

машки та одна чайна ложка чистотілу заливають 200-250 мл окропом. Розчин настояти та охолодити до 40°C та за допомогою резинової «груші» вводиться у порожнину прямої кишки. Чоловік має право сидіти, стояти, ходити, але не лежати. За 1 годину, а то і більше (в залежності від реакції слизової оболонки кишки) кишка випорожнюється і після цього можна застосовувати ректальні свічки. Таку мікроклізму можливо робити одну-дві на добу. Свічки краще ставити не менше 2-3 разів на добу (з метилурацилом, прополісом, анестезином то що).

Піднята проблема далека від завершення. Треба продовжувати досліджувати та аналізувати клінічний матеріал.

Висновки

1. Гострий простатит супроводжується як досить великою кількістю інфекції, але і багатьма антибіотиками до котрих вона чутлива.

2. При хронічному простатиті визначається досить велика кількість мікст-інфекції але кількість антибіотиків до котрих вона чутлива незначна.

3. Поміж інфекцією соку та сечі мають місце досить значні розбіжності в тім, що у простатичного соку переважає мікст-інфекція.

4. До комплексного лікування хворих на простатит доцільно включати фітозбори з дотриманням необхідних правил. Так фітозбори слід змінювати не рідше 3-4 тижнів від початку застосування кожного.

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ENGLISH VERSION: COMPREHENSIVE TREATMENT OF PATIENTS WITH PROSTATITIS FROM THE VIEWPOINT OF MODERN REQUIREMENTS*

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118 patients with prostatitis were examined in our urological clinic. 63 of them had acute prostatitis, and 55 patients – chronic prostatitis. In addition to common clinical examinations, bacteriological investigations were conducted to determine microorganisms in urine. Bacteriuria was revealed in 96 patients (81.3%), almost equally between the mono-infection (50 patients) and mixed infection (46 patients). Besides, prostatic fluid was examined in 18 patients. It was revealed that Escherichia coli was the main source of infection, and as mono-infection it was found in 20 patients (20.7%), and in the composition of mixed infections – in 25 cases (26.1%). The second causes of prostatitis were Staphylococcus epidermidis and hemolyticus in 31 patients. The opportunities of drug influence on microorganisms were clearly defined. The most effective antibiotics are vancomycin, linezolid and cephalosporin. In order to achieve the lasting success, we offer a wide range of herbal medicines to include them in comprehensive treatment of prostatitis.

Key words: comprehensive treatment, prostatitis, antibiotics, phytotherapy.

Introduction

Acute and especially chronic inflammation of prostatic gland (prostatitis) often occur mostly in young people. In the elderly people and in children, the disease is less common. The peculiarity is that this condition causes a variety of changes in the urinary and especially genital system. It should be noted that prostatitis can lead to the disorders of emotional state, decrease in performance efficiency, impaired sexuality, erectile function, and even

infertility [1,2,4,11]. All the above leads to a number of problems, especially in the social sphere. Attempts to overcome this disease began from the moment when it was first diagnosed. The use of various drugs such as systemic, immunostimulatory and antiinflammatory medications provides a short-term effect. Patients keep returning to urologists for medical help.

At present the search for different antibiotics, prostate massage, physiotherapy application also do not lead to the desired result. In this regard, authors have begun to use

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herbal medicines in the treatment of prostatitis [3,7,8,10]. The results provide a basis for hope of a successful treatment in the nearest future. The use of herbal medicines, especially in combination of several plants (phytomixture of herbs) contributes to more effective treatment of prostatitis. Currently there is a wide variety of phytomixtures which are used in urological practice and particularly in the treatment of both acute and chronic prostatitis. The fact is that plants can be combined into phytomixtures selected for each patient individually [5,6,9].

The aim of our research is to improve the effect of treatment of prostatitis; to familiarize urologists with the possibility of using herbal medicines in combination with antibiotic therapy.

Material and methods

118 patients were monitored. The age of patients ranged from 22 to 45 years. 63 patients were hospitalized with acute prostatitis, and 55 patients – with chronic prostatitis. In order to determine the health status, clinical and laboratory tests were applied (complete blood count, urinalysis, blood chemistry with determining the levels of

creatinine, bilirubin, electrolytes, etc.). In addition, we considered mandatory to conduct ultrasound of the genitourinary system, and make urine tests to detect infection, and its sensitivity to specific type of antibiotic. Urine culture analysis was performed in compliance with the relevant requirements of sterility, collecting the mid-portion of urine.

Results of the research

Urine culture analysis was performed in all 118 men and in 18 patients the analysis of prostatic fluid was additionally performed. In this respect, various kinds of urinary infection were found in 96 men (82.1%). “Sterile” urine was in 22 men. It should be noted that in 40 (41.6%) cases, there was a mixed infection with two or even three components (Table 1). The peculiarity consisted in the fact that the shorter the period of disease’s onset was, the oftener there was a mixed infection, but there were also more antibiotics to which the sensitivity of infection was determined.

Table 1
Quantitative characteristics of microflora in patients with prostatitis

Mono-infections		Mixed infections	
Enterococcus faecalis	15	Enterococcus faecalis Streptococcus pneumoniae	5
Ent. durans	1	Enterobacter faecalis Kl. pneumoniae	1
Staphylococcus epidermidis	9	Staphylococcus epidermidis Streptococcus pneumoniae	4
Esherichia coli	5	Streptococcus pyogenes Str. mitis	1
Staphylococcus haemolyticus	7	Staphylococcus epidermidis Cor. cystitidis	1
Streptococcus pneumoniae	4	Enterobacter aerogenosae Enterococcus faecalis	1
Ps. aerogenosae	1	Staphylococcus haemolyticus Streptococcus pneumoniae	4
Streptococcus pyogenes	1	Enterococcus faecalis Ps. aerogenosae	1
St. saprophyticus	1	Enterococcus faecalis Staphylococcus haemolyticus	4
Str. agalactios	2	Streptococcus pyogenes Enterococcus faecalis	3
P. mirabilis	1	Esherichia coli Streptococcus epidermidia	1
Enterobacter agglomerans	1	Staphylococcus haemolyticus Streptococcus pyogenes	2
St. aureus	4	Esherichia coli Enterococcus faecalis	1
Kl. pneumoniae	3	Enterococcus faecalis Streptococcus epidermidia	10
Str. agalactiae	1	Enterococcus faecalis Cor. amycolacum	1
Total	56	Total	40

Among 63 men with acute prostatitis, infection was found in 41 cases (65.1%). Among them, mono infection was found in 30 patients (73.2%), and mixed infection – in 11 patients (26.8%). In mono infection, E. coli was prevalent in 6 patients (20%), and hemolytic staphylo-

coccus – in 6 patients (20%). At the same time, in the presence of mixed infections, they also included E. coli and hemolytic staphylococcus (9 out of 11 patients). Another infection was observed in isolated cases (Table 2).

Table 2
Characteristics of bacteriuria in patients with acute prostatitis and its sensitivity to antibiotics

Name of antibiotics	Enterococcus faecalis Strep- toccus pneumoniae	Enterobacter faecalis Kl. pneumoniae	Enterococcus faecalis P. mirabilis, Kl. oxyloca	S. aureus Staphylococcus haemolyticus Enterococcus faecalis	Сог. неопределенной группы	Enterobacter aerogenosae Enterococcus faecalis	Staphylococcus haemolyticus Streptococcus pneumoniae	Enterococcus faecalis Staphylococcus haemolyticus	Staphylococcus haemolyticus Streptococcus pyogenes	Enterococcus faecalis Streptococcus epidermidia	Enterococcus faecalis Cor. amycolacum	Staphylococcus haemolyticus Streptococcus epidermidia
Vancomycin		1		2				1		2	1	
Linezolid			1	2		1		1		2		
Furagin	1	1	2			1		1		3	1	
Moxifloxacin												
Gentamicin		1	1				1					
Amikacin						1						
Tigecycline						1						
Lincomycin	1			2			1	1	2	3	1	1
Gatifloxacin												
Azithromycin	1						1	1	1	1		1
Ciprofloxacin	1		1		1	1	1			2		1
Clarithromycin					1				1	3		1
Doxycycline						1	1			1	1	
Sulbactam		1										
Rifampicin				2				1	1			1
Clindamycin					1		1	1	1	1		1
Oxacillin				2			1		1			
Ofloxacin	1	1	1							2		
Ceftriaxone	1	1					1					
Levomycetin		1	1	1		1	1					
Levofloxacin			1									
Levofloxacin				1						2		
Imipenem		1		1						1		
Doripenem												1
Cefixime		1										
Amoksilav				1								
Tobramycin				1								
Cefazolin									1			
Total	6	9	8	15	3	7	9	7	8	23	4	7

It should be noted that the influence of antibiotics was as follows: vancomycin, linezolid, furagin were effective in every five cases in the presence of E. coli as a mono infection, while chloramphenicol and levofloxacin were effective only in three cases respectively. In the presence of mixed infection involving E. coli, prioritized antibiotics were furagin (10 cases), linezolid (7 cases), vancomycin (7 cases), ciprofloxacin (8 cases), clindamycin (6 cases), while imipenem was useful in 6 cases by mono infection and only in 3 cases by mixed infection. If the mixed infection contained *Staphylococcus haemolyticus*, better effect was demonstrated by lincomycin (12 cases), ciprofloxacin (8 cases), chloramphenicol (5 cases).

In patients with chronic prostatitis, infection was screened in 44 cases (80%). Moreover, mono infection was diagnosed in 30 individuals (68.2%), in the form of mixed infections – in 14 patients (31.8%). E. coli as mono infection was diagnosed in 12 individuals (27.2%), along with E. coli *Staphylococcus epidermidis* and *haemolyti-*

cus it was observed in 11 patients (25%). However, it should be noted that in 8 patients mixed infection also included E.coli and *Staphylococcus*. Thus, the main cause of prostatitis was Gram-positive infection. Other infections were rare.

It should be noted that in the presence of mono infection, vancomycin, linezolid, furagin each in 8 patients were the most effective; lincomycin and levofloxacin in 7 patients, respectively. Ciprofloxacin and doxycycline were effective in 4 and 3 patients, respectively. Among patients with *Staphylococcus epidermidis* in combination with *haemolyticus*, lincomycin, clindamycin, imipenem, ciprofloxacin, ofloxacin were the most effective (20 cases in total). Among patients with mixed infection, these drugs were much less effective. Thus, only vancomycin was effective – in 13 cases, lincomycin – in 9 cases, linezolid – in 7 cases, furagin – in 7 cases. Such drugs as ceftriaxone, tobramycin, amoksilav were effective in isolated cases (Table 3).

Characteristics of bacteriuria in patients with chronic prostatitis and its sensitivity to antibiotics

Name of antibiotics	Enterococcus faecalis Streptococcus pneumoniae	Enterococcus faecalis Streptococcus pyogenes Streptococcus epidermidis Cor. Pylorum	Streptococcus pyogenes Str. mitis	Staphylococcus epidermidis Cor. cistitidis	Staphylococcus haemolyticus Streptococcus pneumoniae	Enterococcus faecalis Staphylococcus haemolyticus	Streptococcus pyogenes Enterococcus faecalis	Escherichia coli Enterococcus faecalis	Enterococcus faecalis Streptococcus epidermidis	Staphylococcus haemolyticus Streptococcus epidermidis
Vancomycin	1	1		1	1	1	1	1	5	1
Linezolid	1						1	1	3	1
Furagin	1	1					1	2	2	
Lincomycin	1	1	1	1	1	1			1	2
Gatifloxacin	1		1						1	2
Azithromycin	1		1		1	1				1
Ciprofloxacin		1			1	2			1	
Clarithromycin	1		1						1	1
Doxycycline		1				1	1	2	2	
Cefoperazone								1		
Rifampicin				1					1	2
Meropenem					1					
Clindamycin				2					1	2
Oxacillin				2		1			1	1
Ofloxacin		1	1		1				1	
Ceftriaxone	1		1		1			1	1	
Levomecetin		1				1		1	2	
Levoflax										
Levofloxacin	1	1				1	1		4	
Imipinem									1	
Cefepime								1		
Ceftazidime				1						
Ceftriaxone			1							
Tobramycin				1						
Amoxiclav				2					1	2
Total	9	9	7	11	7	9	5	10	29	15

Having received such a result as to infection, it was decided to check for infection in the prostatic fluid and compare it with the infection screened in the urine.

Among 96 patients, in 18 men (18.7%) the infection status of prostatic fluid was detected. In addition, several features were detected. The first one was that in mono infection, *Escherichia coli* was screened almost exclusively (in 4 men) and in one case *Enterobacter agglomerans* was identified. The second feature was the fact that in 11 patients mixed infection was found and among them in 8 patients it included *E. coli*.

Mixed infection consisted of 3 or 4 bacteria (mainly streptococci and staphylococci) but only in one case, *E. coli* was combined with hemolytic staphylococcus. Comparing the results with urine tests, one can observe dif-

ferences, since hemolytic streptococcus in combined in urine with *E. coli* in more than 32%. It should be noted that among 5 patients with mono infection (*E. coli*) the latter was significantly influenced by furagin in 3 patients, and by ceftriaxone (2). In the latter cases, antibiotics were effective in single moments and chloramphenicol was useful only twice. However, in patients with mixed infection, a significantly different clinical picture was observed. The number of effectively used drugs was considerably increased. Thus, among 13 patients with mixed infection, ceftriaxone was successfully used (9 patients), azithromycin (6), vancomycin (6), linezolid (6), clarithromycin (6), ofloxacin (5), etc. It should be noted, however, that such an "outdated" drug as chloramphenicol was effective in 5 cases (Table 4).

Table 4
Mixed infection in the prostatic fluid and its sensitivity to antibiotics

Name of antibiotics	Enterococcus faecalis Streptococcus pneumoniae	Enterococcus faecalis Streptococcus epidermidia H. parainfluenzae	Staphylococcus haemolyticus Streptococcus pyogenes Enterococcus faecalis	Streptococcus pneumoniae Staphylococcus haemolyticus Ec. Gergoviae	Str. mitis Streptococcus epidermidia Enterococcus faecalis Cor. minutissimum	Streptococcus pneumoniae Enterococcus faecalis St. aureus	Streptococcus pyogenes Streptococcus epidermidia	Streptococcus pyogenes Enterococcus faecalis	Escherichia coli Streptococcus epidermidia	Staphylococcus haemolyticus Streptococcus pyogenes	Enterococcus faecalis Streptococcus epidermidia
Vancomycin	1				1	1		1		1	1
Linezolid	1	1			1			1		1	1
Furagin	1							1	1		1
Gentamicin				1					1		1
Lincomycin				1	1	1	1			1	
Gatifloxacin						1	1	1		1	
Azithromycin	1	1	1				2			1	
Ciprofloxacin	1	1			1		1				1
Clarithromycin	1		1			1	1	1		1	
Doxycycline		1	2								
Sulbactam									1		
Rifampicin					1	1			1	1	
Meropenem				1				1		1	
Clindamycin		2									
Oxacillin					1		1				
Ofloxacin	1					1	1			1	1
Ceftriaxone	1		1	1	1	1	1	1	1	1	
Levomycetin	1		1	1	1				1		
Levofloxacin	1	1			1						1
Imipenem						1			2		1
Doripenem									1		
Cefazolin			1	1				1			
Cefoperazone			1								
Amoxiclav		1			1						
Total	10	8	8	6	10	8	9	8	9	10	8

The ongoing research in the treatment of prostatitis led to the fact that doctors began to some purpose use natural ingredients of plant origin. Constant observation led to the conclusion that not individual plant components but their mixtures are more efficient. Currently in the world there are thousands of phytomixtures that are used in urology including the treatment of prostatitis.

Using phytomixtures mainly in the outpatient treatment of prostatitis, we selected in our view the most useful ones:

- Phytomixture of herbs: Herba Hyperici 35.0
- Herba Chelidonii majoris 15.0
- Flores Chamomillae officinalis 35.0
- Flores Tiliae cordatae 15.0

Add 2 tablespoons of mixture to 0.5 liters of boiling water in a thermos, leave for 1 hour, and then sift. Take warm half a glass in the morning and evening after meals (acute prostatitis).

- Phytomixture of herbs: Folia Salviae officinalis 20.0
- Herba Hyperici 20.0
- Herba Equiseti arvensis 20.0
- Radix Petroselinis sativi 20.0
- Cortex fructus Phaseoli vulgaris 20.0

Add 1 tablespoon of phytomixture to a glass of cold water, leave for 6 hours, boil for 5-7 minutes, sift, take 1 glass per day.

- Phytomixture of herbs: Folia Betulae pendulae 10.0

- Folia Vaccinii vitis-idaea. 10.0
- Herba Equiseti arvensis 10.0
- Radix Valerianae officinalis 10.0
- Radix Apii graveolentis 10.0

Add 2 tablespoons of phytomixture to 300 ml of boiling water, boil on water-bath for 10 min, sift. Take warm 1/4-1/2 glass 3 times a day, 1 hour before meal.

- Phytomixture of herbs: Folia Tussilaginis farfarae 15.0
- Folia Plantaginis majoris 35.0
- Flores Chamomillae officinalis 35.0
- Herba Chelidonii majoris 15.0
- Flores Tiliae cordatae 15.0

Add 2 tablespoons of the phytomixture to 0.5 liters of boiling water in a thermos, leave for 1 hour, sift. Take warm half a glass in the morning and evening after meals.

In many patients prostatitis is accompanied by inflammation of the urethra, thus it is necessary to apply herb of heartsease (Viola tricolor) 15.0. Add herb of heartsease to 200 ml of boiling water in a thermos, leave for 6 hours. Take 1 tablespoon 3 times a day after meals.

- Phytomixture: Herba Polygoni avicularis 50.0
- Herba Equiseti arvensis 25.0

Add 1 tablespoon of the phytomixture to a glass of cold water, leave for 6 hours, boil for 5-7 minutes, sift. Take 1 glass per day.

In our opinion, administering phytomixtures in the form of microclysters is more efficient. Clinical manifestations of acute prostatitis improve after 2-3 days of treatment. Upon the analysis of relevant literature, we concluded that the following use of microclysters is the most effective: one teaspoon of dry chamomile and one teaspoon of celandine are added to 200-250 ml of boiling water. The solution is left and cooled to 40°C, then using a rubber enema it is administered into the cavity of the rectum. The patient can be seated, can stand, walk, but must not lie down. Within 1 hour, or even more (depending on the response of mucosa) the intestine is emptied and thereafter you can apply rectal suppositories. Such microclysters can be applied once or twice a day. It is better to apply suppositories at least 2-3 times a day (with methyluracil, propolis, anesthesin, etc.).

The issued discussed is far from being over. It is necessary to continue to explore and analyze the clinical material.

Conclusions.

1. Acute prostatitis is accompanied by a sufficiently large number of infections, as well as many antibiotics to which they are sensitive.

2. In chronic prostatitis, quite a number of mixed infections are determined, however, the amount of antibiotics to which they are sensitive is negligible.

3. There are very significant differences between infection in fluid and urine which consist in the fact that mixed infection prevails in the prostatic fluid.

4. It is appropriate to include phytomixtures into the comprehensive treatment of prostatitis in compliance with necessary regulations. Hence, phytomixtures should be changed at least every 3-4 weeks from the beginning of each application.

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