14. Genitourinary Tract Disorders (including Climacteric Disorders)

Reference

1. Objectives
To evaluate the efficacy of Bosingunyang-tang (補腎健陽湯) for pain due to chronic non-bacterial prostatitis.

2. Design
Double-blinded randomized controlled trial (DB-RCT).

3. Setting
One Oriental hospital (Kyunghee University Medical Center), Republic of Korea.

4. Participants
Male patients (age, 18–50 years) with symptoms for 3–6 months, NIH-Chronic Prostatitis Symptom Index (NIH-CPSI) score >15, and International Prostate Symptom Score (IPSS) >8 (n=27).

5. Intervention
Arm 1: Administration of Bosingunyang-tang (補腎健陽湯) extract, 30 minutes after meals, 2.0 g t.i.d. for 6 weeks (n=14).
Arm 2: Administration of placebo, 30 minutes after meals, three times a day for 6 weeks.

6. Main Outcome Measures
Scores on the NIH-CPSI and IPAA questionnaires and prostaglandin E2 (PGE2) concentration in prostatic fluid after 3 weeks and 6 weeks of treatment.

7. Main Results
After 6 weeks of treatment, the NIH-CPSI total score was 5 points higher in Arm 1 than in Arm 2 and the decrease in NIH-CPSI pain severity subscore was three times greater in Arm 1 than in Arm 2. Patients whose NIH-CPSI pain score improved had reduced PGE2 concentration in prostatic fluid.

8. Conclusions
Treatment with Bosingunyang-tang for 6 weeks improves the clinical symptoms of chronic non-bacterial prostatitis/chronic pelvic pain syndrome by decreasing PGE2 concentration in prostatic fluid.

9. Safety assessment in the article
Not mentioned.

10. Abstractor’s comments
NIH-CPSI total score is an important measure of disease symptom severity, but it depends on the rate of patient participation. The short study period and small number of patients are limitations of this study. If more objective measures of chronic prostatitis/chronic pelvic pain syndrome severity, larger number of patients, and longer study period are applied, better results will be obtained.

11. Abstractor and date