

Herbal Preparation use among Patients with Benign Prostatic Hyperplasia Attending a Urology Clinic in Jamaica, West Indies

The Editor

Sir,

Benign prostatic hyperplasia (BPH) is a condition that results in the gradual non-cancerous enlargement of the prostate gland. It is most prominent in ageing men with a prevalence of 25% in men 40–79 years of age (1). Prescribed drugs used in the management of BPH include alpha-one receptor antagonists and 5 alpha-reductase enzyme inhibitors.

All new patients attending the urology clinic from October 2005 to March 2006 were asked to indicate their age and what prescribed medication and/or herbal preparations they were taking for BPH. They were also asked whether they believed there was improvement in their condition with the use of the herbal preparation. The BPH diagnosis and lower urinary tract symptoms (LUTS) was confirmed by the attending physician. Sixty-five patients were diagnosed with BPH. The majority were 60 to 79 years of age and experiencing mild to moderate LUTS. Of these patients, 38 were already taking an alpha-one receptor antagonist preparation (alone or with 5 alpha-reductase enzyme inhibitors).

Of the 65 patients, 18 (28%) were taking herbal preparations to treat the condition, seven with prescribed medication. Most of these men (14 out of 18) believed the herbal preparations had positive benefits. Preparations containing pumpkin seed, Aloe vera and Saw palmetto were popular choices (Table 1).

The use of herbal preparations in this group of men is not surprising, as in Jamaica, there is a history of reliance on herbal preparations for medicinal benefits (2). Both pumpkin seeds and Saw palmetto have been documented as being useful for the treatment of urinary problems associated with BPH (3, 4); however, there is no documentation that any of the other herbal preparations being used by these men have usefulness in the management of BPH.

The data collected suggest that there may be a high prevalence of the use of herbal products among patients being managed for BPH and most users appear to be convinced of their benefits. This raises concerns, as herbal preparations can result in complications because of drug interactions with prescription drugs including reducing or increasing the bio-availability of prescribed drugs (5). Therefore, the use of herbal preparations among BPH patients offers challenges to

Table: Herbal preparations being used by BPH patients attending the Urology clinic October 2005 to March 2006 in conjunction with or without prescribed medication

Herbal preparation (single and combination ingredients)	Number of patients		
	With prescribed medication	Alone	Total
<i>Aloe vera (Aloe barbadensis)</i>	3	0	3
Aloe vera /orange juice	0	1	1
Cerasee (<i>Momordica Charantia</i>)	1	0	1
Dandelion (<i>Taraxacum officinale</i>)	0	1	1
Guinea hen weed (<i>Petiveria alliacea</i>)	0	1	1
Noni (<i>Morinda citrifolia</i>)/Aloe vera	1	0	1
Pumpkin seed (<i>Cucurbita species</i>)	1	1	2
Pumpkin seed/Papaya	1	0	1
Pumpkin seed/ <i>Aloe vera</i> /Saw			
Palmetto/garlic	0	1	1
Saw Palmetto (<i>Serenoa repens</i>)	0	2	2
Saw Palmetto/lemon	1	0	1
Tuna (<i>Opuntia tuna (L) Mill</i>)	1	0	1
Unknown	2	0	2

therapy, including assessment of the efficacy of standard treatment choices and will ultimately influence physician management.

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