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**File: ■ Saw Palmetto (*Serenoa repens*; Arecaceae)
■ Benign Prostatic Hyperplasia**

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RE: Saw Palmetto Extract Improves Symptoms of Benign Prostate Hyperplasia

Saidi S, Stavridis S, Stankov O, Dohcev S, Panov S. Effects of *Serenoa repens* alcohol extract on benign prostate hyperplasia. *Pril (Makedon Akad Nauk Umet Odd Med Nauki)*. September 2017;38(2):123-129. doi:10.1515/prilozi-2017-0030.

Benign prostatic hyperplasia (BPH) is a common disorder in men that negatively affects the quality of life and can lead to acute urinary retention and chronic renal insufficiency. BPH is commonly treated with α -adrenergic antagonists (α -blockers) and 5- α reductase inhibitors, which can cause unwanted side effects. Saw palmetto (*Serenoa repens*; Arecaceae) fruit is a common alternative treatment for the urological symptoms associated with BPH. The goal of this study was to evaluate the effects of saw palmetto alcohol extract on the symptoms and major indicators of BPH.

Seventy men with symptomatic BPH, aged 40- 79 years, were recruited for a 1-year follow up study at the University Clinic of Urology, Skopje, Republic of Macedonia (study dates were not reported; no information on recruitment methods or inclusion and exclusion criteria are provided). Patients were assigned to either the saw palmetto group (SRT; n=40) or received no treatment (n=30). Those in the SRT group received 320 mg/day of a commercial alcohol extract (Prostamol Uno; Berlin-Chemie AG [Menarini Group]; Warsaw, Poland). No further information regarding the composition or concentration was provided. Patients were examined at baseline, and after 6 and 12 months to determine the prostate volume (PV) (estimated with transabdominal Ultrasonography), serum prostate-specific antigen (PSA), and uroflowmetry parameters. The latter included maximum flow rate (MFR), average flow rate (AFR), and post-voiding residual urine volume (PVR). Symptom severity was evaluated using the International Prostate Symptom Score (IPSS) system.

Patients in the SRT group had a significant increase in mean MFR ($P = 0.011$) and AFR ($P = 0.002$) values compared to the control group. In the SRT group, the increase in PV was significantly less than that in the control group ($P = 0.016$). Mean IPSS score was significantly reduced in the SRT group ($P = 0.00011$) compared to the control; however, no patient had a clinically important reduction (≥ 3 points) in IPSS score. There was no significant change in serum PSA levels or PVR in either group. No serious adverse effects were reported. Compliance was not reported.

In summary, saw palmetto significantly improved uroflowmetry parameters and IPSS scores compared to the control. In experimental studies saw palmetto has been shown to inhibit 5- α -reductase and have anti-androgenic, anti-inflammatory, anti-proliferative, and anti-edematous effects on prostate cells; however, the exact mechanism of action has not been elucidated. Admitted limitations of the current study include lack of randomization, small sample size, and the lack of long-term follow-up. The authors conclude that larger and longer duration studies are needed to further evaluate this promising treatment of BPH.

Conflicts of interest are not stated.

—*Erin Smith, MSc., CCH*

Referenced article can be accessed at <https://www.degruyter.com/view/j/prilozi.2017.38.issue-2/prilozi-2017-0030/prilozi-2017-0030.xml>.

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