

New approaches to prostate adenoma treatment (benign hyperplasia) and genital malfunctions

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The treatment of a prostate benign hyperplasia is an open problem at present as the existing spectrum of pharmaceuticals does not give appropriate cure effects, and operation remains the last and most effective technique.

Due to the fact that monocyte/macrophage cells and their products play an important role in the anti-malignant immune response and taking into account Galavit immune modulating effects, its effects were studied on the clinical behaviour of prostate adenoma.

78 patients were examined aging from 40 to 75 years old with diagnoses of prostate adenoma of different severity (38 patients showed Stage 1, respectively, 25 were found to have Stage 2 and 3 patients showed Stage 3), the volumes of a prostate varied from 36 cm³ to 62 cm³ with symptoms of increased uresis, nycturia, weakening of spurt, bradyuria. 40 patients showed the urine remnants in the amount of 50 cm³ to 250 cm³. 15 patients along with prostate adenoma had chronic prostatitis.

Treatment was based on the methods applied by "Medico" Research Center that included Galavit and a group of antioxidants.

With regard to functional vitality of leukocyte/macrophage blood system Galavit was used:

within the first five days as intramuscular injections. These rates Galavit intake launch anti-inflammatory effect.

then after five-days treatment period Galavit was used after each two days on the third one as an intramuscular injection but the doses was different, the one that launches anti-proliferation mechanisms.

antioxidants were used by the patient during the whole course of treatment 1 pill twice a day.

Beginning from the second week of treatment, a trend was noted to decrease of a prostate volume and weakening of pathological signs such as increased uresis, nycturia, weakening of spurt, bradyuria. Health of patients, by their words, was getting better, they noted an increase of working ability and reduced fatigue.

By the 30th day of treatment prostate in 70% of patients was less than 30 cm³, in others it was significantly decreased and signs of dysuric impairment were noted to stop.

Of note is an interesting fact that was observed during the treatment. Many patients felt their potency improved. Further research confirmed these preliminary results.

Treatment scheme was used in patients with different forms of potency. The drug showed high effectiveness in part of unproved potency actually in all patients suffering from impotency on the background of different microcirculatory disorders, especially it was true in the ones with diabetes mellitus, prostatitis, and prostate adenoma.

At present Galavit is the first drug that shows positive effect in treatment of impotency developed on the background of different inflammations- Galavit is a challenge for those with insufficient erection or the absence of it, it does not increase sexual appeal, it is not a sexual stimulator, and can be used for the preventive aims for those suffering from impotency whose pathologies are accompanied by microcirculatory disorders.

Apart from prostaglandins and vasodilators used in the USA and other states, the technique described above is more physiological and safer at the expense of quick metabolism, unique mechanisms of Galavit (through the activation of cells capable of generating the factor of vascular dilatation), and the absence of

side effects. All these moments speak in favour of this treatment method to be used for the patients with prostate adenoma and impotency.