าเชื้อ แบคทีเรีย และมีผลเสริมสร้างภูมิต้านทานเมื่อเซลล์ ต่างๆ ได้รับสารอาหารที่เหมาะสมตามระบบต่างๆ ใน ร่างกาย ส่งผลให้ร่างกายสามารถต่อสู้กับ เซลล์ที่ผิด ปกติภายในร่างกายได้ถึง 95% และยังได้รับรอง มาตรฐานการผลิตและประสิทธิภาพจากองค์กรต่างๆ มากมายระดับโลก รวมไปถึงยังได้รับรางวัลการันตีอีก มากมายจาก เอกสิทธิ์สูตรลับพิเศษเฉพาะของ Graminex ทำให้สินค้ามีคุณภาพและเกิดผลลัพธ์ที่ดี และน่าเชื่อถือ จนได้รับการยอมรับระดับสากลอีกด้วย

ตลอดระยะเวลากว่า 50 ปี เราได้มีการวิจัยพัฒนา ประสิทธิภาพอย่างต่อเนื่อง มีการวิจัยจากสถาบัน ทางการแพทย์และเภสัชกรรมรับรองมากกว่า 150 การวิจัย เรามีความภูมิใจอย่างมากในการเป็นผู้ผลิต หนึ่งเดียวของโลกที่ได้ครอบครอง ถือลิขสิทธิ์ เอกสิทธิ์กระบวนการผลิตและสูตรเฉพาะ G60 และ G63 จากละอองเกสรดอกไม้ชนิด GBX ที่ไม่มีใคร สามารถทำได้ ส่งผลให้ Pollitin เป็นที่ยอมรับจากคน จำนวนมากใน 6 ทวีป 50 ประเทศทั่วโลก และได้รับผล ตอบรับที่ดีจากผู้บริโภคในการซื้อซ้ำสินค้าอย่างต่อ เนื่องมากกว่า 50 ปี

"Happy MPM: The exclusive importer and distributor of Pollitin in Thailand, Laos, Vietnam, Myanmar, and Malaysia for over two decades. our commitment to unparalleled reliability has touched the lives of over one billion consumers worldwide."

# **TOPPIC** Contents

- 1. สารสกัดจากเกสรดอกไม้ CERNITIN GBX VS CERNITIN T60
- 2. งานวิจัยเกี่ยวกับเกสรดอกไม้ต่อโรคมะเร็ง
- 3. งานวิจัยเรื่องโรคหัวใจ
- 4. งานวิจัยเกี่ยวกับโธคเบาหวาน
- 5. งานวิจัยเกี่ยวเรื่องพิษสุราเรื้อรัง
- 6. งานวิจัยเกี่ยวกับภาวะโรคอ้วน
- 7. งานวิจัยเกี่ยวกับโรคตับ
- 8. งานวิจัยเกี่ยวกับโรคที่เกิดจากเชื้อไวรัสต่างๆ
- 9. งานวิจัยเกี่ยวกับการสืบพันธุ์
- 10. ผลการอิจัยเกี่ยวกับความผิดปกติงองหญิงวัยหมดประจำเดือน
- 11. งานวิจัยเกี่ยวกับโรคภูมิแพ้
- 12. งานวิจัยเกี่ยวกับเกสรดอกไม้และผลกระทบอื่นๆ
- 13. งานวิจัยเกี่ยวกับเกสรดอกไม้และผลกระทบต่อภูมิคุ้มกัน
- 14. งานวิจัยเกี่ยวกับเกสรดอกไม้และผลต่อตับ
- 15. งานวิจัยเกี่ยวกับเกสรดอกไม้และผลต่อการปรับตัวของกล้ามเนื้อ
- 16. งานวิจัยเกี่ยวกับเกสรดอกไม้และ Saw Palmetto
- 17. งานวิจัยเกี่ยวกับเกสรดอกไม้และผลกระทบต่อมลูกหมาก
- 18. งานวิจัยเกี่ยวกับกระเพาะปัสสาวะ
- 19. งานวิจัยเกี่ยวกับการต้านอนุมูลอิสระ
- 20. งานวิจัยเกี่ยวกับกล้ามเนื้อและข้อต่อ
- 21. การวิจัยเกี่ยวกับหลอดเลือดและไงมัน







# **มานวิอิย** เกสรดอกไม้ต่อ ความผิดปกติของ หญิงวัยหมดประจำเดือน

www.pollitin.com





## BODY WEIGHT SUPPORT:

**GRAMINEX Flower Pollen Extract** 

# Comparison of Saw Palmetto (extract and whole berry) and Cernitin on prostate growth in rats

#### Nadeem Talpur,<sup>1</sup> Bobby Echard,<sup>1</sup> Debasis Bagchi,<sup>2</sup> Manashi Bagchi<sup>2</sup> and Harry G. Preuss<sup>1</sup>

<sup>1</sup>Department of Physiology, Georgetown University Medical Center; Washington, DC; <sup>2</sup>School of Pharmacy and Health Professions, Creighton University Medical Center, Omaha, NE, USA

#### Abstract

Pharmaceuticals such as finasteride and alpha blockers are used to treat symptoms of benign prostatic hyperplasia (BPH) and are known to cause severe adverse reactions. Accordingly, a search for safer, natural products has been undertaken. Two natural agents (nutraceuticals) have come under recent scrutiny; because natural products, in general, often have evidence of long term safety. The present study compares the in vivo effects on androgen-induced prostatic enlargement in rats of two nutraceuticals the widely recognized Saw Palmetto (Serenoa repens) and the less well-known Cernitin (defined pollen extract). Non- castrated rats, had a mean prostate weight of 124 mg ± 8.8 (S.E.M) compared to the 24.5 ± 1.9 (S.E.M.) of the castrated rat followed under the same regimen (p<0.01). When castrated rats were given testosterone, the mass increased significantly to 250.0 mg ± 31.7 (S.E.M.) (p<0.01). In the five remaining groups, castrated rats receiving testosterone were given finasteride, an extract of Saw Palmetto, crushed whole berry derived from Saw Palmetto fruit, a water soluble and fat soluble extract of Cernitin or a combination of the Saw Palmetto extract and Cernitin. All treatments decreased the size of the prostate to roughly the same size as in the non-castrated rats, a size that was significantly smaller than castrated rats treated with testosterone in the same manner (p<0.01). A second study examining non-castrated rats treated with very high doses of testosterone showed similar results. In both studies, the nutraceuticals generally decreased body weight. In conclusion, these studies show the ability of Saw Palmetto (whole berry and extract) and Cernitin to influence prostatic hyperplasia via effects on androgen metabolism. (Mol Cell Biochem 250: 21-26, 2003)

*Keywords:* benign prostatic hyperplasia (BPH), finasteride, alpha blockers, Saw Palmetto, Cernitin, androgen-induced prostatic hyperplasia; castrated and non-castrated rats

#### Introduction

Benign prostatic hyperplasia (BPH) is the most common non-cancerous tumor in men and ranks with prostate cancer as the two most common prostate disorders affecting middle-aged and older men [1]. BPH is basically enlargement of the prostate, which is common in older men. Epidemiological studies have revealed that when a man reaches approximately 40 years of age the prostate gland starts enlarging. More than 50% of men ages 60 years have BPH, while 90% of men in their 70's and 80's have BPH. BPH is a secret, silent disease which progresses with aging and the irritating symptoms of BPH are prevalent throughout our society [1-3]. Common symptoms of this prostate perturbation include a weak urinary



stream, incomplete bladder emptying, difficulty in starting urination, frequent urination (especially at night), nocturia (excess urination at night), urgency (difficulty in postponing urination), painful and difficult urination (dysuria), and interruption of the stream (stopping and starting) [1].

In the past, treatment options for prostate enlargement focused mainly on surgery [4]. Over the last few years, prescription drugs have also been used to initiate therapy against prostatic perturbations in their early stages. One highly recognized pharmaceutical (finasteride, Proscar<sup>™</sup>) works chiefly to inhibit the activity of 5-alpha reductase and the formation of dihydrotestosterone (DHT), which is considered a major cause of prostatic hyperplasia [5-7]. Another agent (terazosin, Hytrin™) is an alpha blocker that relaxes the muscle tissue of the prostate and thus relieves the pressure around the urethra [8,9]. However, surgery and pharmaceuticals carry a high monetary cost and the added risk of developing potentially debilitating side effects [1,3]. Accordingly, there is a need to develop safer and better therapeutic agents. One potential is avenue is the use of natural products to treat BPH a concept that has been pioneered in Europe and Japan [10-13].

The present study compares the *in vivo* effects of the widely recognized Saw Palmetto (*Serenoa repens*) and the less well-known Cernitin (defined pollen extract) on prostatic enlargement in rats. Furthermore, we also compared the effects of a standard Saw Palmetto extract against crushed whole berries from the Saw Palmetto tree.

#### Materials and methods

#### Saw Palmetto, Cernitin, and other chemicals

The Saw Palmetto extract (lot code 199633 – 45% fatty acids) and the Saw Palmetto berry powder (lot code 9809555 – 8.49% fatty acids) were obtained from Rexall/Sundown (Boca Raton, FL, USA). Cernitin (T63) 20:1 mixture of water-soluble T60 and alcohol-soluble GBX, was obtained from Graminex (Saginaw, MI, USA).



Finasteride was obtained from Georgetown University Medical Center Pharmacy (Washington, DC, USA). All other chemicals used in this study were obtained from Sigma Chemical Company (St. Louis, MO, USA) and were of analytical grade or the highest commercial grade available.

#### Animals and treatment

To examine the ability of phytochemicals to influence androgen-stimulated prostate growth, six regular and 42 castrated male Sprague-Dawley rats, weighing between 50-100g were purchased from Taconic Farms, Germantown, NY, USA. The in vivo assay used to determine androgen-stimulated prostate growth was patterned as described earlier [11]. Throughout the study, rats were fed standard rat chow and drank water ad libitum. Six rats were assigned to one of eight groups based upon their daily protocol. The Saw Palmetto extract dosage was selected based on the studies conducted by Rhodes et al. [13]. No previous determination study was conducted for Cernitin T63, we used a dosage similar to that of Saw Palmetto extract.

The regimen for the first 7 days among eight different groups was as follows:

- Group 1 Normal, non-castrated rats receiving the vehicle, methylcellulose, alone via gavage
- Group 2 Castrated rats receiving the vehicle, methylcellulose, alone via gavage
- Group 3 Castrated rats gavaged with methylcellulose similar to the second group
- Group 4 Castrated rats gavaged with 10mg of finasteride in methyl cellulose
- Group 5 Castrated rats gavaged with Saw Palmetto extract (200 mg) in methylcellulose
- Group 6 Castrated rats gavaged with a preparation of crushed berries obtained

from Saw Palmetto fruit (200 mg) in methylcellulose

- Group 7 Castrated rats gavaged with Cernitin T63 (200 mg/ day) in methylcellulose
- Group 8 Castrated rats gavaged with Saw Palmetto extract (200 mg/ day) plus Cernitin T63 (200 mg/ day) in methylcellulose

From days 8-17, rats in groups 1 and 2 received a daily subcutaneous injection of 0.1 ml of saline, while the rats in groups 3-8 received a daily injection of 20 µg testosterone enanthate in a 0.1 ml volume. Groups 2 and 3 were distinguished by the injection of saline or testosterone. All groups (1-8) were continued on their same daily oral regimens. Body weights were measured on day 8 and the last day of the study, which was 10 days later.

Upon completion of the study, prostates were removed and wet/dry prostate weights were measured. DNA and RNA concentrations were measured using a Qiagen RNA and DNA Kit (Qiagen, Valencia, CA, USA) and a BioRad Smatspec 3000 Spectrometer.

On day 8, we injected each rat's right paw with 0.1 ml of incomplete Freund's adjuvant after initial measurements of paw thickness were made with sensitive calipers (day 0). Thereafter, the right and left paws (control) of each rat were measured 1 day, 3 days, and 7 days after testosterone dosing was initiated.

In a separate study, 35 non-castrated rats were injected daily with either saline or testosterone enanthate, 20 mg. This was a 1000-fold increase in the dose of testosterone. Treatment groups received the same doses by gavage of finasteride, whole berry Saw Palmetto, Saw Palmetto extract, Cernitin and a combination of Cernitin and Saw Palmetto extract as in the initial study.

Statistical analyses

Results from the two studies are presented as mean  $\pm$  S.E.M. The statistics were performed by

one-way analysis of variance (ANOVA). Where a significant effect of treatment was detected by ANOVA (p<0.05), the Dunnett *t*-test was used to establish which differences between means reached statistical significance (p<0.05) [14].

#### Results

In the first experiment the non-castrated rats gavaged with only methylcellulose had a mean prostate weight of 124 mg ± 8.8 (S.E.M.) compared to the 24.5 mg ± 1.9 (S.E.M.) of the castrated rat followed under the same regimen, i.e. approximately a 5-fold difference in size at the end of the trial period (Table 1). When castrated rats receiving only methylcellulose were given testosterone enanthate, the mean increase in size was almost 10 fold, i.e. 250.0  $mg \pm 31.7$  (S.E.M.). In the five remaining groups, castrated rats receiving testosterone were given finasteride, an extract of Saw Palmetto (SPE), crushed whole berry derived from Saw Palmetto fruit (WBSP), a water soluble and fat soluble extract of defined pollen extract in a 20:1 ratio (Cernitin T63), or a combination of the SPE and Cernitin T63. All treatments decreased the size of the prostate to roughly the same size as in the non-castrated, control rats. At the doses used, finasteride decreased prostate size the most, but the decreased size was not statistically different from the other groups receiving the natural therapies. Two additional points of interest stand out: first, the crushed whole berry of Saw Palmetto fruit was as effective as the extract and the combination of the SPE and Cernitin T63 was no better in reducing prostate size than each alone in this model.

When the prostatic tissues were examined further, the concentrations of DNA and RNA in the prostate were essentially similar. In addition, the dry/wet weight ratio of the prostates among the groups were virtually similar.

In Figure 1, we examined more closely the effects of the various regimens on body weight changes over the 10 day experimental period when the rats were receiving different therapeutic regimens. Compared to the untouched control rats (group 1), those receiving

the castration procedure and no testosterone (group 2) showed a similar mean body weight gain. The addition of testosterone caused an increased body weight (group 3) as did the rats given finasteride in addition to testosterone (group 4). These increases, however, were not statistically significant. Comparing natural products to regular or castrated controls, the groups gavaged with SPE (group 5) and WBSP (group 6), and Cernitin T63 plus SPE (group 8) showed significantly reduced body weight gain. This was not seen with the group receiving Cernitin T63 alone (group 7).

In this same study, the effects of the various therapeutic agents on paw edema were also examined (Table 2). Using the left paw as control, we found no consistent differences in response of the edema when the animals were receiving SPE, Cernitin T63, or a combination of both over the course of the various regimens.

In a second, separate study, where groups of five non-castrated rats were challenged with the 20 times more testosterone than in the original studies (20 mg), the prostate sizes increased markedly, i.e. from a mean of 90 mg ± 16.5 (S.E.M) to 621 mg ± 57.0 (S.E.M.). The addition of finasteride, SPE, WBSP, Cernitin T63 and the combination of SPE plus Cernitin T63 all

#### Table 1. Androgen stimulation of prostate in castrated rats

Group In BW (g) FBW (g) Pros Size (mg) DNA (µg/10 mg) RNA (µg/10 mg) Dry/wet (%)  $121.4 \pm 8.8$ Baseline  $169.5 \pm 5.0$  $124.0 \pm 8.8$  $10.4 \pm 0.8$  $38.8 \pm 1.8$  $0.27 \pm 0.059$ Cas  $124.7 \pm 2.5$  $178.5 \pm 2.1$  $24.5 \pm 1.9$  $10.4 \pm 0.8$  $37.6 \pm 1.9$  $0.26 \pm 0.037$ Cas + T  $133.7 \pm 4.3$  $194.0 \pm 4.6$  $250.0\pm31.7$  $10.3 \pm 0.9$  $36.9 \pm 1.9$  $0.23 \pm 0.007$ Cas + T + Pros  $137.3\pm2.5$  $197.0 \pm 4.9$ 77.5 ± 11.0\*  $10.7 \pm 0.9$  $41.6 \pm 4.2$  $0.27 \pm 0.012$ Cas + T + SPE  $130.3 \pm 5.1$  $169.3 \pm 7.8$  $103.0 \pm 13.6*$  $8.9 \pm 0.5$  $38.2 \pm 2.6$  $0.24\pm0.014$ 122.6 ± 11.2\* Cas + T + SPWB  $132.8 \pm 4.2$  $170.8 \pm 7.3$  $9.5 \pm 1.3$  $36.9 \pm 2.5$  $0.29 \pm 0.060$ Cas + T + T63 $132.3 \pm 3.3$  $190.4 \pm 6.4$ 141.4 ± 17.2\*  $9.0\pm0.4$  $42.9 \pm 3.1$  $0.26 \pm 0.059$  $128.7 \pm 3.7$ Cas + T + Comb  $173.9 \pm 5.3$ 122.3 ± 10.6\*  $9.5 \pm 1.6$  $38.8 \pm 2.2$  $0.25 \pm 0.024$ 

Each value is the mean ± S.E.M. from 6 rats. See 'Materials and methods' for details. \*Statistically significantly different from C + T. C - castrated; T testosterone enanthate (20 µg subcu daily); Pros - finasteride (0.15 mg po daily); SPE - Saw Palmetto extract (200 mg po daily); SPWB - whole berry Saw Palmetto (200 mg po daily); T63 - Cernitin (200 mg po daily); Comb - same dose of SPE and T63 together.

Comparison of Saw Palmetto (extract and whole berry) and Cernitin on prostate growth in rats

Standard treatment options for symptoms emanating from prostatic enlargement focus

principally on surgery and pharmaceuticals such as finasteride (Proscar™) and alpha blockers (Hytrin<sup>™</sup>) [1]. However, many patients seek to avoid these treatments, partially due to adverse reactions associated with these regimens. Finasteride, a synthetic 4-azasteroid compound and a specific inhibitor of 5-alpha-reductase, converts the androgen testosterone into dihydrotestosterone (DHT). It is worthwhile to mention that DHT is a potent stimulator of prostate gland growth and is responsible for the overproduction of prostate cells, which ultimately results in prostate enlargement. Finasteride

decreased prostate size significantly when compared to the group gavaged with the carrier

alone. In the contrast to the first study, the

combination of Cernitin T63 plus SPE caused a

greater reduction in weight when compared to

the additions of each ingredient alone (Table 3).

When changes in body weight over the study

period were examined, rats gavaged with

finasteride, WBSP, Cernitin T63, and the

combination of Cernitin T63 and SPE showed

less gain when compared to control.

Discussion



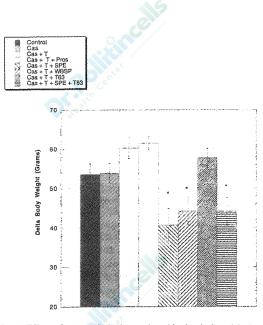


Fig. 1. Effects of nutraceuticals alone and combined on body weight during a 10 day study period in the first experiment. Mean  $\pm$  S.E.M. is depicted (p < 0.01).

has been demonstrated to cause a number of adverse events including decreased libido, ejaculatory disorders, impotence, reduced sex drive, and increases in the overall testosterone level, which results in increased body hair [15,16]. In Europe and Japan, use of natural products derived from plants has been used to treat prostatic perturbations in order to derive a favorable ratio between therapeutic benefits and adverse reactions. A major attractiveness of natural compounds, for the most part, lies in their fewer serious adverse side effects compared to drugs. Two potentially useful natural products could be useful therapeutic agents – SPE [10] and the relative newcomer on the block, Cernitin T63 [11]. Many large trials have found that SPE and Cernitin T63 improved

prostatic symptomatology and even compared favorably with finasteride when compared head to head [17-31]. Recently, combining both natural products was shown to have therapeutic effects in a randomized, placebo-controlled, double-blind trial [32].

Interestingly, the hypothesized mechanisms of action for Saw Palmetto and Cernitin T63 are essentially similar [1]. Among other mechanisms, benefits of both are attributed to their ability to affect the androgen metabolism. Saw Palmetto and perhaps Cernitin T63 simulate finasteride by preventing conversion of testosterone to DHT. DHT is the androgen associated with undesired prostate growth during aging. Saw Palmetto and Cernitin T63 not only lower the rate of DHT formation but block the ability of DHT to bind cells, preventing the action of hormone [31] (Table 1). SPE may also demonstrate potent anti-inflammatory activity as it has been shown to reduce prostate inflammation and pain [32]. Furthermore, inhibition of prolactin and growth factor induced cell proliferation may be another mechanistic avenue of cytoprotection of enlarged prostate by Saw Palmetto.

The ability of Saw Palmetto to influence androgen metabolism has been well studied (Table 4). SPE was found to inhibit 5-alpha

Group	Day 0	Day 1	Day 3	Day 7
Regular	31.6 ± 0.3/31.5 ± 0.4	33.9 ± 0.4/62.2 ± 1.4	30.9 ± 0.4/54.8 ± 1.0	33.4 ± 0.8/50.5 ± 0.9
Cas	$31.7 \pm 0.7/31.7 \pm 0.6$	$35.0 \pm 0.6/54.5 \pm 1.9$	$30.0 \pm 0.5/47.5 \pm 1.3$	$30.8 \pm 0.7/44.7 \pm 1.4$
Cas + T	$32.0 \pm 0.3/32.1 \pm 0.3$	35.7 ± 0.7/57.8 ± 1.3	$30.3 \pm 0.5/45.8 \pm 1.8$	$33.8 \pm 0.8/47.3 \pm 1.0$
Cas + T + Pros	$32.2 \pm 0.3/32.2 \pm 0.3$	$35.6 \pm 0.6/59.6 \pm 1.5$	$29.2 \pm 0.8/44.8 \pm 2.3$	$32.4 \pm 0.8/46.4 \pm 1.1$
Cas + T +SPE	$30.2 \pm 0.8/30.0 \pm 0.4$	$35.2 \pm 0.9/57.7 \pm 2.2$	$31.8 \pm 0.2/46.3 \pm 1.6$	$30.0 \pm 0.4/43.0 \pm 1.8$
Cas + T +SPWB	$31.3 \pm 0.2/31.3 \pm 0.2$	$35.0 \pm 0.9/61.0 \pm 1.4$	31.1 ± 0.3/57.4 ± 1.8	$29.8 \pm 0.8/44.3 \pm 0.6$
Cas + T +T63	$30.3 \pm 0.2/30.2 \pm 0.2$	$34.5 \pm 0.4/59.5 \pm 2.0$	33.7 ± 0.4/53.5 ± 4.2	$30.6 \pm 0.4/45.6 \pm 0.9$
Cas + T +Comb	30.7 ± 0.2/30.3 ± 0.4	$34.0 \pm 0.7/57.7 \pm 0.6$	$30.5 \pm 0.8/54.2 \pm 1.3$	$28.2 \pm 0.6/43.2 \pm 0.9$

Table 2. Effect of various regimens on raw paw edema

Each value is the mean  $\pm$  S.E.M. from 6 rats. See 'Materials and methods' for details. Cas – castrated; T – testosterone enanthate (20 µg subcu daily); Pros – finasteride (0.15 mg po daily); SPE – Saw Palmetto extract (200 mg po daily); SPWB – whole berry Saw Palmetto (200 mg po daily); T63 – Cernitin (200 mg po daily); Comb – same dose of SPE and T63 together.

Table 3. Androgen-stimulation of prostate in regular non castrated rats

			<u></u>	
Group	Number	Initial BW (g)	Final BW (g)	Prostate size (mg)
Control	5	141 ± 7.7	186 ± 8.7	90 ± 16.5
Т	° 5	$150 \pm 1.3$	200 ± 4.2	$621 \pm 57.0$
T + Pros	5	$144 \pm 8.4$	179 ± 7.6	$401 \pm 18.0^{*}$
T + SPE 💦 🔪 📎	° 5	$146 \pm 3.8$	$188 \pm 6.0$	454 ± 53*
T + SPWB	5	$142 \pm 9.5$	166 ± 11.7	453 ± 11.3*
T + T63	5	$162 \pm 9.0$	$197 \pm 5.7$	$514 \pm 52.6^*$
T + SPE + T63	5	$147 \pm 5.9$	$176 \pm 5.4$	368 ± 11,4*#*

Each value is the mean  $\pm$  S.E.M. from 6 rats. See 'Materials and methods' for details. \*Significantly different from T; \*significantly different from T + SPE, T + WBSP and T + T63. T – testosterone enanthate (20 µg subcu daily); Pros – finasteride (0.15 mg po daily); SPE – Saw Palmetto extract (200 mg po daily); T63 – Cernitin (200 mg po daily); WBSP – whole berry Saw Palmetto (200 mg po daily).

reductase and receptor binding of androgens in cultured human foreskin fibroblasts [31]. In contrast, Rhodes *et al.* [13] found different results when comparing the effects of *Sereona repens* (Permixon) and finasteride using an antiandrogen assay. While finasteride inhibited 5-alpha reductase activity and not the binding of DHT to prostatic androgen receptors, *Sereona repens* did neither. Kamijo *et al.* [33] had examined the effects of Cernitin T63 on experimental nonbacterial prostatitis in rats but not androgen-stimulated prostate growth.

In the present study, we compared the abilities of finasteride, Saw Palmetto and Cernitin T63 to influence androgen metabolism in the prostate. We corroborated that injections of testosterone into castrated and non-castrated rats increased prostate mass via hyperplasia. We found that the oral intake of finasteride; Saw Palmetto, either as an extract or crushed whole berries; and Cernitin T63 (combined T60 water soluble and GBX oil soluble extracts) overcame much of the androgen-stimulated prostate growth in castrated and non-castrated rats. When massive doses of testosterone were given in the second study, the combination of both Saw Palmetto and Cernitin T63 overcame the androgen effect

Table 4. Hypothesized major mechanisms of action of Saw Palmetto and Cernitin on androgen metabolism

1.	Inhibits	5	alpha	reductase	

- 2. Inhibits 3 alpha reductase
- 3. Inhibits binding of DHT to cytosolic receptors Inhibits translocation of the DHT-receptor to the nucleus
- Demonstrates anti-inflammatory activity
  Inhibits prolactin and growth factor induced
  - Inhibits prolactin and growth factor induced cell proliferation

more than either one alone. However, this may be a dose-dependent effect, i.e. increasing the dose of either agent alone might have produced similar results as the combination. Nevertheless, the potential for additive effects of independent agents is plausible.

The two natural ingredients are also postulated to have anti-inflammatory and smooth muscle relaxant effects through a dose-related effect on the arachidonic acid cascade through a double blocking of cyclooxygenase and lipoxygenase pathways [34,35]. We did not see this in our anti-androgen model. The similar and unchanging dry to wet prostate weight ratios suggest no difference in tissue water content among any group over the course of study (Table 1). Also, the rat paw assay showed no effects of any gavaged substance on the produced edema (Table 2).

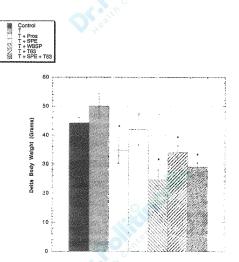


Fig. 2. Effects of nutraceuticals alone and combined on body weight during a 10 day study period in the second experiment where excessive doses of testosterone were given. Mean  $\pm$  S.E.M. is depicted (p < 0.01).



It is unclear why Saw Palmetto and Cernitin T63 appeared to slow body weight gain. We surmised this by examining both Figs 1 and 2 (Cernitin T63 did not have any effect in the first study on castrated rats, but did in the second study on non-castrated rats: SPE decreased weight gain in the first study but not in the second). Unfortunately, we did not measure the food intake in either study to determine if varying weight changes could be due to different food intakes.

In conclusion, these studies corroborate the potential of Saw Palmetto (whole berry and extract) and Cernitin T63 to influence prostatic hyperplasia via effects on androgen metabolism

#### Acknowledgement

The authors thank Ms. Kristine Strong for technical assistance.

#### References

- 1. Preuss HG, Adderly B: The Prostate Cure. Crown Publishers, Inc., New York, 1998, pp 1-251
- Lytton B, Emery JM, Harvard BM: The incidence of benign prostatic obstruction. J Urol 99:
- Kortt MA, Bootman JL: The economics of benign prostatic hyperplasia treatment: A literature review. Clin Ther 18: 1227-1241, 1996
- Jacobsen SJ, Girman CJ, Guess HA, Oesterling JE, Lieber MM: New diagnostic and treatment guidelines for benign prostatic hyperplasia. Potential impact in the United States. Arch Intern Med 155: 477-481, 1995
- Beisland HO, Binkowitz B, Brekkan E, Ekman P, Kontturi M, Lehtonen T, Lundmo P, Pappas F, Round E, Shapiro D: Scandinavian clinical study of finasteride in the treatment of benign prostatic hyperplasia. Eur Urol 22: 271-277, 1992
- The Finasteride (MK-906) study group in the treatment of benign prostatic hyperplasia. Prostate 22:291-299,1993
- Gormley GJ, Stoner E, Bruskewitz RC, Imperato-McGinley J, Walsh PC, McDonnell JD, Andriole GL, Geller J, Bracken BR, Tenover JS: The effect of finasteride in men with benign prostatic hyperplasia. The Finasteride Study Group. N Eng J Med 327: 1185-1191, 1992
- Lepor H: Role of alpha-adrenergic blockers in the treatment of benign prostatic hyperplasia. Prostate 3 (suppl): 75-84, 1990



- Lepor H, Auerbach S, Puras-Baez A, Narayan P, Soloway M, Lowe F, Moon T, Leifer G, Madsen P: A randomized, placebo-controlled multicenter study of benign prostatic hyperplasia. J Urol 148: 1467-1474, 1992
- Stenger A, Tarayre JP, Carilla E: Etude pharamcologique et biochimique de l' extrait hexanique de sereona repens. B: Gaz Med de France 89: 2041-2048, 1982
- Ebeling L: The Therapeutic results of defined pollen extract in patients with chronic prostatitis or BPH accompanied by chronic prostatitis. In: E. Schmiedt, J.E. Aiken, H.W. Bauer (eds). Therapy of Prostatitis. Zuckschwerd Verlag, Muchen, 1986, pp 154-160
- Leander G: A preliminary investigation on the therapeutic effect of Cerniliton N in chronic prostatovesiculitis. Svenska Lakartidningen 59: 3296, 1962
- Rhodes L, Primka RL, Berman C, Vergult G, Gabriel M, Pierre-Malice M, Gibelin B: Comparison of finasteride (Proscar) a 5a reductase inhibitor, a various commercial plant extracts in vitro and in vivo 5a reductase inhibition. Prostate 22: 43-51, 1993
- Dunnett C: A multiple comparison procedure for comparing several treatments with control. J Am Stat Assoc 50: 1096-1121, 1955
- 15. Wise GJ, Md, EO: Hormonal treatment of patients with benign prostatic hyperplasia: Pros and cons. Curr Urol Rep 2: 285-291, 2001
- Wilt TJ, Howe W, MacDonald R: Terazosin for treating symptomatic benign prostatic obstruction: A systematic review of efficacy and adverse effects. BJU int 89: 214-55, 2002
- Champault G, Patel JC, Bonnard AM: A doubleblind trial of an extract of the plant Serenoa repens in benign prostatic hyperplasia. Br. J Clin Pharmcol 18: 461-462, 1984
- Carraro JC, Raynaud JP, Koch G, Chisholm GD, Di Silverio F, Teillac P, Da Silva FC, Cauquil J, Chopin Dk, Hamdy FC, Hanus M, Hauri D, Kalinteris A, Marencak J, Perier A, Perrin P: Comparison of prostate hyperplasia; a randomized international study of 1,098 patients. Prostate 29: 231-240, 1996
- Plosker GL, Brogden RN: Sereona repens (Permixon). A review of it pharmacology and therapeutic efficacy in benign prostatic hyperplasia. Drugs Aging 9: 379-395,1996
- Denis LJ: Editorial review of "Comparison of phytotherapy (permixon) with finasteride in the treatment of benign prostate hyperplasia: A randomizied international study of 1,098 patients." The Prostate 29: 241-242, 1996
- Breackman J: The extract of Sereona repens in the treatment of benign prostatic hyperplasia: A multicenter open study. Curr Therap Res 56: 776-785, 1994
- Yasumoto R, Kawanishi H, Tsujino T, Tsujita M, Nishisaka N, Horii A, Kishimoto T: Clinical evaluation of long-term treatment using Cernitin pollen extract in patients with benign prostatic hyperplasia Clin Ther 17:82-87, 1995
- Becker H, Ebeling L: Conservative treatment of benign prostatic hyperplasia (BPH) with Cernilton N. Results of a placebo-controlled double blind study. Urologe B 28: 301-306, 1988



- 24. Becker H, Ebeling L: Phytotherapy of BPH with Cernilton N. Result of a controlled clinical study. Urologe B 31: 113-116, 1991
- Buck AC, Rees RW, Ebeling L: Treatment of chronic prostatitis and prostatodynia with pollen extract. Br J Urol 64: 496-499, 1989
- Buck AC, Rees RW, Ebeling L, John A:Treatment of outflow tract obstruction due to benign prostatic hyperplasia with the pollen extract Cernilton. A double-blind, placebo controlled study. Br J Urol 66: 398-404,1990
- Maekawa M, Kishimoto T, Yasumoto R, Wada S, Harada T, Ohara T, Okajima E, Hirao Y, Ohzono S, Shimada K: Clinical evaluation of Cernilton on benign prostatic hypertrophy- a multiple center double-blind study with Paraprost. Hinyokika Kiyo 36:495-516,1990
- Inada T, Kitagawa T, Miyakawa M: Use of Cernilton and beta sitosterol. Therapeiwoche 36: 1686-1696,1986
- Brauer H: The treatment of benign prostatic hyperplasia with phytopharmacia: A comparative study of Cernilton and beta sitosterol
- Rugendorff EW, Weidner W, Ebeling L, Buck AC: Results of treatment with pollen extract (Cernilton



N) in chronic prostatitis and prostatodynia. Br J Urol 71: 433-438, 1993

- Sultan C, Terreza A, Devillier C, Carilla E, Briley M, Loire C, Descomps B: Inhibition of androgen metabolism and binding by a liposterolic extract of 'Sereona repens B' in human foreskin fibroblasts. J Steroid Biochem 20: 515-519, 1984
- Preuss HG, Marcusen C, Regan J, Klimberg IW, Welebir TA, Jones WA,: Randomized trial of a combinationof natural products (Cernitin, Saw Palmetto, b-sitosterol, vitamin e) on symptoms of benign prostatic hyperplasia (BPH). Int Urol Nephrol 33: 217-225, 2001
- Kamijo T, Sato S, Kitamura T: Effect of Cernitin pollen-extract on experimental non-bacterial prostatis in rats. Prostate 49:122-131,2001
- Loschen G, Ebeling L: Inhibition of arachidonic acid cascade by extract of rye pollen. Arzneimittelforschung 41: 162-167,1991
- Breu W, Hagenlocher M, Redl K, Tittel G, Stadler F, Wagner H: Anti-inflammatory activity of sabal fruit extracts prepared with supercritical carbon dioxide. *In vitro* antagonists of cyclooxygenase and 5-lipoxygenase metabolism. Arzeneimittelforschung 42: 547-551, 1992











## FERTILITY SUPPORT

**GRAMINEX Flower Pollen Extract** 

# Effect of Cernitin pollen-extract on the Sex-hormone-induced Nonbacterial Prostatitis in Rats

Mitsue Hanamoto, Min Liao, Hajime Suzuki, Mitsuoki Ohba, Masato Honma, Akiko Nagashima, Syouhei Namikata, Shigeru Satoh, Makoto Ishii, Fumio Kimura and Etsuji Higaki

Ome Research Laboratories, Tobishi Pharmaceutical Co., Ltd., 7-1, 1-chome, Suehiro-cho, Ome-shi, Tokyo 198-0025, Japan

Cernitin pollen-extract (Cernilton®, CN-009) is a preparation made from eight kinds of pollen. The active components are water-soluble (T60) and fat-soluble (GBX) fractions. CN-009 has been used for the treatment of chronic prostatitis in Europe and Japan. To study the action of CN-009 on the prostatitis, we examined the effect of CN-009 on the sex-hormone-induced nonbacterial prostatitis in rats.

Aged Wistar rats (10 months old) were castrated and then injected  $17\beta$ -estradiol (0.25 mg/kg, s.c.) for 30 days. These treatments reduced the weight of prostate and induced the inflammation and epithelial cell dysfunction of the lateral prostate lobe in the rats. Testosterone (2.5 mg/kg, s.c.) injected for the last 14 days of the treatment of  $17\beta$ -estradiol to the rats restored markedly the estradiol-induced prostatitis. Those changes were similar to the findings reported by others. CN-009 was administered orally for the last 14 days of the treatment of  $17\beta$ -estradiol to the rats. The administration of 378 mg/kg of CN-009 did not change in the prostatic histopathological findings, while 1260 mg/kg of CN-009 increased the number of intracellular secretory granules of epithelial cells and diminished weakly the invasion of inflammatory cells into the lumen or the stroma in the prostatic gland.

These results suggest that CN-009 may recover the prostatic epithelial cell dysfunction and have the mild anti-inflammatory properties.

**Key Words:** Cernitin pollen-extract, Cernilton, CN-009, Aged Wistar rat, Castration, Sex-hormone-induced nonbacterial prostatitis











## MENOPAUSE SUPPORT:

**GRAMINEX Flower Pollen Extract** 

# Findings on Female Menopausal Disorders through the "Pollen Extract G63" of Graminex Company

#### Hiromi Yokoyama Naofumi Suzuki Yoshimi Nishimura

#### (Kanda New Medical Clinic)

Female Menopausal Disorders occur at the onset of menopause, have as a characteristic of indeterminate complaints, interference even occurs with intercourse, and becomes a source of discord in partner relationships. A reduction of female hormones has been talked about as the cause. Here, we have examined the influence of pollen extract G63 on hormones and improvement of the associated indeterminate complaints.

#### **Objective and Methods**

Six females, four in menopause and two evidencing menopausal symptoms having menstrual period every 4~5 months, were studied for degree of improvement according to two hormones Estradiol and DHEAS and the consultation questionnaire. The period of the trial was from 1 to 3 months. The pollen extract used in the trial was produced by Graminex Company in Ohio, USA from the pollen of raw materials such as rye, corn, and timothy hay (referred to as Phleum pratense in Japan) which were cultivated without using agrochemicals or genetically modified varieties. The pollen which has a double hull is not digested or absorbed even when ingested since it has strong resistance to acid and heat (cannot be destroyed even at 300°C). Graminex Company using a special technology is able to separately extract G60 (water soluble nutrition components) and GFX (lipid soluble components) and we received the product G63 which is a 20:1 combination G60 and GFX.

The dosage was 6 tablets per day; three tablets each taken after breakfast and dinner. One 250 mg tablet contains 62.5 mg of pollen extract.

(The daily quantity .... 375mg as pollen extract)

Our own medical questionnaire was prepared and the number of points evaluated. (Lower points indicate milder symptoms)

No.	Symptoms	None	Slightly Present	Medium Intensity	High Intensity	
1	Heat sensitivity (burning sensation, hot flashes)	0	1	2	3	
2	Chilling, numbness, edema of hands or feet	0	1	2	3	
3	Perspiration	0	1	2	3	
4	Tachycardia (rapid heartbeat)	0	1	2	3	
5	Palpitation	0	1	2	3	
6	Chest pains and breathlessness	0	1	2	3	
7	Headaches	0	1	2	3	



8	Feel heavy-headed	0	1	2	3
9	Insomnia	0	1	2	3
10	Depression	0	1	2	3
11	Irritability	0	1	2	3
12	Feeling of anxiety	0	1	2	3
13	Dizziness	0	1	2	3
14	Feel dizzy upon standing	0	1	2	3
15	Tinnitus (ringing in ears)	0	1	2	3
16	Stiff shoulders	0	1	2	3
17	Arthralgia in hands and feet	0	1	2	3
18	Lumbago	0	1	2	3
19	Numbness	0	1	2	3
20	Sensation like ants crawling on the skin	0	1	2	3

#### Results Graminex Pollen Therapy Trials ... Female Menopausal Disorder

Name	Age	Examination day	Estradiol	DHEAS	Consultation questionnaire			
0_T	48	-Before administration	Less than 10	65	17			
	C Calt	-After 2 months	Less than 10	83	21			
Y_T	53	-Before administration	Less than 10	72	13			
		-After 1 month	Less than 10	89	6			
S_M	54	-Before administration	14	142	3			
		-After 1 month	Less than 10	112	4			
F_N	50	June 21, 2005	27	106	4			
			20	79	2			
N_A	63	June 21, 2005	Less than 10	121	5			
		*6	Less than 10	123	2			
K_H	48	June 22, 2005	24	65	15			
		Ce	Less than 10	74	10			

#### Conclusion

The increase in Estradiol was 0 for all subjects. DHEAS increased in 4 out of the 6 subjects and the average was 14.2%. Indeterminate complaints improved in 4 of the 6 subjects for a 54.1% degree of improvement.

#### Discussion

It can be considered that the improvement observed in indeterminate complaints was due to the amino acids, vitamins, and mineral components of the pollen extract which in the body assisted the promotion of metabolism. Additionally, there is evidence of rejuvenation with secretion of DHEAS which normally peaks for persons in their twenties. Moreover, the DHEAS value is also used as an indicator of female sexual desire and it can be considered that sexual appetite was also increased and it can be assumed that increased DHEAS helps to remove interference to intercourse for menopausal females.

#### Safety

Among the findings, in particular there were no side-effects and the supplement can be administered with peace of mind.

8/23/2005



"Pollen Extract G63" of Graminex Company

