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PHARMACEUTICAL FOOD

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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 - สารอาหารบำบัดเซลล์

สารสกัดธรรมชาติคุณภาพสูง สกัดจากเกสรดอกไม้ จาก "ข้าวไรย์" ที่มีสูตรลับเฉพาะของ บริษัท (Graminex L.L.C.) ที่รัฐโอไฮโอ ประเทศ สหรัฐอเมริกา ในการปลูก เก็บ และผลิตสกัดธรรมชาติคุณภาพสูง G60, G63 จากอณูละอองเกสรดอกไม้ GBX, Graminex® เอกสิทธิ์เฉพาะของบริษัท Graminex เท่านั้นที่ผลิตได้เพียงเจ้าเดียวในโลก ภายใต้การควบคุมมาตรฐานการผลิตตามข้อกำหนดขององค์การอนามัยโลก

จนเราได้รับการรับรองมาตรฐานการผลิตระดับโลก ระดับเดียวกับการผลิตยาเพราะ Pollitin ได้รับการทดสอบค่า ORAC หรือ ค่าระดับความเข้มข้นของสารต้านอนุมูลอิสระที่สูงมาก และ CAP-e Test หรือ ค่าความสามารถในการดูดซึมเข้าสู่เม็ดเลือดแดงในระดับที่สูงจนได้รับ

การขึ้นทะเบียนเป็น "NUTRACEUTICAL" หรือ "โภชนเภสัช สารอาหารบำบัดระดับเซลล์" ที่สามารถแก้ไขปัญห่าฟื้นฟูได้ลึกถึงระดับเซลล์ มีฤทธิ์ฆ่าเชื้อแบคทีเรีย และมีผลเสริมสร้างภูมิคุ้มกันต้านทานเมื่อเซลล์ต่างๆ ได้รับสารอาหารที่เหมาะสมตามระบบต่างๆ ในร่างกาย ส่งผลให้ร่างกายสามารถต่อสู้กับ เซลล์ที่ผิดปกติภายในร่างกายได้ถึง 95% และยังคงได้รับการมาตรฐานการผลิตและประสิทธิภาพจากองค์กรต่างๆ มากมายระดับโลก รวมไปถึงยังได้รับรางวัลการันตีอีกมากมายจาก เอกสิทธิ์สูตรลับพิเศษเฉพาะของ Graminex ทำให้สินค้ามีคุณภาพและเกิดผลลัพธ์ที่ดีและน่าเชื่อถือ จนได้รับการยอมรับระดับสากลอีกด้วย

ตลอดระยะเวลากว่า 50 ปี เราได้มีการวิจัยพัฒนาประสิทธิภาพอย่างต่อเนื่อง มีการวิจัยจากสถาบันทางการแพทย์และเภสัชกรรมรับรองมากกว่า 150 การวิจัย เรามีความภูมิใจอย่างมากในการเป็นผู้ผลิตหนึ่งเดียวของโลกที่ได้ครอบครอง ถ้อยสิทธิ์ เอกสิทธิ์กระบวนการผลิตและสูตรเฉพาะ G60 และ G63 จากละอองเกสรดอกไม้ชนิด GBX ที่ไม่มีใครสามารถทำได้ ส่งผลให้ Pollitin เป็นที่ยอมรับจากคนจำนวนมากใน 6 ทวีป 50 ประเทศทั่วโลก และได้รับผลตอบแทนที่ดีจากผู้บริโภคในการซื้อซ้ำสินค้าอย่างต่อเนื่องมากกว่า 50 ปี

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งานวิจัย

เกี่ยวกับกระเพาะปัสสาวะ

Effect of Cernitin pollen-extract (Cernilton®) on the Function of Urinary Bladder in Conscious Rats

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We studied the effect of Cernitin pollen-extract (Cernilton®, CN-009), a preparation made from eight kinds of pollen such as timothy, rye, and maize etc., on the function of urinary bladder in conscious rats using the method that reported previously by Kontani *et al.*

The surgical procedure was performed under ether anesthesia, and after the recovery, the rat was restricted in a Ballman cage during the experiment. The bladder contraction was induced by the constant infusion of physiological saline. The effect of CN-009 was evaluated by using the following parameters measured from the cystometrogram; number of micturition (NM, times/hr), micturition threshold pressure (MTP, cmH₂O) and peak pressure during bladder contraction (PP, cmH₂O).

The single administration of CN-009 (630 and 1260 mg/kg, i.d.) did not affect the three parameters mentioned above. On the other hand, administered CN-009 (630 or 1260 mg/kg, p.o. for 6 or 13 days and i.d. on the very day of the experiment) for 7 or 14 successive days increased PP in the dose-and time- dependent manners, and the PP was increased significantly ($p < 0.05-0.01$) on the group administered high dose for long period compared to that of control group. CN-009 did not affect NM and MTP much.

These results suggested that CN-009 administered sub acutely enhanced PP and promoted the function of urinary bladder.

KEY WORDS

Cernitin pollen-extract, Cernilton, CN-009, Urinary bladder function,

Cystometrogram, Conscious rats



URINARY SUPPORT:

GRAMINEX Flower Pollen Extract

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These results suggested that CN-009 administered subacutely enhanced PP and promoted the function of urinary bladder.

Key Words: Cernitin pollen-extract, Cernilton, CN-009, Urinary bladder function, Cystometrogram, Conscious rats



PROSTATE SUPPORT:

GRAMINEX Flower Pollen Extract

A Critical Review of Graminex Flower pollen extract for Symptomatic Relief of Lower Urinary Tract Symptoms (LUTS) in Men

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January 12, 2003

Objective

To review published data concerning the ability of a Graminex's Flower Pollen Extract to provide symptomatic relief in men suffering from lower urinary tract symptoms (LUTS).

Introduction

The National Institutes of Health (NIH) estimates 9 million men suffer from symptoms related to an enlarged prostate and 400,000 surgeries are conducted each year in the U.S.¹ The term lower urinary tract symptoms (LUTS) is used to describe symptomatology in men who are experiencing one or more symptoms on the International Prostate Symptom Score (IPSS) questionnaire that includes urgency, daytime and nighttime urinary frequency, hesitancy, intermittency, sensation of incomplete voiding, and force of urine stream.² LUTS is used to describe urinary tract disorders in men with benign prostate hyperplasia (BPH), prostatodynia, acute and chronic prostatitis caused by a bacterial infection and acute and chronic abacterial prostatitis.

Bruskewitz stated the primary aim of pharmacological treatment is to improve quality of life by relieving bothersome symptoms since serious complications from BPH are rare³. However, he reported the results of a study conducted in the U.S. that showed Urologists

gave no treatment 77% of the time to men with mild symptoms. Prescription drugs were given 89% of the time and surgery was conducted on 1% of the time for men with moderate symptoms. The primary therapeutic treatment was alpha(1)-adrenoceptor antagonists such as terazosin hydrochloride (Hytrin®) that provides symptomatic relief but has not been shown to provide long-term effects on the incidence of surgery, acute urinary obstruction or other complications of BPH⁴. The need exists for safe, effective products that can be used by men to treat mild to moderate LUTS in lieu of or in addition to prescription drugs. This review focuses on the potential for flower pollen extract, a dietary supplement, to fill this therapeutic void.

Graminex Flower Pollen Extract is a standardized extract of rye pollen (*Secale cereale*), corn pollen (*Zea mays*) and timothy pollen (*Phleum pratense*). The extract contains a blend of water-soluble and lipid-soluble fractions and is available around the world under other brand names such as Cernitin, and in capsule and tablet forms as Cernilton. In vitro⁵ and animal model studies⁶ have shown that both fractions have anti-inflammatory properties through inhibition of the prostaglandin and leukotrien synthesis. The water-soluble fraction has been shown to reduce the size of the ventral and dorsal prostate in the rat⁷ and to inhibit

testosterone-induced BPH in castrated animals.⁸ Both fractions have been shown to relax the smooth muscle of the mouse and pig urethra, increase bladder muscle contractions⁸ and reduce prostate size in mature Wistar rats⁹.

Methods

Literature searches were conducted on Medline and the Cochrane Library. Secondary sources such as review articles and monographs in botanical reference books were included in the analysis. Open label and comparative trials were included in the assessment, although more weight was placed on placebo-controlled, double-blind studies. Emphasis was placed on subject ratings of symptoms in light of the potential for self-medication of this extract.

Results

Secondary Literature

Four reviews of the clinical efficacy and safety of flower pollen extract have been published in the past 8 years. Although each used their own criteria in selecting valid studies they all concluded that flower pollen extract was very safe with few or no side effects so summaries below are limited to efficacy.

Commission E, an expert committee established by the German government to evaluate the safety and efficacy of over 300 botanical and botanical combinations sold in Germany, concluded in 1994 that the combination extract of rye, corn and timothy pollen was useful in the treatment of "micturition difficulties associated with Alken stage I-II benign prostatic enlargement (BPH)".¹⁰

The Natural Medicines Comprehensive Database concluded that rye grass pollen extract (Cernilton®) was "possibly effective" for the management of BPH symptoms, for shrinking prostate size and when used for prostatitis and prostatodynia.¹¹

McDonald et al concluded in reviews published in 1999¹² and 2000¹³ that results from 4 double-blind studies (444 men in total, 2 studies with placebo; 2 with active controls) consistently showed a "modest" improvement in subjective symptoms and nocturia in the flower pollen extract groups compared to placebo, and 2 control products, Paraprost and Tadernan, although the authors called for additional studies to evaluate long-term effects.

Shoskes concluded that there was credible clinical and scientific evidence that treatment with flower pollen extract was efficacious for the majority of patients with nonbacterial prostatitis and prostatic dysplasia.¹⁴

Primary Literature

Flower pollen extract was well tolerated in all of the published studies with minimal reported side effects therefore the discussion will be limited to efficacy considerations.

Double-Blind, Placebo-Control Studies

Two double-blind, placebo-controlled studies have been published with a total of 149 subjects. Becker et al¹⁵ reported data for 96 subjects with BPH in stages II or III according to the Vahlensieck. Subjects received 2 Cernilton® capsules or placebo three times daily for 12 weeks. The results showed significant improvement in nocturia (68.8% on Cernilton® versus 37.2% on placebo), daytime frequency (65.8% on Cernilton® versus 43.9% on placebo), freedom from daytime frequency (48.8% on Cernilton® versus 19.5% on placebo) and freedom from sensation of residual urine (37.1% on Cernilton® versus 7.7% on placebo). In addition there was significant improvement in global assessment scores of both the physicians and patients. Physicians rated the overall response as very good or good for 68.1% on Cernilton® versus 13.7% on placebo. Patients rated the overall response as very good or good for 72.1% on Cernilton® versus 27.3% on placebo. There was no significant change in the size of the prostate as determined by palpitation.

Buck et al¹⁶ reported data for 53 subjects awaiting operative treatment for outflow obstruction due to prostate enlargement. Patients were instructed to take 2 capsules of Cernilton® or placebo twice a day over a 6-month period. The results showed 60% of the subjects on Cernilton® had improve nocturia compared to 30% on placebo ($p < 0.063$), 57% showed improvement in bladder emptying compared to only 10% on placebo. There was a significant difference in overall improvement in subjective symptoms in the Cernilton® group (69%) versus placebo (29%). There was no significant change in peak urine flow rate or voided volume. Residual urine volume decreased significantly in the Cernilton® group compared to placebo.

Double-Blind, Active-Control Studies

Maekawa M., et al¹⁷ conducted a double-blind study comparing Cernilton®, 2 capsules twice daily for 12 weeks to Paraprost (a mixture of the amino acids L-glutamic acid, L-alanine, glycine) in 159 patients with BPH. The two supplements were comparable in improving symptoms from baseline (55% for Cernilton® and 62% for Paraprost). There was a significant improvement in residual urinary volume, average flow rate, maximum flow rate and prostatic weight in the Cernilton® group versus Paraprost. Greater than moderate effectiveness rating was 49.1% for Cernilton® and 41.2% for Paraprost.

Open Label Studies

Eleven published open label studies with a total of 2291 subjects were reviewed. The results indicate significant beneficial effects in subjective LUTS when Cernilton® is used on average for 13.6 weeks.

Becker et al¹⁸ continued the placebo-controlled study¹⁵ described above with an open label study in which 92 subjects previously treated in the first phase of the study with Cernilton® (n=45) or placebo (n=47) were treated with Cernilton® for 12 weeks. Physicians were blinded as to whether the subjects received Cernilton® or placebo in the first phase. The results showed that the differences observed between the two groups in the first phase were eliminated in the 2nd phase. Subjects previously treated with placebo improved significantly when treated with Cernilton®. Significant improvements were observed in nocturia, frequency, feeling of incomplete emptying, palpable enlargement of the prostate and prostatic congestion.

Hayashi et al¹⁹ treated 20 BPH patients with Cernilton®, 6 tablets a day for an average of 13.2 weeks. They reported improvements in sense of residual urine (92%), retardation (86%), night frequency (85%), strain on urination (56%), protraction (53%), and forceless urinary stream (53%). Overall subjective effectiveness was 80% and overall objective effectiveness was 54%. Overall effectiveness was rated 80%.

Yasumoto and colleagues²⁰ conducted an open label trial with 79 BPH patients. Patients were given 2 Cernilton® tablets 3 times a day for at least 12 weeks. The results showed that symptom scores improved significantly from baseline. Overall clinical efficacy was rated 85%. Clinical efficacy at 12 weeks was rated satisfactory or better in 85% of the patients.

Bach and Ebeling²¹ reported the results from a large open label trial in Germany involving 208 physicians and 1798 evaluable patients with BPH. The patients were treated for 24 weeks with Cernilton®; 2 tablets 3 times daily. The patients were divided into 3 groups (stage 1, 2 and 3) for data analysis based on the severity of the BPH symptoms. Patients in stage 1 had the most improvement of the three groups in irritative symptoms whereas patients in stage 2 had significant improvement in both irritative and obstructive symptoms. Peak urine flow rate increased significantly in all 3 groups. A continuing improvement in symptoms was noted when comparing the results after 12 and 24 weeks of treatment. Efficacy in stage 1 and 2 patients was judged to be satisfactory or better in 90% of the patients. Efficacy in stage 3 patients was judged to be satisfactory or better in 65% of the patients. The authors concluded that treatment with Cernilton® is justified even for stage 3 patients until surgery is performed.

Dutkiewicz²² reported on a study in 51 patients with BPH were given Cernilton®, 2 capsules three times daily for 2 weeks then 1 capsule 3 times daily for an additional 14 weeks. Thirty-eight subjects were given Tadenan (Pygeum africanum extract) for 4 months. Significant improvement in subjective symptoms was reported for the Cernilton® group (78%) versus the Tadenan group (55%).

Horii et al²³ reported the results of 30 subjects with BPH who were given Cernilton®; 2 tablets, 3 times daily for at least 12 weeks. The overall clinical efficacy for subjective symptoms was rated at 80% and objective symptoms at 43%.

Ueda et al²⁴ treated 22 patients with stage I and II BPH with Cernilton® for over 4 weeks. Eighty-two percent of the patients were rated as moderately improved or better.

In a recently published study 24 patients with chronic prostatitis (NIH-category III) were treated with Cernilton® for at least 6 weeks. The results showed a significant decrease in the symptom scores at 4 and 6 weeks.²⁵

In another open study, Buck et al²⁶ studied the effect Cernilton®, 2 tablets twice daily for up to 18 months on 15 patients with chronic, relapsing abacterial prostatitis and prostodynia. Seven patients became symptom-free, 6 patients were significantly improved and 2 patients failed to show improvement in

symptoms. Improvement in symptomatology occurred for most patients after 3 months of treatment.

Jodai et al²⁷ reported the results of a study on 32 patients with chronic prostatitis given 6 tablets of Cernilton® daily for an average of 12 weeks. Subjective symptoms improved in 74.2% of the subjects and objective symptoms improved in 65.6%. The overall efficacy rate was 75%.

Rugendorff et al²⁸ reported the results of a study on 90 patients with abacterial prostatic dysuria and chronic prostatitis. Subjects were given Cernilton®, 1 tablet 3 times daily for 6 months. Seven-two patients were identified as without complicating factors (such as bladder neck sclerosis, prostatic calculi or urethral stricture) and the remaining 18 with complicating factors. Seventy-eight percent of the patients without complications responded to the treatment with 36% of these becoming asymptomatic whereas only 6% of patients with complicating factors improved. Peak urine flow rate in the uncomplicated group increased significantly from 15.9 to 23.5 ml/s.

Discussion

A review of 2 placebo controlled trials and 11 open label studies indicate that flower pollen extract is a safe and effective therapy for the management of mild to moderate LUTS. The studies showed a consistent reduction in subjective symptoms and overall effectiveness ratings of 75% and greater. The extract reduces bothersome symptoms thereby improving quality of life. The two placebo-controlled, double-blind studies provide evidence that the extract is effective in reducing nocturia, daytime frequency and sensation of residual urine.

Potential Role of Combination Therapy

Although published clinical trials support the safety and efficacy of flower pollen extract in the relief of mild to moderate LUTS, a precedent exists to examine beneficial effects of combining flower pollen extract with other dietary supplement or pharmaceutical products. A recently completed clinical study sponsored by the National Institutes of Health concluded that the combination of 2 prescription drugs,

finasteride and doxazosin were more effective than either treatment alone in preventing progression of BPH.¹ This study demonstrates the therapeutic advantages of combining pharmacologically active constituents with different mechanisms of action.

Although the mechanism of action of flower pollen extract is not fully understood, it appears to work via an anti-inflammatory effect, therefore a combination with a botanical or prescription drug that works via a different mechanism may provide additional symptomatic relief. Two recently published trials on combinations with flower pollen extract are very encouraging. Preuss et al²⁹ reported on a double-blind, placebo controlled trial comparing a combination of flower pollen extract (378 mg), saw palmetto fruit standardized to 43% B-sitosterol (286mg) and vitamin E (100 IU). Seventy subjects completed the combination therapy and 57 subjects completed the placebo over a 90-day period. There was a significant reduction in nocturia, daytime frequency and overall symptomatology as measured by the American Urological Association Symptom Score. This combination therapy is logical since saw palmetto may have a different mechanism of action than flower pollen extract. It is generally believed that Saw Palmetto prevents the conversion of testosterone to dihydroxytestosterone, a potent androgen that stimulates enlargement of the prostate³⁰.

Aoki et al³¹ conducted an open label trial to study tamsulosin hydrochloride (Flomax®), an alpha1A adrenoceptor antagonist, flower pollen extract and their combination in 243 patients with symptomatic BPH over a 12 week period. The results showed that whereas symptoms improved in each group, supporting the efficacy of flower pollen extract, the best results were obtained in the group that used the combination product.

Conclusions

Sufficient evidence exists in the primary and secondary literature to indicate that Graminex's Flower Pollen Extract is safe and effective for the treatment of mild to moderate LUTS. This dietary supplement ingredient has the potential to be used in combination with other dietary supplements or pharmaceuticals to provide relief of bothersome symptoms and improve quality of

life for millions of men with this common condition.

Table 1 – Summary Data
Symptom Scores

Patient	Age/Sex	Initial	1 mo.	2 mo.	% change*
K.S.	57 M	12	12	-	0
M.K.	77 M	7	-	2	71
T.S.	46 M	13	Dropout		
Y.N.	48 M	5	4	2	60
M.S.	51 M	6	Dropout		
K.N.	57 M	7	6	2	71
E.H.	43 F	7	5	-	29
H.Y.	30 M	10	10	-	0
T.O.	48 F	10	1	-	90

*Percent change in total symptom score from initial to last visit

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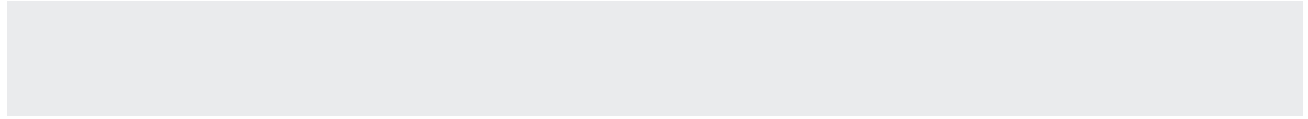
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URINARY SUPPORT:

GRAMINEX Flower Pollen Extract

A Critical Review of Graminex Flower pollen extract for Symptomatic Relief of Lower Urinary Tract Symptoms (LUTS) in Men

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Objective

To review published data concerning the ability of a Graminex's Flower Pollen Extract to provide symptomatic relief in men suffering from lower urinary tract symptoms (LUTS).

Introduction

The National Institutes of Health (NIH) estimates 9 million men suffer from symptoms related to an enlarged prostate and 400,000 surgeries are conducted each year in the U.S.¹ The term lower urinary tract symptoms (LUTS) is used to describe symptomatology in men who are experiencing one or more symptoms on the International Prostate Symptom Score (IPSS) questionnaire that includes urgency, daytime and nighttime urinary frequency, hesitancy, intermittency, sensation of incomplete voiding, and force of urine stream.² LUTS is used to describe urinary tract disorders in men with benign prostate hyperplasia (BPH), prostatodynia, acute and chronic prostatitis caused by a bacterial infection and acute and chronic abacterial prostatitis.

Bruskewitz stated the primary aim of pharmacological treatment is to improve quality of life by relieving bothersome symptoms since serious complications from BPH are rare³. However, he reported the results of a study conducted in the U.S. that showed Urologists

gave no treatment 77% of the time to men with mild symptoms. Prescription drugs were given 89% of the time and surgery was conducted on 1% of the time for men with moderate symptoms. The primary therapeutic treatment was alpha(1)-adrenoceptor antagonists such as terazosin hydrochloride (Hytrin®) that provides symptomatic relief but has not been shown to provide long-term effects on the incidence of surgery, acute urinary obstruction or other complications of BPH⁴. The need exists for safe, effective products that can be used by men to treat mild to moderate LUTS in lieu of or in addition to prescription drugs. This review focuses on the potential for flower pollen extract, a dietary supplement, to fill this therapeutic void.

Graminex Flower Pollen Extract is a standardized extract of rye pollen (*Secale cereale*), corn pollen (*Zea mays*) and timothy pollen (*Phleum pratense*). The extract contains a blend of water-soluble and lipid-soluble fractions and is available around the world under other brand names such as Cernitin, and in capsule and tablet forms as Cernilton. In vitro⁵ and animal model studies⁶ have shown that both fractions have anti-inflammatory properties through inhibition of the prostaglandin and leukotrien synthesis. The water-soluble fraction has been shown to reduce the size of the ventral and dorsal prostate in the rat⁷ and to inhibit

testosterone-induced BPH in castrated animals.⁸ Both fractions have been shown to relax the smooth muscle of the mouse and pig urethra, increase bladder muscle contractions⁸ and reduce prostate size in mature Wistar rats⁹.

Methods

Literature searches were conducted on Medline and the Cochrane Library. Secondary sources such as review articles and monographs in botanical reference books were included in the analysis. Open label and comparative trials were included in the assessment, although more weight was placed on placebo-controlled, double-blind studies. Emphasis was placed on subject ratings of symptoms in light of the potential for self-medication of this extract.

Results

Secondary Literature

Four reviews of the clinical efficacy and safety of flower pollen extract have been published in the past 8 years. Although each used their own criteria in selecting valid studies they all concluded that flower pollen extract was very safe with few or no side effects so summaries below are limited to efficacy.

Commission E, an expert committee established by the German government to evaluate the safety and efficacy of over 300 botanical and botanical combinations sold in Germany, concluded in 1994 that the combination extract of rye, corn and timothy pollen was useful in the treatment of "micturition difficulties associated with Alken stage I-II benign prostatic enlargement (BPH)".¹⁰

The Natural Medicines Comprehensive Database concluded that rye grass pollen extract (Cernilton®) was "possibly effective" for the management of BPH symptoms, for shrinking prostate size and when used for prostatitis and prostatodynia.¹¹

McDonald et al concluded in reviews published in 1999¹² and 2000¹³ that results from 4 double-blind studies (444 men in total, 2 studies with placebo; 2 with active controls) consistently showed a "modest" improvement in subjective symptoms and nocturia in the flower pollen extract groups compared to placebo, and 2 control products, Paraprost and Tadernan, although the authors called for additional studies to evaluate long-term effects.

Shoskes concluded that there was credible clinical and scientific evidence that treatment with flower pollen extract was efficacious for the majority of patients with nonbacterial prostatitis and prostatic dysplasia.¹⁴

Primary Literature

Flower pollen extract was well tolerated in all of the published studies with minimal reported side effects therefore the discussion will be limited to efficacy considerations.

Double-Blind, Placebo-Control Studies

Two double-blind, placebo-controlled studies have been published with a total of 149 subjects. Becker et al¹⁵ reported data for 96 subjects with BPH in stages II or III according to the Vahlensieck. Subjects received 2 Cernilton® capsules or placebo three times daily for 12 weeks. The results showed significant improvement in nocturia (68.8% on Cernilton® versus 37.2% on placebo), daytime frequency (65.8% on Cernilton® versus 43.9% on placebo), freedom from daytime frequency (48.8% on Cernilton® versus 19.5% on placebo) and freedom from sensation of residual urine (37.1% on Cernilton® versus 7.7% on placebo). In addition there was significant improvement in global assessment scores of both the physicians and patients. Physicians rated the overall response as very good or good for 68.1% on Cernilton® versus 13.7% on placebo. Patients rated the overall response as very good or good for 72.1% on Cernilton® versus 27.3% on placebo. There was no significant change in the size of the prostate as determined by palpitation.

Buck et al¹⁶ reported data for 53 subjects awaiting operative treatment for outflow obstruction due to prostate enlargement. Patients were instructed to take 2 capsules of Cernilton® or placebo twice a day over a 6-month period. The results showed 60% of the subjects on Cernilton® had improve nocturia compared to 30% on placebo ($p < 0.063$), 57% showed improvement in bladder emptying compared to only 10% on placebo. There was a significant difference in overall improvement in subjective symptoms in the Cernilton® group (69%) versus placebo (29%). There was no significant change in peak urine flow rate or voided volume. Residual urine volume decreased significantly in the Cernilton® group compared to placebo.

Double-Blind, Active-Control Studies

Maekawa M., et al¹⁷ conducted a double-blind study comparing Cernilton®, 2 capsules twice daily for 12 weeks to Paraprost (a mixture of the amino acids L-glutamic acid, L-alanine, glycine) in 159 patients with BPH. The two supplements were comparable in improving symptoms from baseline (55% for Cernilton® and 62% for Paraprost). There was a significant improvement in residual urinary volume, average flow rate, maximum flow rate and prostatic weight in the Cernilton® group versus Paraprost. Greater than moderate effectiveness rating was 49.1% for Cernilton® and 41.2% for Paraprost.

Open Label Studies

Eleven published open label studies with a total of 2291 subjects were reviewed. The results indicate significant beneficial effects in subjective LUTS when Cernilton® is used on average for 13.6 weeks.

Becker et al¹⁸ continued the placebo-controlled study¹⁵ described above with an open label study in which 92 subjects previously treated in the first phase of the study with Cernilton® (n=45) or placebo (n=47) were treated with Cernilton® for 12 weeks. Physicians were blinded as to whether the subjects received Cernilton® or placebo in the first phase. The results showed that the differences observed between the two groups in the first phase were eliminated in the 2nd phase. Subjects previously treated with placebo improved significantly when treated with Cernilton®. Significant improvements were observed in nocturia, frequency, feeling of incomplete emptying, palpable enlargement of the prostate and prostatic congestion.

Hayashi et al¹⁹ treated 20 BPH patients with Cernilton®, 6 tablets a day for an average of 13.2 weeks. They reported improvements in sense of residual urine (92%), retardation (86%), night frequency (85%), strain on urination (56%), protraction (53%), and forceless urinary stream (53%). Overall subjective effectiveness was 80% and overall objective effectiveness was 54%. Overall effectiveness was rated 80%.

Yasumoto and colleagues²⁰ conducted an open label trial with 79 BPH patients. Patients were given 2 Cernilton® tablets 3 times a day for at least 12 weeks. The results showed that symptom scores improved significantly from baseline. Overall clinical efficacy was rated 85%. Clinical efficacy at 12 weeks was rated satisfactory or better in 85% of the patients.

Bach and Ebeling²¹ reported the results from a large open label trial in Germany involving 208 physicians and 1798 evaluable patients with BPH. The patients were treated for 24 weeks with Cernilton®; 2 tablets 3 times daily. The patients were divided into 3 groups (stage 1, 2 and 3) for data analysis based on the severity of the BPH symptoms. Patients in stage 1 had the most improvement of the three groups in irritative symptoms whereas patients in stage 2 had significant improvement in both irritative and obstructive symptoms. Peak urine flow rate increased significantly in all 3 groups. A continuing improvement in symptoms was noted when comparing the results after 12 and 24 weeks of treatment. Efficacy in stage 1 and 2 patients was judged to be satisfactory or better in 90% of the patients. Efficacy in stage 3 patients was judged to be satisfactory or better in 65% of the patients. The authors concluded that treatment with Cernilton® is justified even for stage 3 patients until surgery is performed.

Dutkiewicz²² reported on a study in 51 patients with BPH were given Cernilton®, 2 capsules three times daily for 2 weeks then 1 capsule 3 times daily for an additional 14 weeks. Thirty-eight subjects were given Tadenan (Pygeum africanum extract) for 4 months. Significant improvement in subjective symptoms was reported for the Cernilton® group (78%) versus the Tadenan group (55%).

Horii et al²³ reported the results of 30 subjects with BPH who were given Cernilton®; 2 tablets, 3 times daily for at least 12 weeks. The overall clinical efficacy for subjective symptoms was rated at 80% and objective symptoms at 43%.

Ueda et al²⁴ treated 22 patients with stage I and II BPH with Cernilton® for over 4 weeks. Eighty-two percent of the patients were rated as moderately improved or better.

In a recently published study 24 patients with chronic prostatitis (NIH-category III) were treated with Cernilton® for at least 6 weeks. The results showed a significant decrease in the symptom scores at 4 and 6 weeks.²⁵

In another open study, Buck et al²⁶ studied the effect Cernilton®, 2 tablets twice daily for up to 18 months on 15 patients with chronic, relapsing abacterial prostatitis and prostodynia. Seven patients became symptom-free, 6 patients were significantly improved and 2 patients failed to show improvement in

symptoms. Improvement in symptomatology occurred for most patients after 3 months of treatment.

Jodai et al²⁷ reported the results of a study on 32 patients with chronic prostatitis given 6 tablets of Cernilton® daily for an average of 12 weeks. Subjective symptoms improved in 74.2% of the subjects and objective symptoms improved in 65.6%. The overall efficacy rate was 75%.

Rugendorff et al²⁸ reported the results of a study on 90 patients with abacterial prostatic dysuria and chronic prostatitis. Subjects were given Cernilton®, 1 tablet 3 times daily for 6 months. Seven-two patients were identified as without complicating factors (such as bladder neck sclerosis, prostatic calculi or urethral stricture) and the remaining 18 with complicating factors. Seventy-eight percent of the patients without complications responded to the treatment with 36% of these becoming asymptomatic whereas only 6% of patients with complicating factors improved. Peak urine flow rate in the uncomplicated group increased significantly from 15.9 to 23.5 ml/s.

Discussion

A review of 2 placebo controlled trials and 11 open label studies indicate that flower pollen extract is a safe and effective therapy for the management of mild to moderate LUTS. The studies showed a consistent reduction in subjective symptoms and overall effectiveness ratings of 75% and greater. The extract reduces bothersome symptoms thereby improving quality of life. The two placebo-controlled, double-blind studies provide evidence that the extract is effective in reducing nocturia, daytime frequency and sensation of residual urine.

Potential Role of Combination Therapy

Although published clinical trials support the safety and efficacy of flower pollen extract in the relief of mild to moderate LUTS, a precedent exists to examine beneficial effects of combining flower pollen extract with other dietary supplement or pharmaceutical products. A recently completed clinical study sponsored by the National Institutes of Health concluded that the combination of 2 prescription drugs,

finasteride and doxazosin were more effective than either treatment alone in preventing progression of BPH.¹ This study demonstrates the therapeutic advantages of combining pharmacologically active constituents with different mechanisms of action.

Although the mechanism of action of flower pollen extract is not fully understood, it appears to work via an anti-inflammatory effect, therefore a combination with a botanical or prescription drug that works via a different mechanism may provide additional symptomatic relief. Two recently published trials on combinations with flower pollen extract are very encouraging. Preuss et al²⁹ reported on a double-blind, placebo controlled trial comparing a combination of flower pollen extract (378 mg), saw palmetto fruit standardized to 43% B-sitosterol (286mg) and vitamin E (100 IU). Seventy subjects completed the combination therapy and 57 subjects completed the placebo over a 90-day period. There was a significant reduction in nocturia, daytime frequency and overall symptomatology as measured by the American Urological Association Symptom Score. This combination therapy is logical since saw palmetto may have a different mechanism of action than flower pollen extract. It is generally believed that Saw Palmetto prevents the conversion of testosterone to dihydroxytestosterone, a potent androgen that stimulates enlargement of the prostate³⁰.

Aoki et al³¹ conducted an open label trial to study tamsulosin hydrochloride (Flomax®), an alpha1A adrenoceptor antagonist, flower pollen extract and their combination in 243 patients with symptomatic BPH over a 12 week period. The results showed that whereas symptoms improved in each group, supporting the efficacy of flower pollen extract, the best results were obtained in the group that used the combination product.

Conclusions

Sufficient evidence exists in the primary and secondary literature to indicate that Graminex's Flower Pollen Extract is safe and effective for the treatment of mild to moderate LUTS. This dietary supplement ingredient has the potential to be used in combination with other dietary supplements or pharmaceuticals to provide relief of bothersome symptoms and improve quality of

life for millions of men with this common condition.

Table 1 – Summary Data
Symptom Scores

Patient	Age/Sex	Initial	1 mo.	2 mo.	% change*
K.S.	57 M	12	12	-	0
M.K.	77 M	7	-	2	71
T.S.	46 M	13	Dropout		
Y.N.	48 M	5	4	2	60
M.S.	51 M	6	Dropout		
K.N.	57 M	7	6	2	71
E.H.	43 F	7	5	-	29
H.Y.	30 M	10	10	-	0
T.O.	48 F	10	1	-	90

*Percent change in total symptom score from initial to last visit

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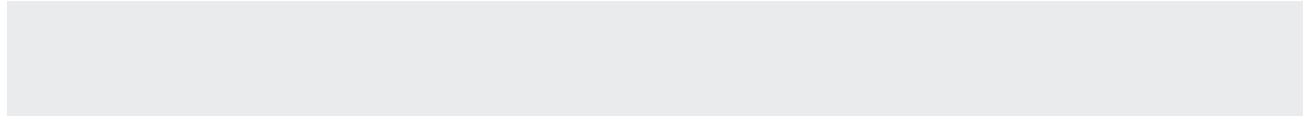
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PROSTATE SUPPORT:

GRAMINEX Flower Pollen Extract

A Critical Review of Cernitin™ for Symptomatic Relief of Lower Urinary Tract Symptoms (LUTS) in Men

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Objective

We reviewed published data concerning the ability of a defined flower pollen extract derived from rye, corn, and timothy, commonly referred to as Cernitin to provide symptomatic relief in men suffering from lower urinary tract symptoms (LUTS). This same defined pollen extract has also been called Cernilton in other reports and is commercially available as Graminex Flower Pollen Extract. To maintain clarity, however, we will only use the term Cernitin to describe the defined pollen extract. In writing this review, our major goal is to present evidence concerning the therapeutic role of Cernitin in the management of mild to moderate LUTS. Nevertheless, we briefly describe prostatic perturbations in general and other natural therapeutic approaches to alleviate symptoms caused by them.

Introduction

It is estimated that 9-10 million men have lower urinary tract symptoms (LUTS) secondary to an enlarged prostate; and 400,000 surgeries are conducted each year in the U.S to alleviate such symptoms [1,2]. Although cancer might be a root cause, LUTS are more commonly found in men with non-cancerous conditions such as benign prostate hyperplasia (BPH), prostatic dysplasia, acute

and chronic prostatitis caused by a bacterial infection, as well as chronic non-bacterial prostatitis. BPH, the most common cause of LUTS, does not distinguish between race and ethnic background, although African-American men are at a slightly greater risk [3]. It does not relate to sexual activity, since it can occur in celibate priests as well as the most sexually active of men [4]. Regardless of the etiology of the specific prostate-related disorders, health worries associated with prostatic enlargement are significant. Over \$1 billion dollars are spent each year on treatment for prostatic enlargement, because LUTS can lead to more serious health problems if not treated properly [5].

The term LUTS describes men experiencing one or more symptoms listed on the International Prostate Symptom Score (IPSS) questionnaire. Among the mentioned urinary symptoms are daytime and night time (nocturia) frequency, urgency, hesitancy, intermittency, sensation of incomplete voiding, and decreased force of urinary stream [2]. An individual often becomes aware of the problem when urination occurs more frequently than usual. He may eventually become the person who rarely can sit through a movie or concert -- the one that requests the aisle seat on an airplane so as not to disturb his fellow passengers on his frequent sojourns to

the restroom. At night, the trips to the bathroom caused by nocturia steadily increase, and there is a definite impingement on sleep. Suffice it to say, any experiencing of such frequency should lead to suspicion of the disorder.

What do we know about this troublesome gland? The prostate gland is associated with the male reproductive system. Its major function is to produce and discharge a viscous, alkaline liquid that provides a major portion of the seminal fluid. The prostate makes and stores fluid almost continuously. Because of the environment afforded by the presence of prostatic fluid, sperms are protected, at least to some extent, and can survive longer after ejaculation. In addition, the prostatic fluid contains prostaglandins, which are fatty acids that, similar to hormones, affect smooth muscle fibers and blood vessel walls. Although the prostate plays no direct role in the functioning of the male urinary system, its location near the bladder and urethra cause many urinary perturbations when it expands via growth or response to chronic inflammation [6-8].

At birth, the gland is the size of a pea and grows slowly until puberty. Under the influence of sex hormones, the prostate grows at a faster pace. During the 20's and 30's, the gland is characteristically the size of a walnut and weighs roughly one ounce. The gland, made up of muscular and glandular tissue, is located in front of the rectum and below the urinary bladder. Importantly, the gland surrounds the urethra, a tube that carries urine from the bladder to the tip of the penis for expulsion. Obviously, this setting has the potential to cause problems and unfortunately does. Around the age of 45, cells in the majority of prostates began to multiply again and the gland can reach up to 10 times the normal adult size [3].

The prostate can be divided into various lobes, with the major problems of BPH lying in the small transitional zone. The transitional zone that lies within the so-called middle lobe is the sole site of BPH [9]. Interestingly, the small transition zone comprises only two per cent of the entire prostatic mass before enlargement. Obviously, enlargement of this area does not in itself increase the size of the prostate greatly. Because of this, the degree of urethral obstruction may not directly relate to the overall size of the prostate gland but instead to the direction of growth enlargement. Some men with

greatly enlarged prostates may have no signs of obstruction, while those with relatively small prostates may have severe obstruction.

While the exact mechanism behind age-related enlargement of the prostate is uncertain, a highly active form of the male hormone, testosterone, called dihydrotestosterone (DHT), is considered a major factor behind prostatic enlargement [4]. Excessive levels of DHT have been found in men with enlarged glands, and high concentrations of DHT are also associated with an increased risk of prostate cancer. To make matters worse, the concentration of DHT within the prostate increases with age. A major factor in the rise is that the enzyme responsible for the conversion of testosterone to DHT, 5-alpha reductase, becomes more active over the lifespan. Therefore, it is not too surprising that 5-alpha reductase is an important focal point in the medical treatment of prostate enlargement. Nevertheless, it is equally important to be aware that other prostatic enzymes, such as 3 oxidoreductase, deficiency of minerals such as zinc, and inflammation may also play a role in the enlargement process.

Background of Treatment

Bruskewitz points out that since serious complications from BPH and related non-cancerous conditions are rare, the primary aim of pharmacological treatment is to improve quality of life by relieving the vexing symptoms [10]. Studies conducted in the U.S. showed that urologists provided no specific treatment 77% of the time to men with mild symptoms. With moderate symptoms, however, prescription drugs were given 89% of the time; and surgery was conducted 1% of the time. The primary therapeutic treatment was use of alpha (1)-adrenoceptor antagonists such as terazosin hydrochloride (Hytrin®) that provide symptomatic relief but have not been shown to influence the incidence of surgery, acute urinary obstruction, or other complications of BPH [11]. In the past, treatment options for significant prostate enlargement focused on surgery. In a given year, approximately 400,000 men are driven to undergo a procedure called a transurethral resection of the prostate (TURP). Even now, transurethral resection is the standard treatment for BPH, i.e., the gold standard by which all other procedures are measured [12]. Unfortunately, while many symptoms of obstruction are ameliorated, post

urination dripping may continue and may even result in severe incontinence. Even worse, the operation may be followed by a decline in sexual function. This may also occur with the use of the common pharmaceuticals as well [2]. Accordingly, a need exists for safe, effective products that can be used to treat mild to moderate LUTS in lieu of or in addition to prescription drugs and major surgery. Natural products have been considered among the alternative therapies.

Natural Products to Treat LUTS

Saw Palmetto (Serenoa Repens)

Research carried out in Europe over the past 20 years shows that natural, fat-soluble extracts from specific plants effectively inhibit the function of 5-alpha-reductase, and block, at least in part, the formation of DHT [13-16]. The best-known and most extensively researched plant is saw palmetto. Saw palmetto is an extract of the pulp and seeds of a dwarf, scrubby palm tree native to the West Indies and the Atlantic coast of the United States. Saw palmetto works, for the most part, by the same mechanism as the pharmaceutical Proscar®, i.e., preventing the conversion of testosterone to DHT [16]. Additional benefits from plant extracts have also been found and may add to the good results found with their use. Some plant extracts not only lower the rate of DHT formation, but also block the ability of DHT to bind to cells, preventing the action of hormone [17,18]. In addition, they may prevent severe inflammatory responses. Saw palmetto, known to be popular in Europe, has recently become recognized in America. In one study using saw palmetto in 110 men, it decreased nighttime urination by 45 percent, increased urinary flow rate more than fifty percent, and reduced the amount of urine left in the bladder after urination by 42 per cent [19]. In other large trials, improvement in prostatic symptomatology was readily noted and saw palmetto even compared favorably with Hytrin and Proscar when they were compared head to head [20-24].

Pygeum Africanum

The powdered bark of the pygeum tree, a large tropical African evergreen, has been used for centuries to treat urinary disorders [25]. Pygeum contains phytosterols, which have been

purported to have anti-inflammatory properties. In addition, much benefit has been attributed to their ability to decrease prostatic swelling, to reduce harmful prostaglandins that induce inflammation, and to diminish circulating prolactin that decreases the prostate uptake of testosterone. When 263 German men were tested with *Pygeum africanum*, urinary symptoms improved in 66% compared to 31% in the placebo group [26]. Occasional gastrointestinal upset seems to be the major adverse side effect.

Stinging Nettle (Urtica dioica)

Less research has been performed using the stinging nettle to ameliorate BPH. Laboratory studies have shown its ability to inhibit laboratory induced prostate growth in mice [27]. The results from one study suggest that the steroidal components of stinging nettle roots suppressed prostate cell growth [28].

Beta-sitosterol

Much attention has recently been focused on beta-sitosterol. In a randomized double blind study reported in the Lancet, 200 patients from eight private urological practices were treated for six months with either 20 mg of beta-sitosterol or placebo [29]. At the end of six months, modified Boyarsky scores decreased statistically in the beta-sitosterol treated group compared to placebo. The quality of life score improved, the peak urine flow increased, the mean voiding time and the urinary volume retention also improved from the initial scores in the verum group, whereas no changes were noted in the placebo group. Results were also positive in another randomized, double-blind and placebo-controlled study carried out in Germany [30].

Cernitin

Cernitin is a natural product recently introduced in the USA to be used to treat LUTS. However, it has actually been around a long time. In 1950, in a tiny Swedish village, a beekeeper found a way to collect pollen artificially [31]. Since it was good for bees, his hypothesis was that it would be good for humans. Initially, the flower pollen was used as a prophylactic agent against infections. Later the extraction process was modified so that the active pollen was released and was non allergenic. Found in the pollen are peptides, carbohydrates, fatty acids, vitamins,

minerals, nucleic acids, and enzymes. Whatever the original hypothesis concerning overall health, the defined pollen extract called "Cernitin" proved specifically useful in treating BPH and other prostate conditions [2,32].

Cernitin is a standardized extract of rye pollen (*Secale cereale*), corn pollen (*Zea mays*), and timothy pollen (*Phleum pratense*). From these combined pollens, two important, therapeutic extracts are derived -- a water-soluble fraction and a lipid-soluble fraction with different physiological functions. *In vitro* and *in vivo* animal studies [33,34] have shown that both fractions have anti-inflammatory properties emanating from inhibition of prostaglandin and leukotriene synthesis. The water-soluble fraction has been shown to reduce the size of the ventral and dorsal prostate in the rat [35] and to inhibit testosterone-induced BPH in castrated animals [8]. The combined extracts were shown to inhibit growth of transplanted human BPH tissue in an athymic nude mouse model (36). Both fractions have been shown to relax the smooth muscle of the mouse and pig urethra, increase bladder muscle contractions [34], and reduce prostate size in mature Wistar rats [37].

Cernitin extracts are also sold as Graminex Flower Pollen Extract and are available in the marketplace in tablet and capsule forms, usually contain 63 mg of a 20:1 ratio of water-soluble to lipid-soluble fractions. Cernitin is contained in products regulated as drugs in Switzerland, Germany, Austria, Japan, South Korea and South Africa. In the U.S., the use of botanicals for LUTS is relatively less. No botanicals are approved as prescription or over-the-counter drugs for LUTS or BPH in the U.S. Accordingly, they are sold as dietary supplements and are labeled with non-specific information, e.g., "maintains prostate health." In a study conducted in Chicago in 1997-1998 with 738 men having LUTS and/or prostate disease, Bales et al [38] found that 13% of the group had used botanicals for their condition (59% in combination with prescription drugs), 37% were aware of botanicals as an option but had never used them, and 50% were unaware of this treatment option. Such information prompted our review of Cernitin.

Methods

Literature searches were conducted on Medline and the Cochrane Library. Sources such as review articles and monographs in botanical

reference books and other books referring to Cernitin were included in the analysis. Open label and comparative trials were included in the assessment, although more weight was given to placebo-controlled, double-blind studies. Emphasis was placed on subject ratings of symptoms in light of the potential for self-medication of this extract.

Results

Reviews, Books, and Monographs

Four reviews [39-43] and a number of books/monographs [2,44-46] dealing largely with the clinical efficacy and safety of Cernitin have been published in recent years. Each used its own criteria to select studies considered to be valid. Because all reviews concluded that Cernitin is very safe with few or no side effects, the summaries described below are essentially limited to efficacy.

In the first, Commission E, an expert committee established by the German government to evaluate the safety and efficacy of over 300 botanical and botanical combinations sold in Germany, concluded in 1994 that combining extracts of rye, corn, and timothy pollen was useful in the treatment of "micturition difficulties associated with Alken stage I-II benign prostatic enlargement (BPH)" [39]. In the second, the Natural Medicines Comprehensive Database concluded that rye grass pollen extract (Cernitin) was "possibly effective" for the management of BPH symptoms, for shrinking prostate size, and for prostatitis and prostatic dysuria based on the information it gathered [40]. In the third source, the same group published reviews in 1999 and 2000 based upon results from 4 double-blind studies (444 men in total, 2 studies with placebo; 2 with active controls) [41,42]. Results consistently showed a "modest" improvement in subjective symptoms and nocturia in the Cernitin groups compared to placebo, Paraprost (a mixture of the amino acids L-glutamic acid, L-alanine, glycine) and Tadenan (Pygeum africanum extract). The authors called for additional studies to evaluate long-term effects. In the final review, Shoskes concluded that there was credible clinical and scientific evidence that treatment with Cernitin pollen extract was efficacious for the majority of patients with non-bacterial prostatitis and prostatic dysuria [43]. The books/monographs largely corroborate the conclusions of the reviews [2,44-46].

Research Papers

Again, Cernitin was well tolerated in all of the published studies from primary literature with minimal reported side effects. Therefore, the discussion will continue to focus on efficacy.

In the 1960's, Leander [47] published results of a carefully controlled trial. He compared placebo with Cernitin pollen extract in 179 cases. Using pollen extract, Leander found a 60-80 per cent improvement over placebo in symptoms of obstruction, probably through elimination of inflammatory edema. Around the same time, much work was progressing in Japan. Inada et al [48] reported favorable effects in 12 patients suffering from prostatic hypertrophy. They reported that five cases had "effective" results; five showed "slightly effective" results and two reported "ineffective" results. In 1967, Ohkoshi, Kawamura and Nagakubo of Keio University, reported impressive results in 30 patients with prostatitis and/or urethritis [49]. Examining 14 patients receiving Cernitin, it was found that treatment was "successful" in 10, "slightly effective" in three, and "ineffective" in only one case. In 16 patients given placebo, seven found the treatment to be "effective" and nine reported "no change."

In 1981, Takeuchi [50] investigated both subjective and objective effects of Cernitin on 25 men with BPH. The efficiency rate for Cernitin was reported as 64%. There was a 50% improvement for nocturnal micturition. Horii et al [51] reported the results of 30 subjects with BPH who were given Cernitin 2 tablets, 3 times daily for at least 12 weeks. The overall clinical efficacy for subjective symptoms was rated at 80% and objective symptoms at 43%. Ueda et al [52] treated 22 patients with stage I and II BPH with Cernitin for over 4 weeks. Eighty-two percent of the patients were rated as moderately improved or better. Hayashi et al [53] treated 20 BPH patients with Cernitin, 6 tablets a day for an average of 13.2 weeks. They reported improvements in sense of residual urine (92%), retardation (86%), night frequency (85%), strain on urination (56%), protraction (53%), and forceless urinary stream (53%). Overall subjective effectiveness was 80% and overall objective effectiveness was 54%.

In 1986, a field study of 2,289 patients being treated by 170 urologists was undertaken [54]. They examined the effectiveness of Cernitin pollen extracts on chronic prostatitis and/or

BPH. Improvement of symptoms was reported in 64 to 82%, in contrast to a low rate of adverse reaction found only in 2.9% of cases. In the same year [55], Brauer compared the effects of Cernitin and beta-sitosterol in 39 patients. A significant reduction in circulating levels of PSA with Cernitin therapy indicated a reduction of cell lesions in BPH. In contrast, no such change occurred with beta-sitosterol treatment. Although flower pollen extract proved superior to beta-sitosterol in many respects, the mean values for residual volume fell under 15 ml for both at the end of treatment. Jodai et al [56] reported the results of a study on 32 patients with chronic prostatitis given 6 tablets of Cernitin daily for an average of 12 weeks. Subjective symptoms improved in 74.2% of the subjects as compared to 65.6% for objective symptoms. The overall efficacy rate was 75.0%.

In a double-blind, placebo-controlled study, Becker et al [57] reported data for 96 subjects with BPH in stages II or III according to the Vahlensieck. Subjects received two Cernitin capsules or placebo three times daily for 12 weeks. The results showed significant improvement in nocturia (68.8% on Cernitin versus 37.2% on placebo, $p = 0.005$), daytime frequency (65.8% on Cernitin versus 43.9% on placebo, $p = 0.076$), freedom from daytime frequency (48.8% on Cernitin versus 19.5% on placebo, $p = 0.010$) and freedom from sensation of residual urine (37.1% on Cernitin versus 7.7% on placebo, $p = 0.016$). In addition there was significant improvement in global assessment scores of both the physicians ($p = 0.001$) and patients ($p = 0.01$). Physicians rated the overall response as very good or good for 68.1% of patients taking Cernitin versus 13.7% taking placebo group. 72.1% of patients taking Cernitin rated their overall response as very good or good versus 27.3% in the placebo group. However, there was no significant change in the size of the prostate as determined by palpation.

In an open study, Buck et al [58] studied the effect Cernitin, 2 tablets twice daily for up to 18 months on 15 patients with chronic, relapsing non-bacterial prostatitis and prostatic dysuria. Seven patients became symptom-free, 6 patients were significantly improved, and 2 patients failed to show improvement in symptoms. Improvement in symptomatology occurred for most patients after 3 months of treatment.

In a double-blind, placebo-controlled study, Buck et al [59] reported data for 53 subjects awaiting operative treatment for outflow obstruction due

to prostate enlargement. Patients were instructed to take 2 capsules of Cernitin or placebo twice a day over a 6-month period. The results showed 60% of the subjects receiving Cernitin had less nocturia compared to 30% receiving placebo ($p < 0.063$), and 57% showed improvement in bladder emptying with Cernitin compared to only 10% taking placebo ($p < 0.004$). There was a significant difference ($p < 0.009$) in overall improvement in subjective symptoms in the Cernitin group (69%) versus placebo (29%). Despite no significant change in peak urinary flow rate or voided volume, residual urinary volume decreased significantly in the Cernitin group compared to placebo ($p < 0.025$).

In a double-blinded, active-control study, Maekawa et al [60] conducted a double-blind study comparing Cernitin, 2 capsules twice daily for 12 weeks, to Paraprost (a mixture of the amino acids L-glutamic acid, L-alanine, glycine) in 159 patients with BPH. The two botanical preparations were comparable in improving symptoms (IPSS) from baseline (55% for Cernitin and 62% for Paraprost). There was a significant improvement in residual urinary volume, average flow rate, maximum flow rate and prostatic weight in the Cernitin group versus Paraprost. Greater than moderate effectiveness rating was 49.1% for Cernitin and 41.2% for Paraprost.

Becker et al [61] continued the placebo-controlled study described above [57] with an open label study in which 92 subjects previously treated in the first phase of the study with Cernitin ($n=45$) or placebo ($n=47$) were continued or now treated with Cernitin for 12 weeks. Physicians were blinded in this second phase as to whether the subjects received Cernitin or placebo in the first phase. The results showed that the differences observed between the two groups in the first phase were eliminated in the 2nd phase. Subjects previously treated with placebo improved significantly when treated with Cernitin. Significant improvements were observed in nocturia ($p = 0.051$), frequency ($p = 0.039$), feeling of incomplete emptying ($p = 0.013$), palpable enlargement of the prostate ($p = 0.046$) and prostatic congestion ($p=0.03$).

Bach and Ebeling [62] reported the results from a large open-label trial in Germany involving 208 physicians and 1798 patients with BPH capable of being evaluated. The patients were treated for 24 weeks with Cernitin; 2 tablets 3 times daily. The patients were divided into 3 groups (stage 1, 2 and 3) for data analysis based on the

severity of the BPH symptoms. Patients in stage 1 had the most improvement of the three groups in irritative symptoms whereas patients in stage 2 had significant improvement in both irritative and obstructive symptoms. Peak urinary flow rates increased significantly in all 3 groups. A continuing improvement in symptoms was noted when comparing the results after 12 and 24 weeks of treatment. Efficacy in stage 1 and 2 patients was judged to be satisfactory or better in 90% of the patients. Efficacy in stage 3 patients was judged to be satisfactory or better in 65% of the patients. The authors concluded that treatment with Cernitin is justified even for stage 3 patients until surgery is performed.

Rugendorff et al [63] reported the results of a study on 90 patients with non-bacterial prostatic pain and chronic prostatitis. Subjects were given Cernitin, 1 tablet 3 times daily for 6 months. Seven-two patients were found to have complicating factors (such as bladder neck sclerosis, prostatic calculi or urethral stricture), while the remaining 18 possessed no complicating factors. Seventy-eight percent of the patients without complications responded to the treatment with 36% of these becoming asymptomatic. In contrast, only 6% of patients with complicating factors improved. Peak urine flow rate in the uncomplicated group increased significantly ($p < 0.001$) from 15.9 to 23.5 ml/s.

Braun and Peyer [64] in a 1993 double blind, placebo-controlled investigation on 44 patients with Grade I and II BPH assessed the validity of treatment with flower pollen extract on subjective and objective parameters. They found by using questionnaires, echography, and laboratory analysis of PSA that flower pollen extract had a clear benefit over placebo. In 25 patients receiving verum compared to 19 receiving placebo, there was a significant reduction in the mean number of both diurnal and nocturnal micturations with flower pollen extract ($p<0.05$). Using ultrasonic measures, the mean volume of the prostate decreased significantly more in the verum group (-29% vs. -8.8%, $p<0.05$). More reduction in residual urine volume and PSA levels were noted in the verum group.

Yasumoto and colleagues [65] conducted an open-label trial with 79 BPH patients. Patients were given 2 Cernitin tablets 3 times a day for at least 12 weeks. The results showed that symptom scores improved significantly from baseline. Overall clinical efficacy was rated 85%.

Clinical efficacy at 12 weeks was rated satisfactory or better in 85% of the patients. Dutkiewicz [66] gave Cernitin to 51 patients with BPH -- 2 capsules three times daily for 2 weeks then 1 capsule 3 times daily for an additional 14 weeks. Thirty-eight subjects were given Tadenan (Pygeum africanum extract) for 4 months. Significant improvement in subjective symptoms was reported for both -- Cernitin group (78%) and the Tadenan group (55%). In a recently published study, 24 patients with chronic prostatitis (NIH-category III) were treated with Cernitin for at least 6 weeks. The results showed a significant decrease in the symptom scores at 4 and 6 weeks [67].

Potential Role of Combination Therapy

Although published clinical trials support the efficacy of Cernitin in the relief of mild to moderate LUTS, a precedent exists to examine beneficial effects of combining Cernitin with other botanical products. A recently completed clinical study sponsored by the National Institutes of Health concluded that the combination of finasteride and doxazosin was more effective than either treatment alone in preventing progression of BPH [68]. This study demonstrates the therapeutic advantages of combining drugs with different mechanisms of action.

The precise mechanisms behind the therapeutic benefits of Cernitin are not fully understood, but it is generally accepted that anti-inflammatory and/or alpha adrenergic blocking effects are important. Therefore, combining Cernitin with a botanical and/or prescription drug with different mechanisms of action may provide additional symptomatic relief. Two recently published trials using combinations of agents with Cernitin support this theory.

Preuss et al [69] reported on a double-blind, placebo-controlled trial comparing a combination of Cernitin (378 mg); saw palmetto fruit standardized to 43% B-sitosterol (286mg) and vitamin E (100IU). Seventy subjects completed the combination therapy and 57 subjects completed the placebo over a 90-day period. There was a significant reduction in nocturia ($p < 0.001$), daytime frequency ($p < 0.04$) and overall symptomatology as measured by the American Urological Association Symptom Score. This combination therapy is logical, since saw palmetto may have different mechanisms of

action than Cernitin. As an example, it is believed that saw palmetto compared to Cernitin prevents to a greater extent the conversion of testosterone to dihydroxytestosterone, a potent androgen that stimulates enlargement of the prostate [17,21,22].

Aoki et al [70] conducted an open label trial to study tamsulosin hydrochloride (Flomax®), an alpha1A adrenoceptor antagonist, Cernitin, and the combination in 243 patients with symptomatic BPH over a 12-week period. The results showed that whereas symptoms improved in each group, supporting the efficacy of Cernitin, the best results were obtained in the group that used the combination.

Discussion

A review of placebo-controlled trials, active-controlled and open-label studies indicate that Cernitin is a safe and effective therapy for the management of mild to moderate LUTS. By reducing bothersome symptoms, Cernitin improves quality of life. The placebo-controlled, double-blind studies with Cernitin alone [47,57,59,60] and combined with other natural products [69] especially provide evidence that Cernitin is effective in reducing nocturia, daytime frequency, and sensation of residual urine. The number of subjects in these studies was small relative to the studies conducted for prescription therapeutics such as Terazosin [11] (Hytrin, minimum of 430 subjects) and Doxazosin [71] (Cardura, minimum of 900 subjects), however the duration of the studies were comparable. Cernitin studies were generally conducted for 12 to 24 weeks, terazosin trials were conducted for 12 to 24 weeks, and doxazosin studies were also conducted over a 14 to 16 week period.

Since the number of subjects studied in placebo-controlled trials is small, it was necessary to review open-label and active control studies as supporting data. Concerning the use of Cernitin alone, we report on 15 open label studies and 4 double-blind, placebo-controlled studies that showed consistent reduction in subjective symptoms and overall effectiveness ratings of 75% and greater. In addition, 1 double-blind, active-controlled study, 1 open-label study on a combination, and 1 double-blind, placebo-controlled study on a combination strengthen the conclusions on the therapeutic merits of Cernitin.

Conclusions

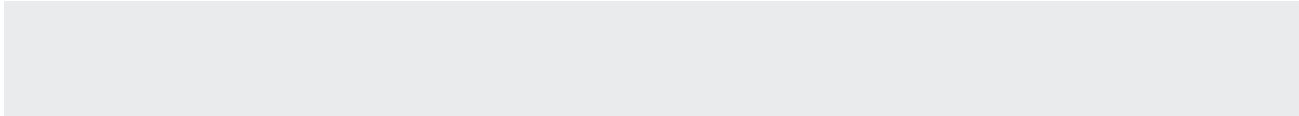
Sufficient evidence exists in the primary and secondary literature to indicate that a standardized flower pollen extract commonly referred to as Cernitin is safe and effective for the treatment of mild to moderate LUTS. This dietary supplement composed of pollen extracts from rye, corn, and timothy has the potential to be used in combination with other dietary supplements or pharmaceuticals to provide relief of bothersome symptoms and improve quality of life for millions of men.

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URINARY SUPPORT:

GRAMINEX Flower Pollen Extract

A Critical Review of Cernitin™ for Symptomatic Relief of Lower Urinary Tract Symptoms (LUTS) in Men

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Objective

We reviewed published data concerning the ability of a defined flower pollen extract derived from rye, corn, and timothy, commonly referred to as Cernitin to provide symptomatic relief in men suffering from lower urinary tract symptoms (LUTS). This same defined pollen extract has also been called Cernilton in other reports and is commercially available as Graminex Flower Pollen Extract. To maintain clarity, however, we will only use the term Cernitin to describe the defined pollen extract. In writing this review, our major goal is to present evidence concerning the therapeutic role of Cernitin in the management of mild to moderate LUTS. Nevertheless, we briefly describe prostatic perturbations in general and other natural therapeutic approaches to alleviate symptoms caused by them.

Introduction

It is estimated that 9-10 million men have lower urinary tract symptoms (LUTS) secondary to an enlarged prostate; and 400,000 surgeries are conducted each year in the U.S to alleviate such symptoms [1,2]. Although cancer might be a root cause, LUTS are more commonly found in men with non-cancerous conditions such as benign prostatic hyperplasia (BPH), prostatic dysplasia, acute and chronic prostatitis caused by a bacterial infection, as well as chronic non-bacterial

prostatitis. BPH, the most common cause of LUTS, does not distinguish between race and ethnic background, although African-American men are at a slightly greater risk [3]. It does not relate to sexual activity, since it can occur in celibate priests as well as the most sexually active of men [4]. Regardless of the etiology of the specific prostate-related disorders, health worries associated with prostatic enlargement are significant. Over \$1 billion dollars are spent each year on treatment for prostatic enlargement, because LUTS can lead to more serious health problems if not treated properly [5].

The term LUTS describes men experiencing one or more symptoms listed on the International Prostate Symptom Score (IPSS) questionnaire. Among the mentioned urinary symptoms are daytime and night time (nocturia) frequency, urgency, hesitancy, intermittency, sensation of incomplete voiding, and decreased force of urinary stream [2]. An individual often becomes aware of the problem when urination occurs more frequently than usual. He may eventually become the person who rarely can sit through a movie or concert -- the one that requests the aisle seat on an airplane so as not to disturb his fellow passengers on his frequent sojourns to the restroom. At night, the trips to the bathroom caused by nocturia steadily increase, and there is a definite impingement on sleep. Suffice it to

say, any experiencing of such frequency should lead to suspicion of the disorder.

What do we know about this troublesome gland? The prostate gland is associated with the male reproductive system. Its major function is to produce and discharge a viscous, alkaline liquid that provides a major portion of the seminal fluid. The prostate makes and stores fluid almost continuously. Because of the environment afforded by the presence of prostatic fluid, sperms are protected, at least to some extent, and can survive longer after ejaculation. In addition, the prostatic fluid contains prostaglandins, which are fatty acids that, similar to hormones, affect smooth muscle fibers and blood vessel walls. Although the prostate plays no direct role in the functioning of the male urinary system, its location near the bladder and urethra cause many urinary perturbations when it expands via growth or response to chronic inflammation [6-8].

At birth, the gland is the size of a pea and grows slowly until puberty. Under the influence of sex hormones, the prostate grows at a faster pace. During the 20's and 30's, the gland is characteristically the size of a walnut and weighs roughly one ounce. The gland, made up of muscular and glandular tissue, is located in front of the rectum and below the urinary bladder. Importantly, the gland surrounds the urethra, a tube that carries urine from the bladder to the tip of the penis for expulsion. Obviously, this setting has the potential to cause problems and unfortunately does. Around the age of 45, cells in the majority of prostates began to multiply again and the gland can reach up to 10 times the normal adult size [3].

The prostate can be divided into various lobes, with the major problems of BPH lying in the small transitional zone. The transitional zone that lies within the so-called middle lobe is the sole site of BPH [9]. Interestingly, the small transition zone comprises only two per cent of the entire prostatic mass before enlargement. Obviously, enlargement of this area does not in itself increase the size of the prostate greatly. Because of this, the degree of urethral obstruction may not directly relate to the overall size of the prostate gland but instead to the direction of growth enlargement. Some men with greatly enlarged prostates may have no signs of obstruction, while those with relatively small prostates may have severe obstruction.

While the exact mechanism behind age-related enlargement of the prostate is uncertain, a highly active form of the male hormone, testosterone, called dihydrotestosterone (DHT), is considered a major factor behind prostatic enlargement [4]. Excessive levels of DHT have been found in men with enlarged glands, and high concentrations of DHT are also associated with an increased risk of prostate cancer. To make matters worse, the concentration of DHT within the prostate increases with age. A major factor in the rise is that the enzyme responsible for the conversion of testosterone to DHT, 5-alpha reductase, becomes more active over the lifespan. Therefore, it is not too surprising that 5-alpha reductase is an important focal point in the medical treatment of prostate enlargement. Nevertheless, it is equally important to be aware that other prostatic enzymes, such as 3-oxido-reductase, deficiency of minerals such as zinc, and inflammation may also play a role in the enlargement process.

Background of Treatment

Bruskewitz points out that since serious complications from BPH and related non-cancerous conditions are rare, the primary aim of pharmacological treatment is to improve quality of life by relieving the vexing symptoms [10]. Studies conducted in the U.S. showed that urologists provided no specific treatment 77% of the time to men with mild symptoms. With moderate symptoms, however, prescription drugs were given 89% of the time; and surgery was conducted 1% of the time. The primary therapeutic treatment was use of alpha (1)-adrenoceptor antagonists such as terazosin hydrochloride (Hytrin®) that provide symptomatic relief but have not been shown to influence the incidence of surgery, acute urinary obstruction, or other complications of BPH [11]. In the past, treatment options for significant prostate enlargement focused on surgery. In a given year, approximately 400,000 men are driven to undergo a procedure called a transurethral resection of the prostate (TURP). Even now, transurethral resection is the standard treatment for BPH, i.e., the gold standard by which all other procedures are measured [12]. Unfortunately, while many symptoms of obstruction are ameliorated, post-urination dripping may continue and may even result in severe incontinence. Even worse, the operation may be followed by a decline in sexual

function. This may also occur with the use of the common pharmaceuticals as well [2]. Accordingly, a need exists for safe, effective products that can be used to treat mild to moderate LUTS in lieu of or in addition to prescription drugs and major surgery. Natural products have been considered among the alternative therapies.

Natural Products to Treat LUTS

Saw Palmetto (Serenoa Repens)

Research carried out in Europe over the past 20 years shows that natural, fat-soluble extracts from specific plants effectively inhibit the function of 5-alpha-reductase, and block, at least in part, the formation of DHT [13-16]. The best-known and most extensively researched plant is saw palmetto. Saw palmetto is an extract of the pulp and seeds of a dwarf, scrubby palm tree native to the West Indies and the Atlantic coast of the United States. Saw palmetto works, for the most part, by the same mechanism as the pharmaceutical Proscar®, i.e., preventing the conversion of testosterone to DHT [16]. Additional benefits from plant extracts have also been found and may add to the good results found with their use. Some plant extracts not only lower the rate of DHT formation, but also block the ability of DHT to bind to cells, preventing the action of hormone [17,18]. In addition, they may prevent severe inflammatory responses. Saw palmetto, known to be popular in Europe, has recently become recognized in America. In one study using saw palmetto in 110 men, it decreased nighttime urination by 45 percent, increased urinary flow rate more than fifty percent, and reduced the amount of urine left in the bladder after urination by 42 per cent [19]. In other large trials, improvement in prostatic symptomatology was readily noted and saw palmetto even compared favorably with Hytrin and Proscar when they were compared head to head [20-24].

Pygeum Africanum

The powdered bark of the pygeum tree, a large tropical African evergreen, has been used for centuries to treat urinary disorders [25]. Pygeum contains phytosterols, which have been purported to have anti-inflammatory properties. In addition, much benefit has been attributed to their ability to decrease prostatic swelling, to

reduce harmful prostaglandins that induce inflammation, and to diminish circulating prolactin that decreases the prostate uptake of testosterone. When 263 German men were tested with *Pygeum africanum*, urinary symptoms improved in 66% compared to 31% in the placebo group [26]. Occasional gastrointestinal upset seems to be the major adverse side effect.

Stinging Nettle (Urtica dioica)

Less research has been performed using the stinging nettle to ameliorate BPH. Laboratory studies have shown its ability to inhibit laboratory induced prostate growth in mice [27]. The results from one study suggest that the steroidal components of stinging nettle roots suppressed prostate cell growth [28].

Beta-sitosterol

Much attention has recently been focused on beta-sitosterol. In a randomized double blind study reported in the Lancet, 200 patients from eight private urological practices were treated for six months with either 20 mg of beta-sitosterol or placebo [29]. At the end of six months, modified Boyarsky scores decreased statistically in the beta-sitosterol treated group compared to placebo. The quality of life score improved, the peak urine flow increased, the mean voiding time and the urinary volume retention also improved from the initial scores in the verum group, whereas no changes were noted in the placebo group. Results were also positive in another randomized, double-blind and placebo-controlled study carried out in Germany [30].

Cernitin

Cernitin is a natural product recently introduced in the USA to be used to treat LUTS. However, it has actually been around a long time. In 1950, in a tiny Swedish village, a beekeeper found a way to collect pollen artificially [31]. Since it was good for bees, his hypothesis was that it would be good for humans. Initially, the flower pollen was used as a prophylactic agent against infections. Later the extraction process was modified so that the active pollen was released and was non allergenic. Found in the pollen are peptides, carbohydrates, fatty acids, vitamins, minerals, nucleic acids, and enzymes. Whatever the original hypothesis concerning overall health, the defined pollen extract called

"Cernitin" proved specifically useful in treating BPH and other prostate conditions [2,32].

Cernitin is a standardized extract of rye pollen (*Secale cereale*), corn pollen (*Zea mays*), and timothy pollen (*Phleum pratense*). From these combined pollens, two important, therapeutic extracts are derived -- a water-soluble fraction and a lipid-soluble fraction with different physiological functions. *In vitro* and *in vivo* animal studies [33,34] have shown that both fractions have anti-inflammatory properties emanating from inhibition of prostaglandin and leukotriene synthesis. The water-soluble fraction has been shown to reduce the size of the ventral and dorsal prostate in the rat [35] and to inhibit testosterone-induced BPH in castrated animals [8]. The combined extracts were shown to inhibit growth of transplanted human BPH tissue in an athymic nude mouse model (36). Both fractions have been shown to relax the smooth muscle of the mouse and pig urethra, increase bladder muscle contractions [34], and reduce prostate size in mature Wistar rats [37].

Cernitin extracts are also sold as Graminex Flower Pollen Extract and are available in the marketplace in tablet and capsule forms, usually contain 63 mg of a 20:1 ratio of water-soluble to lipid-soluble fractions. Cernitin is contained in products regulated as drugs in Switzerland, Germany, Austria, Japan, South Korea and South Africa. In the U.S., the use of botanicals for LUTS is relatively less. No botanicals are approved as prescription or over-the-counter drugs for LUTS or BPH in the U.S. Accordingly, they are sold as dietary supplements and are labeled with non-specific information, e.g., "maintains prostate health." In a study conducted in Chicago in 1997-1998 with 738 men having LUTS and/or prostate disease, Bales et al [38] found that 13% of the group had used botanicals for their condition (59% in combination with prescription drugs), 37% were aware of botanicals as an option but had never used them, and 50% were unaware of this treatment option. Such information prompted our review of Cernitin.

Methods

Literature searches were conducted on Medline and the Cochrane Library. Sources such as review articles and monographs in botanical reference books and other books referring to Cernitin were included in the analysis. Open label and comparative trials were included in the

assessment, although more weight was given to placebo-controlled, double-blind studies. Emphasis was placed on subject ratings of symptoms in light of the potential for self-medication of this extract.

Results

Reviews, Books, and Monographs

Four reviews [39-43] and a number of books/monographs [2,44-46] dealing largely with the clinical efficacy and safety of Cernitin have been published in recent years. Each used its own criteria to select studies considered to be valid. Because all reviews concluded that Cernitin is very safe with few or no side effects, the summaries described below are essentially limited to efficacy.

In the first, Commission E, an expert committee established by the German government to evaluate the safety and efficacy of over 300 botanical and botanical combinations sold in Germany, concluded in 1994 that combining extracts of rye, corn, and timothy pollen was useful in the treatment of "micturition difficulties associated with Alken stage I-II benign prostatic enlargement (BPH)" [39]. In the second, the Natural Medicines Comprehensive Database concluded that rye grass pollen extract (Cernitin) was "possibly effective" for the management of BPH symptoms, for shrinking prostate size, and for prostatitis and prostatic dysuria based on the information it gathered [40]. In the third source, the same group published reviews in 1999 and 2000 based upon results from 4 double-blind studies (444 men in total, 2 studies with placebo; 2 with active controls) [41,42]. Results consistently showed a "modest" improvement in subjective symptoms and nocturia in the Cernitin groups compared to placebo, Paraprost (a mixture of the amino acids L-glutamic acid, L-alanine, glycine) and Tadenan (*Pygeum africanum* extract). The authors called for additional studies to evaluate long-term effects. In the final review, Shoskes concluded that there was credible clinical and scientific evidence that treatment with Cernitin pollen extract was efficacious for the majority of patients with non-bacterial prostatitis and prostatic dysuria [43]. The books/monographs largely corroborate the conclusions of the reviews [2,44-46].

Research Papers

Again, Cernitin was well tolerated in all of the published studies from primary literature with

minimal reported side effects. Therefore, the discussion will continue to focus on efficacy.

In the 1960's, Leander [47] published results of a carefully controlled trial. He compared placebo with Cernitin pollen extract in 179 cases. Using pollen extract, Leander found a 60-80 per cent improvement over placebo in symptoms of obstruction, probably through elimination of inflammatory edema. Around the same time, much work was progressing in Japan. Inada et al [48] reported favorable effects in 12 patients suffering from prostatic hypertrophy. They reported that five cases had "effective" results; five showed "slightly effective" results and two reported "ineffective" results. In 1967, Ohkoshi, Kawamura and Nagakubo of Keio University, reported impressive results in 30 patients with prostatitis and/or urethritis [49]. Examining 14 patients receiving Cernitin, it was found that treatment was "successful" in 10, "slightly effective" in three, and "ineffective" in only one case. In 16 patients given placebo, seven found the treatment to be "effective" and nine reported "no change."

In 1981, Takeuchi [50] investigated both subjective and objective effects of Cernitin on 25 men with BPH. The efficiency rate for Cernitin was reported as 64%. There was a 50% improvement for nocturnal micturition. Horii et al [51] reported the results of 30 subjects with BPH who were given Cernitin 2 tablets, 3 times daily for at least 12 weeks. The overall clinical efficacy for subjective symptoms was rated at 80% and objective symptoms at 43%. Ueda et al [52] treated 22 patients with stage I and II BPH with Cernitin for over 4 weeks. Eighty-two percent of the patients were rated as moderately improved or better. Hayashi et al [53] treated 20 BPH patients with Cernitin, 6 tablets a day for an average of 13.2 weeks. They reported improvements in sense of residual urine (92%), retardation (86%), night frequency (85%), strain on urination (56%), protraction (53%), and forceless urinary stream (53%). Overall subjective effectiveness was 80% and overall objective effectiveness was 54%.

In 1986, a field study of 2,289 patients being treated by 170 urologists was undertaken [54]. They examined the effectiveness of Cernitin pollen extracts on chronic prostatitis and/or BPH. Improvement of symptoms was reported in 64 to 82%, in contrast to a low rate of adverse reaction found only in 2.9% of cases. In the

same year [55], Brauer compared the effects of Cernitin and beta-sitosterol in 39 patients. A significant reduction in circulating levels of PSA with Cernitin therapy indicated a reduction of cell lesions in BPH. In contrast, no such change occurred with beta-sitosterol treatment. Although flower pollen extract proved superior to beta-sitosterol in many respects, the mean values for residual volume fell under 15 ml for both at the end of treatment. Jodai et al [56] reported the results of a study on 32 patients with chronic prostatitis given 6 tablets of Cernitin daily for an average of 12 weeks. Subjective symptoms improved in 74.2% of the subjects as compared to 65.6% for objective symptoms. The overall efficacy rate was 75.0%.

In a double-blind, placebo-controlled study, Becker et al [57] reported data for 96 subjects with BPH in stages II or III according to the Vahlensieck. Subjects received two Cernitin capsules or placebo three times daily for 12 weeks. The results showed significant improvement in nocturia (68.8% on Cernitin versus 37.2% on placebo, $p = 0.005$), daytime frequency (65.8% on Cernitin versus 43.9% on placebo, $p = 0.076$), freedom from daytime frequency (48.8% on Cernitin versus 19.5% on placebo, $p = 0.010$) and freedom from sensation of residual urine (37.1% on Cernitin versus 7.7% on placebo, $p = 0.016$). In addition there was significant improvement in global assessment scores of both the physicians ($p = 0.001$) and patients ($p = 0.01$). Physicians rated the overall response as very good or good for 68.1% of patients taking Cernitin versus 13.7% taking placebo group. 72.1% of patients taking Cernitin rated their overall response as very good or good versus 27.3% in the placebo group. However, there was no significant change in the size of the prostate as determined by palpation.

In an open study, Buck et al [58] studied the effect Cernitin, 2 tablets twice daily for up to 18 months on 15 patients with chronic, relapsing non-bacterial prostatitis and prostatic dysuria. Seven patients became symptom-free, 6 patients were significantly improved, and 2 patients failed to show improvement in symptoms. Improvement in symptomatology occurred for most patients after 3 months of treatment.

In a double-blind, placebo-controlled study, Buck et al [59] reported data for 53 subjects awaiting operative treatment for outflow obstruction due to prostate enlargement. Patients were instructed to take 2 capsules of Cernitin or placebo twice a day over a 6-month period. The

results showed 60% of the subjects receiving Cernitin had less nocturia compared to 30% receiving placebo ($p < 0.063$), and 57% showed improvement in bladder emptying with Cernitin compared to only 10% taking placebo ($p < 0.004$). There was a significant difference ($p < 0.009$) in overall improvement in subjective symptoms in the Cernitin group (69%) versus placebo (29%). Despite no significant change in peak urinary flow rate or voided volume, residual urinary volume decreased significantly in the Cernitin group compared to placebo ($p < 0.025$).

In a double-blinded, active-control study, Maekawa et al [60] conducted a double-blind study comparing Cernitin, 2 capsules twice daily for 12 weeks, to Paraprost (a mixture of the amino acids L-glutamic acid, L-alanine, glycine) in 159 patients with BPH. The two botanical preparations were comparable in improving symptoms (IPSS) from baseline (55% for Cernitin and 62% for Paraprost). There was a significant improvement in residual urinary volume, average flow rate, maximum flow rate and prostatic weight in the Cernitin group versus Paraprost. Greater than moderate effectiveness rating was 49.1% for Cernitin and 41.2% for Paraprost.

Becker et al [61] continued the placebo-controlled study described above [57] with an open label study in which 92 subjects previously treated in the first phase of the study with Cernitin ($n=45$) or placebo ($n=47$) were continued or now treated with Cernitin for 12 weeks. Physicians were blinded in this second phase as to whether the subjects received Cernitin or placebo in the first phase. The results showed that the differences observed between the two groups in the first phase were eliminated in the 2nd phase. Subjects previously treated with placebo improved significantly when treated with Cernitin. Significant improvements were observed in nocturia ($p = 0.051$), frequency ($p = 0.039$), feeling of incomplete emptying ($p = 0.013$), palpable enlargement of the prostate ($p = 0.046$) and prostatic congestion ($p=0.03$).

Bach and Ebeling [62] reported the results from a large open-label trial in Germany involving 208 physicians and 1798 patients with BPH capable of being evaluated. The patients were treated for 24 weeks with Cernitin; 2 tablets 3 times daily. The patients were divided into 3 groups (stage 1, 2 and 3) for data analysis based on the severity of the BPH symptoms. Patients in stage 1 had the most improvement of the three groups in irritative symptoms whereas patients in stage

2 had significant improvement in both irritative and obstructive symptoms. Peak urinary flow rates increased significantly in all 3 groups. A continuing improvement in symptoms was noted when comparing the results after 12 and 24 weeks of treatment. Efficacy in stage 1 and 2 patients was judged to be satisfactory or better in 90% of the patients. Efficacy in stage 3 patients was judged to be satisfactory or better in 65% of the patients. The authors concluded that treatment with Cernitin is justified even for stage 3 patients until surgery is performed.

Rugendorff et al [63] reported the results of a study on 90 patients with non-bacterial prostatic pain and chronic prostatitis. Subjects were given Cernitin, 1 tablet 3 times daily for 6 months. Seven-two patients were found to have complicating factors (such as bladder neck sclerosis, prostatic calculi or urethral stricture), while the remaining 18 possessed no complicating factors. Seventy-eight percent of the patients without complications responded to the treatment with 36% of these becoming asymptomatic. In contrast, only 6% of patients with complicating factors improved. Peak urine flow rate in the uncomplicated group increased significantly ($p < 0.001$) from 15.9 to 23.5 ml/s.

Braun and Peyer [64] in a 1993 double blind, placebo-controlled investigation on 44 patients with Grade I and II BPH assessed the validity of treatment with flower pollen extract on subjective and objective parameters. They found by using questionnaires, echography, and laboratory analysis of PSA that flower pollen extract had a clear benefit over placebo. In 25 patient receiving verum compared to 19 receiving placebo, there was a significant reduction in the mean number of both diurnal and nocturnal micturations with flower pollen extract ($p<0.05$). Using ultrasonic measures, the mean volume of the prostate decreased significantly more in the verum group (-29% vs. -8.8%, $p<0.05$). More reduction in residual urine volume and PSA levels were noted in the verum group.

Yasumoto and colleagues [65] conducted an open-label trial with 79 BPH patients. Patients were given 2 Cernitin tablets 3 times a day for at least 12 weeks. The results showed that symptom scores improved significantly from baseline. Overall clinical efficacy was rated 85%. Clinical efficacy at 12 weeks was rated satisfactory or better in 85% of the patients. Dutkiewicz [66] gave Cernitin to 51 patients with

BPH -- 2 capsules three times daily for 2 weeks then 1 capsule 3 times daily for an additional 14 weeks. Thirty-eight subjects were given Tadenan (*Pygeum africanum* extract) for 4 months. Significant improvement in subjective symptoms was reported for both -- Cernitin group (78%) and the Tadenan group (55%). In a recently published study, 24 patients with chronic prostatitis (NIH-category III) were treated with Cernitin for at least 6 weeks. The results showed a significant decrease in the symptom scores at 4 and 6 weeks [67].

Potential Role of Combination Therapy

Although published clinical trials support the efficacy of Cernitin in the relief of mild to moderate LUTS, a precedent exists to examine beneficial effects of combining Cernitin with other botanical products. A recently completed clinical study sponsored by the National Institutes of Health concluded that the combination of finasteride and doxazosin was more effective than either treatment alone in preventing progression of BPH [68]. This study demonstrates the therapeutic advantages of combining drugs with different mechanisms of action.

The precise mechanisms behind the therapeutic benefits of Cernitin are not fully understood, but it is generally accepted that anti-inflammatory and/or alpha adrenergic blocking effects are important. Therefore, combining Cernitin with a botanical and/or prescription drug with different mechanisms of action may provide additional symptomatic relief. Two recently published trials using combinations of agents with Cernitin support this theory.

Preuss et al [69] reported on a double-blind, placebo-controlled trial comparing a combination of Cernitin (378 mg); saw palmetto fruit standardized to 43% B-sitosterol (286mg) and vitamin E (100IU). Seventy subjects completed the combination therapy and 57 subjects completed the placebo over a 90-day period. There was a significant reduction in nocturia ($p < 0.001$), daytime frequency ($p < 0.04$) and overall symptomatology as measured by the American Urological Association Symptom Score. This combination therapy is logical, since saw palmetto may have different mechanisms of action than Cernitin. As an example, it is believed that saw palmetto compared to Cernitin prevents to a greater extent the conversion of

testosterone to dihydroxytestosterone, a potent androgen that stimulates enlargement of the prostate [17,21,22].

Aoki et al [70] conducted an open label trial to study tamsulosin hydrochloride (Flomax®), an alpha1A adrenoceptor antagonist, Cernitin, and the combination in 243 patients with symptomatic BPH over a 12-week period. The results showed that whereas symptoms improved in each group, supporting the efficacy of Cernitin, the best results were obtained in the group that used the combination.

Discussion

A review of placebo-controlled trials, active-controlled and open-label studies indicate that Cernitin is a safe and effective therapy for the management of mild to moderate LUTS. By reducing bothersome symptoms, Cernitin improves quality of life. The placebo-controlled, double-blind studies with Cernitin alone [47,57,59,60] and combined with other natural products [69] especially provide evidence that Cernitin is effective in reducing nocturia, daytime frequency, and sensation of residual urine. The number of subjects in these studies was small relative to the studies conducted for prescription therapeutics such as Terazosin [11] (Hytrin, minimum of 430 subjects) and Doxazosin [71] (Cardura, minimum of 900 subjects), however the duration of the studies were comparable. Cernitin studies were generally conducted for 12 to 24 weeks, terazosin trials were conducted for 12 to 24 weeks, and doxazosin studies were also conducted over a 14 to 16 week period.

Since the number of subjects studied in placebo-controlled trials is small, it was necessary to review open-label and active control studies as supporting data. Concerning the use of Cernitin alone, we report on 15 open label studies and 4 double-blind, placebo-controlled studies that showed consistent reduction in subjective symptoms and overall effectiveness ratings of 75% and greater. In addition, 1 double-blind, active-controlled study, 1 open-label study on a combination, and 1 double-blind, placebo-controlled study on a combination strengthen the conclusions on the therapeutic merits of Cernitin.

Conclusions

Sufficient evidence exists in the primary and secondary literature to indicate that a standardized flower pollen extract commonly

referred to as Cernitin is safe and effective for the treatment of mild to moderate LUTS. This dietary supplement composed of pollen extracts from rye, corn, and timothy has the potential to be used in combination with other dietary supplements or pharmaceuticals to provide relief of bothersome symptoms and improve quality of life for millions of men.

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PROSTATE SUPPORT:

GRAMINEX Flower Pollen Extract

Effects of Pollen-Extract Components, Diamines and Derivatives of Feruloylputrescine on Isolated Bladder and Urethral Smooth Muscles of Mice

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Jpn J Pharmacol. 1990 Jun; 53(2):157-64.

The contracting or inhibitory effects of pollen-extract components, diamines and derivatives of feruloylputrescine (FP) were investigated on the isolated bladder or urethral smooth muscles of mice. Among the nine diamines ($\text{NH}_2(\text{CH}_2)_n\text{NH}_2$, $n = 2-10$) tested, five of them with shorter carbon chains ($n = 2-6$) (0.1-30.0 mM) only slightly contracted the bladder strips and to some extent inhibited the noradrenaline (NA, 1.77 μM)-induced contraction of urethral strips. 1,5-Diaminopentane (C5), a component of the pollen-extract, inhibited most effectively the NA induced contraction of urethral strips with an IC_{50} value of 2.3 mM (95% confidence limit: 2.0- 2.6 mM). FP, also a component of the pollen-extract, inhibited the NA-induced contraction of urethral strips in a non-competitive manner, producing 32.5 \pm 5.5% ($N = 5$) inhibition at 378 μM . Among the derivatives of FP, feruloylcadaverine inhibited urethral contraction most potently, producing 46.3 \pm 7.1% ($N = 5$) inhibition at 359 μM . These derivatives had no effect on bladder contraction. In contrast, four diamines with longer carbon chains ($n = 7-10$) contracted the bladder strips (3-30 mM) and potentiated the NA-induced contraction of urethral strips (10 μM -3 mM). Thus, the components of the pollen-extract, FP and C5, potently inhibited urethral contraction, which may facilitate the discharge of urine in vivo.

PMID: 2385002 [PubMed - indexed for MEDLINE]



URINARY SUPPORT:

GRAMINEX Flower Pollen Extract

Effects of Pollen-Extract Components, Diamines and Derivatives of Feruloylputrescine on Isolated Bladder and Urethral Smooth Muscles of Mice

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PMID: 2385002 [PubMed - indexed for MEDLINE]



URINARY SUPPORT:

GRAMINEX Flower Pollen Extract

Effects of Cernitin™ pollen extract (CN-009) on the isolated bladder smooth muscles and the intravesical pressure

Onodera S, Yoshinaga M, Takenaga K, Toyoshima A, Uchiyama T

Cernitin™ pollen extracts (CN-009), extract from several pollen species, has been used for urinary dysfunction. As its mode of action has not been clarified, we investigated the action of CN-009 on the isolated bladder smooth muscles of rats, guinea pigs and cats and the intravesical pressure in female rats. CN-009 contracted isolated detrusor muscles of rats, guinea pigs and cats in a concentration-dependent manner. In the guinea pig detrusor muscle, the contractile effect of CN-009 was depressed by atropine, diphenhydramine and increased by cimetidine. In the rat detrusor muscle, the CN-009-induced contraction was depressed by atropine. In adult rats (11-23 weeks old) and aged rats (2 years old), CN-009 showed a dose-dependent increase of intravesical pressure to the same extent in spite of the fact that the aged rats had a lower responsiveness to acetylcholine. In adult rats, the CN-009-induced increase of intravesical pressure was reduced completely by atropine and partly reduced by phentolamine and guanethidine. Three weeks consecutive oral administration of CN-009 tended to increase the basal intravesical pressure and tended to elevate the isoproterenol-induced decrease and serotonin-induced increase in the intravesical pressure. These results suggest that CN-009 contracts the detrusor muscle, a process that is mainly mediated by muscarinic receptor activation. The contraction induced by CN-009 of detrusor muscle causes the increase of intravesical pressure.

PMID: 1879805, UI: 91348658

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URINARY SUPPORT:

GRAMINEX Flower Pollen Extract

Inhibitory Effect and Synergism of Cernitin™ Pollen Extract on the Urethral Smooth Muscle and Diaphragm of the rat

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Inhibitory effects of Cernitin™ pollen extract (CN-009), consisting of T-60 (a water-soluble extract) and GBX (an acetone-soluble extract) at a ratio of 20:1, were investigated in rat urethral smooth muscle and diaphragm. In the urethral smooth muscle, CN-009 (3.0×10^{-4} approximately 3.0×10^{-3} g/ml), T-60 and GBX (corresponding to CN-009) concentration-dependently inhibited the noradrenaline (NA, 10^{-5} g/ml)-induced contraction. According to Burgi's calculation, the inhibition by T-60 and GBX was synergistic. On the other hand, GBX inhibited the NA-contraction non-competitively and also inhibited the K⁺-contraction. In contrast, T-60 tended to inhibit competitively, but did not affect the K⁺-contraction. In the diaphragm, CN-009 (5.25×10^{-3} approximately 2.1×10^{-2} g/ml) concentration-dependently inhibited the nerve stimulation-induced twitch response. T-60 (corresponding to CN-009) showed no effect, while GBX slightly inhibited the twitch response. The effects of T-60 and GBX were synergistic. The inhibitory effects of CN-009 (2.1×10^{-2} g/ml) and GBX (1.0×10^{-2} g/ml) were specific against the nerve stimulation and were not antagonized by neostigmine (1.0×10^{-5} g/ml). These results suggested that these effects were neither musculotropic nor competitive against ACh. In conclusion, CN-009 concentration-dependently inhibited the urethral contraction and the skeletal muscular twitch response. It was suggested that T-60 and GBX had different mechanisms and inhibited the response synergistically.

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Nippon Yakurigaku Zasshi 1988 Jun;91(6):385-92



URINARY SUPPORT:

GRAMINEX Flower Pollen Extract

Micturition activity of pollen extract: contractile effects on bladder and inhibitory effects on urethral smooth muscle of mouse and pig

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Planta Med. 1986 Apr;52(2):148-51.

The contractile and inhibitory effects of pollen extracts on bladder and urethral smooth muscle strips from mice and domestic pigs were investigated. In the mice bladder strips, T-60 (a water-soluble extract), GBX (an acetone-soluble extract), and CN (consisting of both T-60 and GBX at a ratio of 20:1) induced contractions at 0.1-3.0 mg/ml in a concentration-dependent manner. CN, T-60, and GBX (3.0 mg/ml) attained 27.6, 27.0, and 7.3% of the ACh response (10.0 microg/ml). The T-60 effect was antagonized noncompetitively by atropine (0.029-0.29 ng/ml). CN, T-60, and GBX inhibited noradrenaline (NA)-contracted urethral strips of mice (IC (50) values for NA 0.3 microg/ml: 0.508, 0.553, and 0.888 mg/ml, and for NA 10.0 microg/ml : 0.556, 0.705, and 0.673 mg/ml). Only GBX relaxed the normal tone of pig urethral strips. The water-soluble extract of corn (ZEA MAYS) pollen, the main pollen of CN, contracted the mice bladder strips and inhibited NA-contracted urethral strips of mice more potently than T-60. The acetonesoluble extract of corn pollen relaxed the normal tone of the pig urethra and inhibited the NA-contracted mouse urethra more effectively than GBX. These results indicate that by pollen extracts (mainly corn pollen extracts) the urine discharge may be caused by the contractile effect on the bladder, and its inhibitory or relaxing effect on the urethra.



URINARY SUPPORT:

GRAMINEX Flower Pollen Extract

A Critical Review of PollenAid for Symptomatic Relief of Lower Urinary Tract Symptoms (LUTS) in Men

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Objective

We reviewed published data concerning the ability of a defined flower pollen extract derived from rye, corn, and timothy, commonly referred to as PollenAid to provide symptomatic relief in men suffering from lower urinary tract symptoms (LUTS). This same defined pollen extract has also been called PollenAid™, Cernilton, and Prostaphil in other reports and is commercially available as Graminex™ Flower Pollen Extract. To maintain clarity, however, we will only use the term PollenAid to describe the defined pollen extract. In writing this review, our major goal is to present evidence concerning the therapeutic role of PollenAid™ in the management of mild to moderate LUTS. Nevertheless, we briefly describe prostatic perturbations in general and other natural therapeutic approaches to alleviate symptoms caused by them.

Introduction

It is estimated that 9-10 million men have lower urinary tract symptoms (LUTS) secondary to an enlarged prostate; and 400,000 surgeries are conducted each year in the U.S to alleviate such symptoms [1,2]. Although cancer might be a root cause, LUTS are more commonly found in men with non-cancerous conditions such as benign

prostate hyperplasia (BPH), prostatic dysplasia, acute and chronic prostatitis caused by a bacterial infection, as well as chronic non-bacterial prostatitis. BPH, the most common cause of LUTS, does not distinguish between race and ethnic background, although African-American men are at a slightly greater risk [3]. It does not relate to sexual activity, since it can occur in celibate priests as well as the most sexually active of men [4]. Regardless of the etiology of the specific prostate-related disorders, health worries associated with prostatic enlargement are significant. Over \$1 billion dollars are spent each year on treatment for prostatic enlargement, because LUTS can lead to more serious health problems if not treated properly [5].

The term LUTS describes men experiencing one or more symptoms listed on the International Prostate Symptom Score (IPSS) questionnaire. Among the mentioned urinary symptoms are daytime and night time (nocturia) frequency, urgency, hesitancy, intermittency, sensation of incomplete voiding, and decreased force of urinary stream [2]. An individual often becomes aware of the problem when urination occurs more frequently than usual. He may eventually become the person who rarely can sit through a movie or concert -- the one that requests the aisle seat on an airplane so as not to disturb his

fellow passengers on his frequent sojourns to the restroom. At night, the trips to the bathroom caused by nocturia steadily increase, and there is a definite impingement on sleep. Suffice it to say, any experiencing of such frequency should lead to suspicion of the disorder.

What do we know about this troublesome gland? The prostate gland is associated with the male reproductive system. Its major function is to produce and discharge a viscous, alkaline liquid that provides a major portion of the seminal fluid. The prostate makes and stores fluid almost continuously. Because of the environment afforded by the presence of prostatic fluid, sperms are protected, at least to some extent, and can survive longer after ejaculation. In addition, the prostatic fluid contains prostaglandins, which are fatty acids that, similar to hormones, affect smooth muscle fibers and blood vessel walls. Although the prostate plays no direct role in the functioning of the male urinary system, its location near the bladder and urethra cause many urinary perturbations when it expands via growth or response to chronic inflammation [6-8].

At birth, the gland is the size of a pea and grows slowly until puberty. Under the influence of sex hormones, the prostate grows at a faster pace. During the 20's and 30's, the gland is characteristically the size of a walnut and weighs roughly one ounce. The gland, made up of muscular and glandular tissue, is located in front of the rectum and below the urinary bladder. Importantly, the gland surrounds the urethra, a tube that carries urine from the bladder to the tip of the penis for expulsion. Obviously, this setting has the potential to cause problems and unfortunately does. Around the age of 45, cells in the majority of prostates began to multiply again and the gland can reach up to 10 times the normal adult size [3].

The prostate can be divided into various lobes, with the major problems of BPH lying in the small transitional zone. The transitional zone that lies within the so-called middle lobe is the sole site of BPH [9]. Interestingly, the small transition zone comprises only two per cent of the entire prostatic mass before enlargement. Obviously, enlargement of this area does not in itself increase the size of the prostate greatly. Because of this, the degree of urethral obstruction may not directly relate to the overall size of the prostate gland but instead to the

direction of growth enlargement. Some men with greatly enlarged prostates may have no signs of obstruction, while those with relatively small prostates may have severe obstruction.

While the exact mechanism behind age-related enlargement of the prostate is uncertain, a highly active form of the male hormone, testosterone, called dihydrotestosterone (DHT), is considered a major factor behind prostatic enlargement [4]. Excessive levels of DHT have been found in men with enlarged glands, and high concentrations of DHT are also associated with an increased risk of prostate cancer. To make matters worse, the concentration of DHT within the prostate increases with age. A major factor in the rise is that the enzyme responsible for the conversion of testosterone to DHT, 5-alpha reductase, becomes more active over the lifespan. Therefore, it is not too surprising that 5-alpha reductase is an important focal point in the medical treatment of prostate enlargement. Nevertheless, it is equally important to be aware that other prostatic enzymes, such as 3-oxido-reductase, deficiency of minerals such as zinc, and inflammation may also play a role in the enlargement process.

Background of Treatment

Bruskewitz points out that since serious complications from BPH and related non-cancerous conditions are rare, the primary aim of pharmacological treatment is to improve quality of life by relieving the vexing symptoms [10]. Studies conducted in the U.S. showed that urologists provided no specific treatment 77% of the time to men with mild symptoms. With moderate symptoms, however, prescription drugs were given 89% of the time; and surgery was conducted 1% of the time. The primary therapeutic treatment was use of alpha (1)-adrenoceptor antagonists such as terazosin hydrochloride (Hytrin®) that provide symptomatic relief but have not been shown to influence the incidence of surgery, acute urinary obstruction, or other complications of BPH [11]. In the past, treatment options for significant prostate enlargement focused on surgery. In a given year, approximately 400,000 men are driven to undergo a procedure called a transurethral resection of the prostate (TURP). Even now, transurethral resection is the standard treatment for BPH, i.e., the gold standard by which all other procedures are measured [12]. Unfortunately, while many

symptoms of obstruction are ameliorated, post urination dripping may continue and may even result in severe incontinence. Even worse, the operation may be followed by a decline in sexual function. This may also occur with the use of the common pharmaceuticals as well [2]. Accordingly, a need exists for safe, effective products that can be used to treat mild to moderate LUTS in lieu of or in addition to prescription drugs and major surgery. Natural products have been considered among the alternative therapies.

Natural Products to Treat LUTS

Saw Palmetto (Serenoa Repens)

Research carried out in Europe over the past 20 years shows that natural, fat-soluble extracts from specific plants effectively inhibit the function of 5-alpha-reductase, and block, at least in part, the formation of DHT [13-16]. The best-known and most extensively researched plant is saw palmetto. Saw palmetto is an extract of the pulp and seeds of a dwarf, scrubby palm tree native to the West Indies and the Atlantic coast of the United States. Saw palmetto works, for the most part, by the same mechanism as the pharmaceutical Proscar®, i.e., preventing the conversion of testosterone to DHT [16]. Additional benefits from plant extracts have also been found and may add to the good results found with their use. Some plant extracts not only lower the rate of DHT formation, but also block the ability of DHT to bind to cells, preventing the action of hormone [17,18]. In addition, they may prevent severe inflammatory responses. Saw palmetto, known to be popular in Europe, has recently become recognized in America. In one study using saw palmetto in 110 men, it decreased nighttime urination by 45 percent, increased urinary flow rate more than fifty percent, and reduced the amount of urine left in the bladder after urination by 42 per cent [19]. In other large trials, improvement in prostatic symptomatology was readily noted and saw palmetto even compared favorably with Hytrin and Proscar when they were compared head to head [20-24].

Pygeum Africanum

The powdered bark of the pygeum tree, a large tropical African evergreen, has been used for centuries to treat urinary disorders [25]. Pygeum

contains phytosterols, which have been purported to have anti-inflammatory properties. In addition, much benefit has been attributed to their ability to decrease prostatic swelling, to reduce harmful prostaglandins that induce inflammation, and to diminish circulating prolactin that decreases the prostate uptake of testosterone. When 263 German men were tested with *Pygeum africanum*, urinary symptoms improved in 66% compared to 31% in the placebo group [26]. Occasional gastrointestinal upset seems to be the major adverse side effect.

Stinging Nettle (Urtica dioica)

Less research has been performed using the stinging nettle to ameliorate BPH. Laboratory studies have shown its ability to inhibit laboratory induced prostate growth in mice [27]. The results from one study suggest that the steroidal components of stinging nettle roots suppressed prostate cell growth [28].

Beta-sitosterol

Much attention has recently been focused on beta-sitosterol. In a randomized double blind study reported in the Lancet, 200 patients from eight private urological practices were treated for six months with either 20 mg of beta-sitosterol or placebo [29]. At the end of six months, modified Boyarsky scores decreased statistically in the beta-sitosterol treated group compared to placebo. The quality of life score improved, the peak urine flow increased, the mean voiding time and the urinary volume retention also improved from the initial scores in the verum group, whereas no changes were noted in the placebo group. Results were also positive in another randomized, double-blind and placebo-controlled study carried out in Germany [30].

PollenAid™

PollenAid™ is a natural product recently introduced in the USA to be used to treat LUTS. However, it has actually been around a long time. In 1950, in a tiny Swedish village, a beekeeper found a way to collect pollen artificially [31]. Since it was good for bees, his hypothesis was that it would be good for humans. Initially, the flower pollen was used as a prophylactic agent against infections. Later the extraction process was modified so that the active pollen was released and was non

allergenic. Found in the pollen are peptides, carbohydrates, fatty acids, vitamins, minerals, nucleic acids, and enzymes. Whatever the original hypothesis concerning overall health, the defined pollen extract called "PollenAid™" proved specifically useful in treating BPH and other prostate conditions [2,32].

PollenAid™ is a standardized extract of rye pollen (*Secale cereale*), corn pollen (*Zea mays*), and timothy pollen (*Phleum pratense*). From these combined pollens, two important, therapeutic extracts are derived -- a water-soluble fraction and a lipid-soluble fraction with different physiological functions. *In vitro* and *in vivo* animal studies [33,34] have shown that both fractions have anti-inflammatory properties emanating from inhibition of prostaglandin and leukotriene synthesis. The water-soluble fraction has been shown to reduce the size of the ventral and dorsal prostate in the rat [35] and to inhibit testosterone-induced BPH in castrated animals [8]. The combined extracts were shown to inhibit growth of transplanted human BPH tissue in an athymic nude mouse model (36). Both fractions have been shown to relax the smooth muscle of the mouse and pig urethra, increase bladder muscle contractions [34], and reduce prostate size in mature Wistar rats [37].

PollenAid™ extracts are also sold as Graminex™ Flower Pollen Extract and are available in the marketplace in tablet and capsule forms, usually contain 63 mg of a 20:1 ratio of water-soluble to lipid-soluble fractions. "PollenAid™" is contained in products regulated as drugs in Switzerland, Germany, Austria, Japan, South Korea and South Africa. In the U.S., the use of botanicals for LUTS is relatively less. No botanicals are approved as prescription or over-the-counter drugs for LUTS or BPH in the U.S. Accordingly, they are sold as dietary supplements and are labeled with non-specific information, e.g., "maintains prostate health." In a study conducted in Chicago in 1997-1998 with 738 men having LUTS and/or prostate disease, Bales et al [38] found that 13% of the group had used botanicals for their condition (59% in combination with prescription drugs), 37% were aware of botanicals as an option but had never used them, and 50% were unaware of this treatment option. Such information prompted our review of Graminex™ Flower Pollen Extract.

Methods

Literature searches were conducted on Medline and the Cochrane Library. Sources such as review articles and monographs in botanical reference books and other books referring to PollenAid™ were included in the analysis. Open label and comparative trials were included in the assessment, although more weight was given to placebo-controlled, double-blind studies. Emphasis was placed on subject ratings of symptoms in light of the potential for self-medication of this extract.

Results

Reviews, Books, and Monographs

Four reviews [39-43] and a number of books/monographs [2,44-46] dealing largely with the clinical efficacy and safety of Flower Pollen Extracts have been published in recent years. Each used its own criteria to select studies considered to be valid. Because all reviews concluded that "PollenAid" is very safe with few or no side effects, the summaries described below are essentially limited to efficacy.

In the first, Commission E, an expert committee established by the German government to evaluate the safety and efficacy of over 300 botanical and botanical combinations sold in Germany, concluded in 1994 that combining extracts of rye, corn, and timothy pollen was useful in the treatment of "micturition difficulties associated with Alken stage I-II benign prostatic enlargement (BPH)" [39]. In the second, the Natural Medicines Comprehensive Database concluded that rye grass pollen extract (PollenAid™) was "possibly effective" for the management of BPH symptoms, for shrinking prostate size, and for prostatitis and prostatic dysuria based on the information it gathered [40]. In the third source, the same group published reviews in 1999 and 2000 based upon results from 4 double-blind studies (444 men in total, 2 studies with placebo; 2 with active controls) [41,42]. Results consistently showed a "modest" improvement in subjective symptoms and nocturia in the Flower Pollen Extract groups compared to placebo, Paraprost (a mixture of the amino acids L-glutamic acid, L-alanine, glycine) and Tadenan (Pygeum africanum extract). The authors called for additional studies to evaluate long-term effects. In the final review, Shoskes concluded that there was credible clinical and scientific evidence that treatment with Graminex™ Flower Pollen Extract was efficacious for the majority of patients with non-bacterial prostatitis and prostatic dysuria [43]. The

books/monographs largely corroborate the conclusions of the reviews [2,44-46].

Research Papers

Again, Pollen Extract was well tolerated in all of the published studies from primary literature with minimal reported side effects. Therefore, the discussion will continue to focus on efficacy.

In the 1960's, Leander [47] published results of a carefully controlled trial. He compared placebo with Flower Pollen Extract in 179 cases. Using pollen extract, Leander found a 60-80 per cent improvement over placebo in symptoms of obstruction, probably through elimination of inflammatory edema. Around the same time, much work was progressing in Japan. Inada et al [48] reported favorable effects in 12 patients suffering from prostatic hypertrophy. They reported that five cases had "effective" results; five showed "slightly effective" results and two reported "ineffective" results. In 1967, Ohkoshi, Kawamura and Nagakubo of Keio University, reported impressive results in 30 patients with prostatitis and/or urethritis [49]. Examining 14 patients receiving Flower Pollen Extract, it was found that treatment was "successful" in 10, "slightly effective" in three, and "ineffective" in only one case. In 16 patients given placebo, seven found the treatment to be "effective" and nine reported "no change."

In 1981, Takeuchi [50] investigated both subjective and objective effects of Flower Pollen Extract on 25 men with BPH. The efficiency rate for Flower Pollen Extract was reported as 64%. There was a 50% improvement for nocturnal micturition. Horii et al [51] reported the results of 30 subjects with BPH who were given Flower Pollen Extract 2 tablets, 3 times daily for at least 12 weeks. The overall clinical efficacy for subjective symptoms was rated at 80% and objective symptoms at 43%. Ueda et al [52] treated 22 patients with stage I and II BPH with Flower Pollen Extract for over 4 weeks. Eighty-two percent of the patients were rated as moderately improved or better. Hayashi et al [53] treated 20 BPH patients with Flower Pollen EXtract, 6 tablets a day for an average of 13.2 weeks. They reported improvements in sense of residual urine (92%), retardation (86%), night frequency (85%), strain on urination (56%), protraction (53%), and forceless urinary stream

(53%). Overall subjective effectiveness was 80% and overall objective effectiveness was 54%.

In 1986, a field study of 2,289 patients being treated by 170 urologists was undertaken [54]. They examined the effectiveness of Flower Pollen Extract on chronic prostatitis and/or BPH. Improvement of symptoms was reported in 64 to 82%, in contrast to a low rate of adverse reaction found only in 2.9% of cases. In the same year [55], Brauer compared the effects of Graminex™ Flower Pollen Extract and beta-sitosterol in 39 patients. A significant reduction in circulating levels of PSA with Flower Pollen Extract therapy indicated a reduction of cell lesions in BPH. In contrast, no such change occurred with beta-sitosterol treatment. Although flower pollen extract proved superior to beta-sitosterol in many respects, the mean values for residual volume fell under 15 ml for both at the end of treatment. Jodai et al [56] reported the results of a study on 32 patients with chronic prostatitis given 6 tablets of Flower Pollen Extract daily for an average of 12 weeks. Subjective symptoms improved in 74.2% of the subjects as compared to 65.6% for objective symptoms. The overall efficacy rate was 75.0%.

In a double-blind, placebo-controlled study, Becker et al [57] reported data for 96 subjects with BPH in stages II or III according to the Vahlensieck. Subjects received two PollenAid capsules or placebo three times daily for 12 weeks. The results showed significant improvement in nocturia (68.8% on Flower Pollen Extract versus 37.2% on placebo, $p = 0.005$), daytime frequency (65.8% on Flower Pollen Extract versus 43.9% on placebo, $p = 0.076$), freedom from daytime frequency (48.8% on Flower Pollen Extract versus 19.5% on placebo, $p = 0.010$) and freedom from sensation of residual urine (37.1% on Graminex™ Flower Pollen Extract versus 7.7% on placebo, $p = 0.016$). In addition there was significant improvement in global assessment scores of both the physicians ($p = 0.001$) and patients ($p = 0.01$). Physicians rated the overall response as very good or good for 68.1% of patients taking Flower Pollen Extract versus 13.7% taking placebo group. 72.1% of patients taking Flower Pollen Extract rated their overall response as very good or good versus 27.3% in the placebo group. However, there was no significant change in the size of the prostate as determined by palpation.

In an open study, Buck et al [58] studied the effect Flower Pollen Extract, 2 tablets twice daily

for up to 18 months on 15 patients with chronic, relapsing non-bacterial prostatitis and prostatic dysuria. Seven patients became symptom-free, 6 patients were significantly improved, and 2 patients failed to show improvement in symptoms. Improvement in symptomatology occurred for most patients after 3 months of treatment.

In a double-blind, placebo-controlled study, Buck et al [59] reported data for 53 subjects awaiting operative treatment for outflow obstruction due to prostate enlargement. Patients were instructed to take 2 capsules of Flower Pollen Extract or placebo twice a day over a 6-month period. The results showed 60% of the subjects receiving Flower Pollen Extract had less nocturia compared to 30% receiving placebo ($p < 0.063$), and 57% showed improvement in bladder emptying with Flower Pollen Extract compared to only 10% taking placebo ($p < 0.004$). There was a significant difference ($p < 0.009$) in overall improvement in subjective symptoms in the Flower Pollen Extract group (69%) versus placebo (29%). Despite no significant change in peak urinary flow rate or voided volume, residual urinary volume decreased significantly in the Flower Pollen Extract group compared to placebo ($p < 0.025$).

In a double-blinded, active-control study, Maekawa et al [60] conducted a double-blind study comparing Flower Pollen Extract, 2 capsules twice daily for 12 weeks, to Paraprost (a mixture of the amino acids L-glutamic acid, L-alanine, glycine) in 159 patients with BPH. The two botanical preparations were comparable in improving symptoms (IPSS) from baseline (55% for PollenAid and 62% for Paraprost). There was a significant improvement in residual urinary volume, average flow rate, maximum flow rate and prostatic weight in the Flower Pollen Extract group versus Paraprost. Greater than moderate effectiveness rating was 49.1% for PollenAid and 41.2% for Paraprost.

Becker et al [61] continued the placebo-controlled study described above [57] with an open label study in which 92 subjects previously treated in the first phase of the study with PollenAid ($n=45$) or placebo ($n=47$) were continued or now treated with PollenAid for 12 weeks. Physicians were blinded in this second phase as to whether the subjects received PollenAid™ or placebo in the first phase. The results showed that the differences observed between the two groups in the first phase were eliminated in the 2nd phase. Subjects previously

treated with placebo improved significantly when treated with Flower PollenAid. Significant improvements were observed in nocturia ($p = 0.051$), frequency ($p = 0.039$), feeling of incomplete emptying ($p = 0.013$), palpable enlargement of the prostate ($p = 0.046$) and prostatic congestion ($p=0.03$).

Bach and Ebeling [62] reported the results from a large open-label trial in Germany involving 208 physicians and 1798 patients with BPH capable of being evaluated. The patients were treated for 24 weeks with "PollenAid™"; 2 tablets 3 times daily. The patients were divided into 3 groups (stage 1, 2 and 3) for data analysis based on the severity of the BPH symptoms. Patients in stage 1 had the most improvement of the three groups in irritative symptoms whereas patients in stage 2 had significant improvement in both irritative and obstructive symptoms. Peak urinary flow rates increased significantly in all 3 groups. A continuing improvement in symptoms was noted when comparing the results after 12 and 24 weeks of treatment. Efficacy in stage 1 and 2 patients was judged to be satisfactory or better in 90% of the patients. Efficacy in stage 3 patients was judged to be satisfactory or better in 65% of the patients. The authors concluded that treatment with PollenAid is justified even for stage 3 patients until surgery is performed.

Rugendorff et al [63] reported the results of a study on 90 patients with non-bacterial prostatic dysuria and chronic prostatitis. Subjects were given "PollenAid™", 1 tablet 3 times daily for 6 months. Seven-two patients were found to have complicating factors (such as bladder neck sclerosis, prostatic calculi or urethral stricture), while the remaining 18 possessed no complicating factors. Seventy-eight percent of the patients without complications responded to the treatment with 36% of these becoming asymptomatic. In contrast, only 6% of patients with complicating factors improved. Peak urine flow rate in the uncomplicated group increased significantly ($p < 0.001$) from 15.9 to 23.5 ml/s.

Braun and Peyer [64] in a 1993 double blind, placebo-controlled investigation on 44 patients with Grade I and II BPH assessed the validity of treatment with Flower Pollen Extract on subjective and objective parameters. They found by using questionnaires, echography, and laboratory analysis of PSA that flower pollen extract had a clear benefit over placebo. In 25 patient receiving verum compared to 19 receiving placebo, there was a significant

reduction in the mean number of both diurnal and nocturnal micturations with flower pollen extract ($p < 0.05$). Using ultrasonic measures, the mean volume of the prostate decreased significantly more in the verum group (-29% vs. -8.8%, $p < 0.05$). More reduction in residual urine volume and PSA levels were noted in the verum group.

Yasumoto and colleagues [65] conducted an open-label trial with 79 BPH patients. Patients were given 2 Flower Pollen tablets 3 times a day for at least 12 weeks. The results showed that symptom scores improved significantly from baseline. Overall clinical efficacy was rated 85%. Clinical efficacy at 12 weeks was rated satisfactory or better in 85% of the patients. Dutkiewicz [66] gave "PollenAid" to 51 patients with BPH -- 2 capsules three times daily for 2 weeks then 1 capsule 3 times daily for an additional 14 weeks. Thirty-eight subjects were given Tadenan (Pygeum africanum extract) for 4 months. Significant improvement in subjective symptoms was reported for both – Graminex™ group (78%) and the Tadenan group (55%). In a recently published study, 24 patients with chronic prostatitis (NIH-category III) were treated with Graminex™ Flower Pollen Extract for at least 6 weeks. The results showed a significant decrease in the symptom scores at 4 and 6 weeks [67].

Potential Role of Combination Therapy

Although published clinical trials support the efficacy of Graminex™ Flower Pollen Extract in the relief of mild to moderate LUTS, a precedent exists to examine beneficial effects of combining Graminex™ Flower Pollen Extract with other botanical products. A recently completed clinical study sponsored by the National Institutes of Health concluded that the combination of finasteride and doxazosin was more effective than either treatment alone in preventing progression of BPH [68]. This study demonstrates the therapeutic advantages of combining drugs with different mechanisms of action.

The precise mechanisms behind the therapeutic benefits of "PollenAid" are not fully understood, but it is generally accepted that anti-inflammatory and/or alpha adrenergic blocking effects are important. Therefore, combining "PollenAid™" with a botanical and/or prescription drug with different mechanisms of action may

provide additional symptomatic relief. Two recently published trials using combinations of agents with PollenAid™ support this theory.

Preuss et al [69] reported on a double-blind, placebo-controlled trial comparing a combination of Graminex™ Flower Pollen Extract (378 mg); saw palmetto fruit standardized to 43% B-sitosterol (286mg) and vitamin E (100IU). Seventy subjects completed the combination therapy and 57 subjects completed the placebo over a 90-day period. There was a significant reduction in nocturia ($p < 0.001$), daytime frequency ($p < 0.04$) and overall symptomatology as measured by the American Urological Association Symptom Score. This combination therapy is logical, since saw palmetto may have different mechanisms of action than PollenAid. As an example, it is believed that saw palmetto compared to Flower Pollen Extracts prevents to a greater extent the conversion of testosterone to dihydroxytestosterone, a potent androgen that stimulates enlargement of the prostate [17,21,22].

Aoki et al [70] conducted an open label trial to study tamsulosin hydrochloride (Flomax®), an alpha1A adrenoceptor antagonist, PollenAid™, and the combination in 243 patients with symptomatic BPH over a 12-week period. The results showed that whereas symptoms improved in each group, supporting the efficacy of Graminex™ Flower Pollen, the best results were obtained in the group that used the combination.

Discussion

A review of placebo-controlled trials, active-controlled and open-label studies indicate that PollenAid is a safe and effective therapy for the management of mild to moderate LUTS. By reducing bothersome symptoms, PollenAid improves quality of life. The placebo-controlled, double-blind studies with Graminex™ Pollen Extract alone [47,57,59,60] and combined with other natural products [69] especially provide evidence that Graminex™ Flower Pollen Extract is effective in reducing nocturia, daytime frequency, and sensation of residual urine. The number of subjects in these studies was small relative to the studies conducted for prescription therapeutics such as Terazosin [11] (Hytrin, minimum of 430 subjects) and Doxazosin [71] (Cardura, minimum of 900 subjects), however the duration of the studies were comparable. Flower Pollen Extract studies were generally

conducted for 12 to 24 weeks, terazosin trials were conducted for 12 to 24 weeks, and doxazosin studies were also conducted over a 14 to 16 week period.

Since the number of subjects studied in placebo-controlled trials is small, it was necessary to review open-label and active control studies as supporting data. Concerning the use of PollenAid™ alone, we report on 15 open label studies and 4 double-blind, placebo-controlled studies that showed consistent reduction in subjective symptoms and overall effectiveness ratings of 75% and greater. In addition, 1 double-blind, active-controlled study, 1 open-label study on a combination, and 1 double-blind, placebo-controlled study on a combination strengthen the conclusions on the therapeutic merits of PollenAid™.

Conclusions

Sufficient evidence exists in the primary and secondary literature to indicate that a standardized flower pollen extract commonly referred to as PollenAid™ is safe and effective for the treatment of mild to moderate LUTS. This dietary supplement composed of pollen extracts from rye, corn, and timothy has the potential to be used in combination with other dietary supplements or pharmaceuticals to provide relief of bothersome symptoms and improve quality of life for millions of men.

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URINARY SUPPORT:

GRAMINEX Flower Pollen Extract

Cernilton in Urinary Infections

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1. Introduction

In 1960, E. Ask-Upmark published the first report of the successful use of pollen in the treatment of prostatitis. Various authors have since reported good results achieved with pollen in the treatment of this disease.

Chronic prostatitis is one of the most troublesome problems met in the field of urology; 30 – 40% of the patients visiting the urology clinics complain of symptoms of prostatitis. The infection focus may be anywhere in the body, e.g. a decayed tooth or inflamed tonsils, releasing pathogenic agents into the blood stream and possibly giving rise to prostatitis.

It is especially prevalent in countries which do not actively pursue a public health programme. The symptoms are not definite. The patients generally complain of a vague burning sensation at the perineum, hyperaesthesia of the feet, a feeling of heat on the soles of the feet, and an undefined subfebrile fever. Urethral discharge at the time of bowel movement, low back pain and sexual discomfort in the form of premature ejaculation are also included among the symptoms of prostatitis, which are generally seen between the ages of 20 – 40 years.

At our clinic, we have used a pollen extract preparation called CERNILTON^(x) in prostatitis patients who were previously treated, without success, according to classical methods.

We have also used Cernilton in urethritis, cystitis, ejaculation praecox and diminished libido.

2. Composition

The percentage of the various plant pollens in CERNILTON are as follows

Dactylis glomerata	2%
Phleum parentese.....	26%
Maize.....	26%
Rye	40%
Pine	5%
Maple	1%

The pollens are gathered from the blooms of non-poisonous plants by means of an electro-mechanical process.

One Cernilton tablet contains:

Cernitin T 60 sicc.60 mg (dry extract, pulverized, containing at least 21 aminoacids, saccharose, oestrogenic substance and sterols)

Cernitin GBX3 mg (second extract, derived from first extract)

Magnesii stearate, accua in tabulue

CERNILTON has no bactericidal, bacteriostatic, fungicidal or fungistatic effect. It is also non-allergenic. Even though its mechanism is not definitely known, it is considered to have some inhibitory effect on bacterial growth. In some cases, it has been shown to have a caffeine-like effect.

G. Leander has reported a case of gynecomastia after 2 months of therapy, which disappeared upon cessation of the drug. Another case also complained of fullness of breath but showed no change in size. This subjective complaint disappeared when the drug was discontinued. Some secondary side effects such as nausea and pruritis have also been report occasionally.

3. Material and Method

The cases included in our material are between the ages of 32 – 75 years and were treated with various drugs and antibiotics prior to CERNILTON administration.

Treatment was started at a daily dose of 4 Cernilton tablets, combined with an antibiotic, and lasted 3 – 20 weeks. Occasionally prostatic massage was also employed.

The duration and results of treatment in 28 cases are given below:

TABLE 1

Illness	Nof. of patients	Treatment	Period	Effective	Improvement	No effec
Chronic prostatitis	14	Antibiotics Massage Cernilton	2 – 8 weeks	8	5	1
Reiter's syndrome	1	Antibiotic Tanderial Massage Cernilton	3 Weeks	1	-	-
Interstitial cystitis	1	Antibiotic Cernilton	5 Months	-	-	1
Acute cystitis	2	Antibiotic Cernilton	1 Week	2	-	-
Chronic cystitis	4	Antibiotic Cernilton	2 Months	-	3	1
Bladder tumour, (+) gold green inplntation	1	Cernilton Antibiotic	2 Months	1	-	-
Feeble libido and ejaculation praecox	2	Cernilton Tonic	6 Weeks	2	-	-
Banal urethritis	3	Antibiotic Cernilton	2 months	3	4	-

(+) No healing of bladder tumour but the remedy was effective in cystitis, which occurred secondarily.

As seen in the Table, 17 of our cases were completely cured, their complaints disappeared and the clinical findings reverted to normal. 8 cases showed improvement but 3 cases remained unchanged.

4. Results

We have administered CERNILTON in 28 cases showing different aspects of the disease. In all cases, the therapy was combined with antibiotics, and prostatic massage was included in prostatitis cases. None of the cases experience any discomfort from the therapy nor were there any side effects such as gynecomastitis.

We have not studied the bactericidal and bacteriostatic effects of the drug since combined therapy was employed throughout. The drug increases the resistance of the body to pathogenic agents.

5. Summary

We administered CERNILTON, which is a pollen extract preparation, to 28 urological patients suffering from infections of the urinary tract. In all our cases, we combined Cernilton with antibiotics and antiphlogistics. We found that Cernilton desensitized the organ and potentiated the effects of the other drugs. We obtained good results.

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(x) CERNILTON was supplied by the Swedish Representative of Messrs.

Special note from: M. Vahdettin Tuncal, Nisantas Ehlamur yolu 30/3, SISLI-Istanbul, 46 15 81
- the Swedish Representative of Messrs.

“According to tests and investigations of the influence of Cernilton on the bladder tumour, the following report has been supplied by Dr. Nejat Fertan, Dept. of Urology, Hospital for Children, SISLI-Istanbul: A patient with a small tumour in the bladder has been supplied with Cernilton tablets as sole medication for 7 years. According to recent urological tests, no increase in the size of the tumour could be observed.”
(dated: 5.6.1970)



URINARY SUPPORT:

GRAMINEX Flower Pollen Extract

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 pyruvate transaminase (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%
Dactylis 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.	-	xxx
3	A.B.	2178	4 x 1 100 tabl.	-	xxxx
4	F.D.	2132	4 x 1 100 tabl.	-	xxxx
5	M.H.	-	4 x 1 100 tabl.	-	xxx
6	M.E.	2227	4 x 1 200 tabl.	-	xxxx
7	I.D.	2384	4 x 1 200 tabl.	-	xxx
8	A.K.	2398	4 x 1 100 tabl.	-	xxxx
9	N.H.	2611	4 x 1 100 tabl.	-	-
10	Y.Ö.T.	2692	4 x 1 200 tabl.	-	xxxx

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	K.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 gynacomestry 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 bacterial 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 cystitis 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.

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