

## IMPROVING BPH SYMPTOMS AND SEXUAL DYSFUNCTIONS WITH A SAW PALMETTO PREPARATION? RESULTS FROM A PILOT TRIAL

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Benign prostatic hyperplasia (BPH) is one of the main factors to cause sexual dysfunctions in elderly men. We investigated if the saw palmetto (*Serenoa repens*) preparation Prostasan® is efficacious and safe in treatment of patients with (BPH) and concomitant sexual dysfunctions. Eighty-two patients participated in the 8-week trial, taking one capsule of 320 mg saw palmetto extract daily. At begin and end of the treatment period BPH symptoms and sexual dysfunctions were assessed. At the end of the treatment, BPH symptoms measured with the International Prostate Symptom Score was reduced from  $14.4 \pm 4.7$  to

$6.9 \pm 5.2$  ( $P < 0.0001$ ). Sexual dysfunctions assessed with the brief Sexual Function Inventory improved from  $22.4 \pm 7.2$  to  $31.4 \pm 9.2$  ( $P < 0.0001$ ), and the Urolife BPH QoL-9 total improved from  $162.7 \pm 47.9$  to  $105.0 \pm 56.3$  ( $P < 0.0001$ ). Investigators' and patients' assessments confirmed the good efficacy, and treatment was very well tolerated and accepted by the patients. Correlation analyses confirmed the relationship between improved BPH symptoms and reduced SDys. This was the first trial with saw palmetto to show improvement in BPH symptoms and SDys as well.

## RANDOMIZED, DOUBLE BLIND, PLACEBO-CONTROLLED STUDY ON LONG-TERM PROPHYLAXIS WITH *ECHINACEA PURPUREA*

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To investigate safety and efficacy of *Echinacea purpurea* extract (Echinaforce®) to prevent from cold episodes in a large population over a 4-month period. 755 healthy subjects were allocated to receive either an alcohol extract from freshly harvested *E. purpurea* (95% herba and 5% root) or placebo. Participants were required to record adverse events and to rate cold-related issues in a diary throughout the investigation period. Nasal secretions were sampled at acute colds and screened for causative particles. A total of 293 adverse events occurred with *Echinacea* and 306 with placebo. Nine (9) and 10% of the participants experienced adverse events, which were at least possibly related to

the study drug (adverse drug reactions). With respect to safety *Echinacea* was non-inferior to placebo treatment.

*Echinacea* reduced the total number of cold episodes, cumulated episode days, and pain-killer medicated episodes significantly. Virally confirmed colds were inhibited and membranous virus infections were prevented by 53% ( $p < 0.05$ ). *Echinacea* showed effects on recurrent colds, in susceptible and immunologically vulnerable subjects. Finally, therapeutic effects increased with therapy compliance. Compliant prophylactic intake of *E. purpurea* over a 4-month period appeared to be safe and effective to prevent cold episodes.