

Comparison Between the Therapeutic Efficiencies of Conprosta Qianliekang and Cernilton in the Treatment of Chronic Prostatitis

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ABSTRACT Objective Compare the curative effect of Conprosta Qianliekang and Cernilton upon treatment of chronic prostatitis. **Methods** Randomly divide 120 Chronic prostatitis patients into two groups, 60 in each group. Treat therapeutical group with 3 tablets of Conprosta Qianliekang, po, tid; and treat the contrast group with 1 tablet of Cernilton, po, bid. Both cover a course of 30 days. Observe symptom of patient, prostate condition and change of prostate liquid. **Results** The total effective rate of therapeutical group is 86.67%, while that of the contrast group is 88.33% ($P>0.05$). However, Conprosta Qianliekang is cheaper than Cernilton. **Conclusion** Conprosta Qianliekang is an ideal drug to cure chronic prostatitis at present.

KEY WORDS Conprosta Qianliekang; Cernilton; Chronic prostatitis

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Chronic prostatitis is a disease commonly and frequently found in male urogenital system. Its morbidities reported home and abroad are respectively 11.5% and 25.4%. Chronic prostatitis patients occupy a large percentage of male patients of urology clinic. Being an inflammation with the cause not yet clear, chronic prostatitis has very few pharmaceutical that can perform satisfactory cure upon it, in spite of the many available drugs. In order to verify the curative effect of Conprosta Qianliekang upon chronic prostatitis, the author used Conprosta Qianliekang and Cernilton separately on 120 cases of chronic prostatitis patients, and the following is the report of their compared curative effect.

1. Data and Methodology

1.1 Clinical Data Select patients who are diagnosed with chronic prostatitis after outpatient examination. Diagnosis standards include ① Symptom: it is divided into two categories, namely low urinary tract stimulation and inflammatory reaction or reflective pain. It demonstrates in frequent micturition, urgent micturition, odynuria, sense of incomplete micturition, burning urethra of different degrees; a trace of white secretion flows out in the urethra at morning wakeup, end of micturition or during stooling; swelling and pain in perineal region, external genitalia, lower abdomen, upper region of subpubic, around lumbar and anus. ② prostate palpation, quality: the gland is saturated, or is uneven in hardness, or it is tough; press pain: local press pain is acceptable; size: can be enlarged, be normal or dwindled. ③ EPS Microscopy Examination: $WBC \geq 10/HP$; or UP decreases (or disappears). Result of bacterial inspection is negative ④ No acute or chronic urinary tract infection history. There are 120 cases in total. The subjects age from 20 to 40 years old, and average at 25. The course ranges from 2 to 24 hours. They are divided into two groups randomly, 60 in each group.

1.2 Therapeutical Methods Therapeutical group: take Conprosta Qianliekang by 3 tablets, po, tid. Contrast group: take Cernilton by 1 tablet, po, bid. Treatment period of both groups is 30 days. Other therapies shall be stopped during the course.

1.3 Judging Standard of Curative Effect Observe the symptom, palpation result of chronic prostatitis and changes of EPS of patients before and after the treatment. Assess the changes of WBC and UP in EPS through credits (table 1), and the credit index (NIH-CPSI grading) of symptom of chronic prostatitis was adopted in grading of three degrees, namely slight, medium and serious (the NIH-CPSI grading is ≤ 9 , $10\sim 18$, ≥ 18). Cured: clinic symptom completely disappears; press pain disappears during palpation of chronic prostatitis; the quality turns normal or close to normal; EPS turns to be completely normal. Significant curative effect: clinic symptom disappear basically; press pain during palpation of chronic prostatitis and its quality are improved obviously, with EPS credit reduced by $> 50\%$. Effective: clinic symptom alleviated, press pain during palpation and quality are improved, with EPS credit reduced by $30\% \sim 50\%$. Ineffective: no improvement appear in clinic symptom; press pain during palpation and the quality are not improved either, EPS stays unchanged or becomes deteriorated.

Table 1 Credit Table of EPS

Item	0	1	2	3	4
WBC	<10/HP	+	++	+++	++++
UP	++++	+++	++	+	A Little

2 Result

2.1 Comparison of clinic effect The total effective rate of therapeutical group is 86.67%, while that of the contrast group is 88.33%. There is no obvious difference between the two groups ($P > 0.05$), please refer to table 2.

2.2 Please find the NIH-CPSI Credit Index of the two groups before and after the treatment in table 3.

Table 2 Curative effect compare of the 2 groups

Group	Cases	Short Period Cure		Significant Curative Effect		Effective		Effective in Total	
		Cases	%	Cases	%	Cases	%	Cases	%
Therapeutical Group	60	24	40.00	19	31.67	9	15.00	52	86.67
Contrast Group	60	23	38.33	20	33.33	10	16.67	53	88.33

Table 3 NIH-CPSI Index before and after the Treatment

Item	Cases	Before the Treatment	After the Treatment	Upwards or Downwards Changes of Credit
Therapeutical Group	60			
Slight	15	6.3 ± 2.7	3.7 ± 2.3	Down 42.86%
Medium	24	14.7 ± 2.5	7.8 ± 2.7	Down 47.65%
Serious	21	30.7 ± 10.7	17.4 ± 10.3	Down 43.32%
Contrast Group	60			
Slight	21	5.2 ± 3.1	3.1 ± 1.3	Down 40.38%
Medium	19	14.2 ± 2.2	8.1 ± 4.3	Down 42.95%
Serious	19	33.3 ± 9.5	19.7 ± 15.7	Down 40.84%
	1	16	25	Up 56.25%

Table 3 indicates that the NIH-CPSI credits of therapeutical group are all reduced after treatment, showing difference significance compared with that before the treatment ($P < 0.05$); NIH-CPSI credits of the contrast group are reduced after treatment, showing difference significance compared with that before the treatment ($P < 0.05$), yet obvious increase shows in one of the cases. There is no difference significance in terms of reduction degree of NIH-CPSI credits of therapeutical group and contrast group. Besides, as to patients with slight or medium chronic prostatitis, both Conprosta Qianliekang and Cernilton can effectively change the symptom and life quality of the patients.

3 Discussion

The effective ingredient of Conprosta Qianliekang is the pollen of rape flowers. It's a pollen preparation containing various vitamins, microelements, aminophenol, enzyme, etc., with the function of nourishing the kidney for stable health. It's mainly used in the treatment of prostatitis and prostatitis hyperplasia. The pollen, with the function against male hormone, can improve the urethral mucosa and its surrounding tissue edema to reduce the volume of prostate. After the adoption of Conprosta Qianliekang in treatment of prostatitis, and chronic prostatitis in particular, the main mechanism to improve the symptom probably lies in speeding up the blood circulation, improving the microcirculation, boosting the metabolism, regulating the local physiological function, performing good effect against local inflammation, thus to improve and regulate the so called "kidney function" in TCM. Although the mechanism of Conprosta Qianliekang in treating chronic prostatitis is not clear yet, satisfactory effects have been achieved in clinic application. Cernilton is a preparation of rye pollen. Reports about the significant curative effect in treating chronic prostatitis are found home and abroad. Conprosta Qianliekang is widely used to treat chronic prostatitis domestically, the curative effect of which as indicated in this research is as good as Cernilton. Conprosta Qianliekang is the brand of our own nation, with low price in line with the national condition and living standard of ordinary folks. Therefore, it is more advantageous, and can serve as the first option in treating chronic prostatitis.

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