

CLINICAL STUDY WITH FORTEGE AND BANGSHIL IN CASES OF BENIGN ENLARGEMENT OF PROSTATE AND URINARY TRACT INFECTIONS

by
Dr. T. B. Singh, M.S., Professor of Surgery &
Dr. N. S. Chauhan, M.B.B.S., Department of Surgery
G. R. Medical College, Gwalior

INTRODUCTION

Benign enlargement of prostate is a very common condition found in men over 60 years of age. This is the major problem of geriatric science though successful treatment has been found by removing the prostate. Prostatism is a symptom complex. Pathological changes associated with urinary tract obstruction of prostatic origin, is a major complex found in these patients. These patients mostly have difficulty in voiding the urine which, with the postponement of treatment, results in acute or chronic retention of urine.

Mostly patients are found afraid of surgery. No conservative treatment has been found to give permanent relief. Injection treatment has been tried without definite result and a constant search for conservative treatment is still being tried.

Some form of Urinary Tract Infection is almost always associated with prostatic enlargement because with the increasing amount of residual urine, urine remains stagnant which becomes a source of infection.

The present study was undertaken in 50 patients to assess the effect of Fortege and Bangshil. Out of 50 patients, 34 patients were of prostatic enlargement, 8 cases of cystitis, 4 cases of urethritis and one case of hypertrophied verumontanum. Three patients who had increased frequency of night emissions were also included.

Bangshil is a combination of drugs which has got diuretic, disinfectant and toning up effect on urinary tract. Fortege is a combination of drugs which have got astringent and sexual restorative properties.

INVESTIGATIONS

1. In Prostatic Enlargement
2. Routine urine examination
3. Routine blood examination
4. Serum acid and alkaline phosphatase
5. Blood urea estimation
6. Measurement of residual urine

In Urinary Tract Infections

1. Urine routine and microscopic examination
2. Urine culture
3. Plain X-Ray K.U.B. area
4. I.V.P.

Dosage : In Urinary Tract Infections

2 tablets of Bangshil 3 times a day were given for one to two weeks. In cases who responded, treatment was continued in the same dose for another two weeks. Subsequently two tablets twice a day for one month were continued. Total duration of treatment was one and half months to two months.

In Sexual Debility

Treatment started with 2 tablets of Fortege for 4 to 6 weeks.

OBSERVATIONS

In Prostatic Enlargement
TABLE – 1 (Total patients : 34)

Complaints	Symptoms present in number of patients	Percentage
Frequency of Micturition	32	94.0%
Burning during Micturition	32	94.0%
Urgency	8	23.5%
Hesitancy	10	29.4%
Dribbling	4	11.6%
Haematuria	4	11.6%
Retention of Urine	7	20.5%

The Table shows that majority of patients had increased frequency of micturition and burning during micturition.

TABLE – 2 (Total patients : 34)

Residual Urine	No. of Cases	Percentage
1 to 4 Ozs.	30	88.2%
5 to 8 Ozs.	3	8.8%
8 and above	1	2.9%

The above Table shows that residual urine in 88.2 percent of patients was between 1 to 4 Ozs.

TABLE – 3 (Total patients : 34)

Blood Urea	No. of Cases	Percentage
Below 40 mgs. Percent	28	82.3%
Above 40 mgs. Percent	6	17.6%

TABLE – 4 (Total patients : 34)

Acid Phosphatase	No. of Cases	Percentage
0 to 5 K.A. Units	30	88.2%
5 K.A. Units and above	4	11.7%

TABLE – 5 (Total patients : 34)

Alkaline Phosphatase	No. of Cases	Percentage
Below 12 K.A. Units	32	94.1%
Above 12 K.A. Units	2	5.9%

TABLE – 6 (Total patients : 34)

Grade s	Size of Prostate as felt per rectum	No. of Cases	Percentage
One	+ (Mild)	20	58.8%
Two	++ (Moderate)	10	29.4%
Three	+++ (Severe)	4	11.7%

Symptoms

No. of

Percentage

TABLE – 8 : Urethritis (Total patients : 4)

Symptoms	No. of Cases	Percentage
Burning during Micturition	4	100%
Slight Tenderness along urethra	4	100%

Night Emissions — 3 patients.

One patient of Hypertrophied verumontanum who had only frequency of micturition.

RESULTS in Prostatic Enlargement

(Mild Prostatic Enlargement)

TABLE – 9 (Total patients : 20)

Symptoms	No. of Cases	Good	Fair	No Response
Frequency	20	15 (75%)	3 (15%)	2 (10%)
Burning	20	15 (75%)	3 (15%)	2 (10%)
Urgency	5	3 (60%)	2 (40%)	0
Hesitancy	8	6 (75%)	2 (25%)	0
Dribbling	2	1 (50%)	1 (50%)	0
Residual Urine	20	15 (75%)	3 (15%)	2 (10%)
Pus Cells in Urine	15	10 (66.6%)	5 (33.3%)	0

Moderate Enlargement of Prostate

TABLE – 10 (Total patients : 10)

Symptoms	No. of Cases	Good	Fair	No Response
Frequency	10	3 (30%)	2 (20%)	5 (50%)
Burning	10	5 (50%)	3 (30%)	2 (20%)
Urgency	3	1 (33.3%)	2 (66.6%)	—
Hesitancy	2	1 (50%)	1 (50%)	—
Haematuria	4	1 (25%)	1 (25%)	2 (50%)
Residual Urine	10	3 (30%)	2 (20%)	5 (50%)
Pus Cells in Urine	10	5 (50%)	5 (50%)	—

Severe Enlargement of Prostate : (Total patients : 4) – No Response

RESULTS of therapy in Urinary Tract Infection

Cystitis (Total patients: 8)

TABLE – 11

Symptoms	No. of Cases	Good	Fair	No Response
Frequency	7	5 (71.5%)	—	2 (28.5%)
Urgency	6	4 (66.6%)	1 (16.6%)	1 (16.6%)
Pain in Suprapubic Region	7	5	—	2 (28.5%)

DISCUSSION

Among conservative treatments for Benign enlargement of prostate, hormonal treatment and injection of sclerosing agents in prostate have been tried but none has been very successful and with injection treatment results are uncertain.

In the present series it was found that results of Fortege and Bangshil were encouraging. Burning, frequency and residual urine were abolished in 75 percent of cases. Residual urine was abolished in 66.6 percent of cases and pus cells in urine were abolished.

In Moderate Prostatic Enlargement response to therapy was fair as shown in Table 10.

In severely enlarged prostate, there was no response.

The response of therapy was good in 71.5 percent of cases of non-obstructive cystitis and urethritis as shown in Tables 11 and 12.

Two patients out of three who had increased frequency of night emissions showed subjective improvement after treatment.

One patient of Hypertrophied verumontanum who had increased frequency of micturition showed no response at all.

It was observed that those patients who were admitted to hospital with acute retention of urine showed no response to therapy.

With this therapy the Prostatic Enlargement patients who had complained of constipation reported regular bowel habit and a sense of well-being.

No side effects have been recorded except that two patients had loose motions for which subsided on discontinuation of therapy for two days.

SUMMARY

The effects of Fortege and Bangshil have been studied in cases of Enlarged Prostate and Urinary Tract Infections. The clinical response has been described.

It is concluded that in mild symptom complex of prostatism where acute retention has not occurred, therapy with Fortege and Bangshil produces beneficial results.

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