PROSTEEZ

Role of PROTEEZ, an herbomineral formulation, in the management of Benign Prostrate Hyperplasia

(Conducted by Dr. Sujata Patwardhan and Dr. Hemant Pathak)

An open-label, non-comparative, multicentric study was conducted in unison by Dr. Sujata Patwardhan of LT.M.G. Medical College and L.T.M.C. Hospital, Mumbai and Dr. Hemant Pathak of Urology departments of B.Y.L.Nair Hospital. A total of 70 male patients aged 50 years and above manifesting symptoms of benign prostatic hyperplasia were enrolled. Prosteez tablet was administered in a dose of 2 tablets twice a day for three months.

The study concluded that Prosteez tablet significantly reduced serum prostate specific antigen (PSA) levels (16%), residual urine volume (32%) and prostate volume (12.6%). The symptoms scores as per AUA-SI (American Urological Association – Symptom Index) showed a reduction of 18.6%. There were no adverse events reported by any patients and all the laboratory indices remained unaffected by Prosteez tablet.

Evaluation of efficacy and safety of a polyherbal formulation (Prosteez) in the management of Benign Prostatic Hyperplasia (BPH)

(Conducted by Dr. Phiroze Soonawalla & Dr. Yunus Solanki)

An open-label, prospective, non-randomized, multicentric trial was conducted by Dr. Phiroze Soonawalla & Dr. Yunus Solanki at private clinic of Dr. Soonawalla & Podar Hospital and Medical College, Mumbai

Forty-seven patients with mild to moderate symptomatic BPH were enrolled in the study at two centers in Mumbai, India. The patients received 2 tablets of Prosteez twice daily for a period of 3 months. The primary outcome measures were changes in the scores on the American Urological Association Symptom Index (AUASI) and the maximal urinary flow rate.

There was a significant reduction in the AUASI score after 3 months therapy with Prosteez compared to baseline. The reduction in the score was observed in all symptoms such as incomplete emptying (64% improvement in the severity of symptoms), frequency (55%), intermittency (67%), urgency (36%), weak stream (77%), straining (85%) and nocturia (64%) post therapy.

The maximal urinary flow rate (Qmax) increased after treatment. The residual urinary volume after voiding showed a marked decrease in 3 months. A marginal decrease in the weight of the prostate was also observed. The levels of serum Prostate Specific Antigen (PSA) also changed favorably from 4.29 ± 5.48 mg/ml to 3.67 ± 6.13 mg/ml.

Conclusion

The results of this study indicate that Prosteez tablets are effective in the management of BPH. After 3 months of therapy, a significant improvement was observed in symptoms such as incomplete emptying, frequency, intermittency, urgency, weak stream, straining and nocturia. Treatment with Prosteez also led to significant improvement in maximal urinary flow rate, post-void urinary volume and weight of prostate. Reduction was also observed in the levels of serum PSA. No side effects were observed in the patients after 3 months of therapy.

Thus, Prosteez tablets presents as an important addition to the therapeutic armamentarium for the management of BPH.

Efficacy and safety of PROSTEEZ for patients with lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (BPH): a prospective study

(Conducted by Dr. Rajiv Sood)

A prospective, open label study was conducted by Dr. Rajiv Sood at Dr. Ram Manohar Lohia Hospital, New Delhi to evaluate the efficacy and safety of PROSTEEZ for patients with lower urinary tract symptoms associated with benign prostatic hyperplasia. The study included 25 patients diagnosed with LUTS associated with BPH based on the American Urology Association's Symptom Index (AUA-SI), urinary flow rate, prostate volume and urinary residual levels.

Prosteez tablet was administered as 2 tablets twice a day for a period of 12 weeks in these patients.

The AUA-SI was significantly improved after treatment ($p < 0.01$). A decrease in urgency, frequency and nocturia were the main contributory factors causing the reduction of AUA-SI in the treatment population. Significant effects were also observed in the peak urinary flow rate ($p < 0.05$). There was significant reduction in prostate size as well ($p< 0.05$). No adverse effects were noted in the entire duration of therapy.

Conclusion

Patients with LUTS associated BPH appear to be improved on AUA-SI after therapy with Prosteez.