

BANGSHIL AND FORTEGE IN BENIGN PROSTATIC HYPERTROPHY

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INTRODUCTION:

Common genito-urinary complaints like prostatitis, benign enlargement of prostate with urinary complaints, urethritis, balanitis etc. are often associated with various micturition troubles, which are severe, persistent and often distressing even after prolonged and exhaustive treatment with the available standard drugs. A few elderly males usually complain of frequency, hesitancy, urgency and precipitancy of micturition. In such circumstances a rectal and urological examination reveals the presence of an enlarged prostate. Prostatic Hypertrophy can be benign or malignant with one or more of the above complaints with superadded urinary infection.

MATERIAL AND METHODS:

Twelve proved cases of prostatic hypertrophy from 50-75 years of age were taken for this trial from the indoor patients of Medical College Hospital, Jabalpur. In each case diagnosis was confirmed by rectal and urine examinations. The common complaints were hesitancy, urgency, precipitancy, strangury and burning micturition. One or more of the symptoms were present in all cases.

DOSE:

Two tablets of Fortege (Alarsin) and two tablets Bangshil (Alarsin) were given twice daily for the first 4 weeks. In cases who responded, the drug was continued for another 8 weeks.

An overall clinical evaluation was done on the basis of subjective improvement of symptoms and urinary findings.

OBSERVATIONS AND CONCLUSIONS:

TABLE-1
RESULTS

	No. of cases	Marked improvement	Doubtful improvement
Total	12	9	3

TABLE-2
Duration of treatment and relief.

Treatment	Observations
3-6 days	Relief in burning and frequency of Micturition.
2 weeks	Relief in hesitancy, urgency and precipitancy.
3 weeks	Marked relief and improvement in general well-being.

The added symptoms of associated urinary tract infection such as burning and frequency of micturition showed a marked relief in 3-6 days of treatment. Symptoms of Prostatic hypertrophy i.e. hesistancy, urgency, frequency and precipitancy showed progressive improvement from the second week onwards. In the third week of trial one patient could pass urine comfortably per urethra. Eight cases showed satisfactory improvement from the third week onwards, three cases showed doubtful response to treatment. General health improvement was observed in all the cases and no toxic reactions were reported during three months of treatment.

It is rather difficult to draw a definite conclusion out of this limited study. The results, however, indicate that the combination of these two drugs is quite effective in improving the symptomatology of most of the cases with benign prostatic enlargement. However, further work on the same lines with pathological and bacteriological aids would be desirable.

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