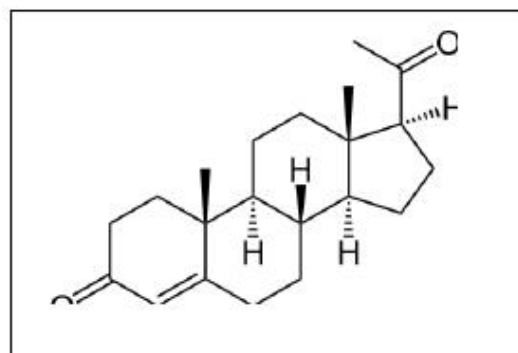
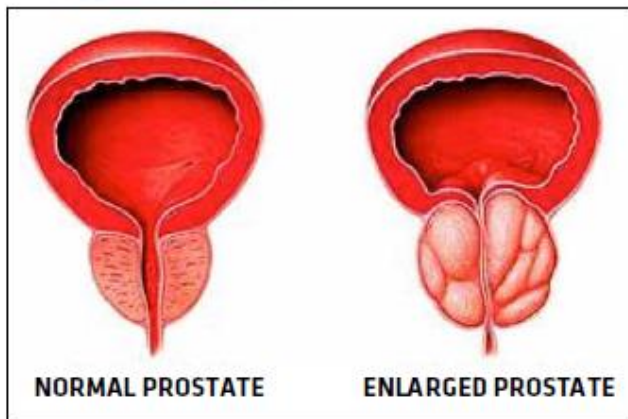




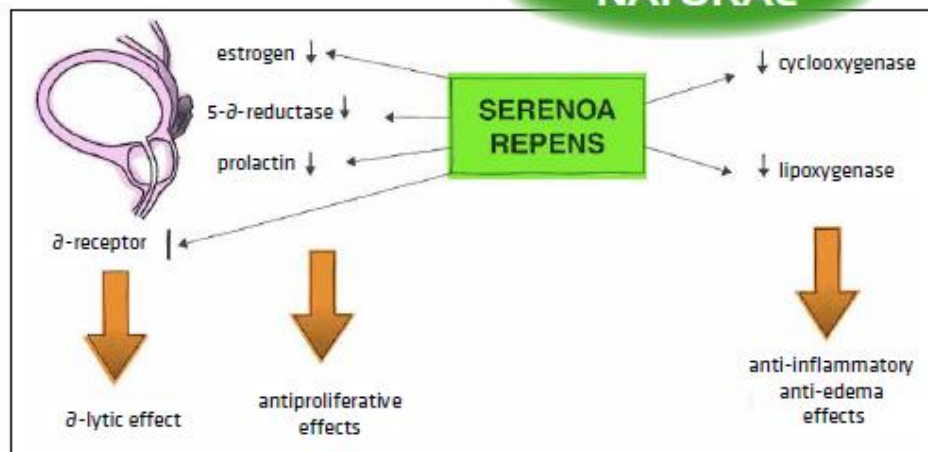
Serenoa Repens
Dry Extract 25/45% fatty acids
Oil 90% fatty acids



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**100%
NATURAL**



BIBLIOGRAPHY

PeerJ. 2016 Nov 22;4:e2688. eCollection 2016.

Hypothesis on Serenoa repens (Bartram) small extract inhibition of prostatic 5 α -reductase through an in silico approach on 5 β -reductase x-ray structure.

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Wien Med Wochenschr. 2016 Nov 29. [Epub ahead of print]

Randomized double-blind controlled clinical trials with herbal preparations of Serenoa repens fruits in treatment of lower urinary tract symptoms.

Göme RC1,2,3, Wegener T4,5, Kelber O4,6, Feistel B4,7, Reichling J4,8.

Expert Opin Drug Saf. 2016 Dec;15(12):1661-1670. Epub 2016 Jun 1.

Serenoa repens, selenium and lycopene to manage lower urinary tract symptoms suggestive for benign prostatic hyperplasia.

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Governa P1, Giachetti D2, Biagi M2, Manetti F3, De Vico L4.

Abstract

Benign prostatic hyperplasia is a common disease in men aged over 50 years old, with an incidence increasing to more than 80% over the age of 70, that is increasingly going to attract pharmaceutical interest. Within conventional therapies, such as α -adrenoreceptor antagonists and 5 α -reductase inhibitor, there is a large requirement for treatments with less adverse events on, e.g., blood pressure and sexual function: phytotherapy may be the right way to fill this need. *Serenoa repens* standardized extract has been widely studied and its ability to reduce lower urinary tract symptoms related to benign prostatic hyperplasia is comprehensively described in literature. An innovative investigation on the mechanism of inhibition of 5 α -reductase by *Serenoa repens* extract active principles is proposed in this work through computational methods, performing molecular docking simulations on the crystal structure of human liver 5 β -reductase. The results confirm that both sterols and fatty acids can play a role in the inhibition of the enzyme, thus, suggesting a competitive mechanism of inhibition. This work proposes a further confirmation for the rational use of herbal products in the management of benign prostatic hyperplasia, and suggests computational methods as an innovative, low cost, and non-invasive process for the study of phytoextract activity toward proteic targets.

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Randomized double-blind controlled clinical trials with herbal preparations of *Serenoa repens* fruits in treatment of lower urinary tract symptoms.

Göme RC1,2,3, Wegener T4,5, Kelber O4,6, Feistel B4,7, Reichling J4,8.

Abstract

In this review, results of randomized double-blind controlled clinical trials (RCTs) with extracts of *Serenoa repens* fruits at a dose of 320 mg/d for the treatment of lower urinary tract symptoms (LUTS) are assessed. Of the RCTs conducted for up to 6 months, a benefit was seen in three of three RCTs with ethanolic, in eight of nine RCTs with hexane, and in one of two RCTs with CO₂ extracts.

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A decorative graphic at the bottom of the page consists of several overlapping, wavy lines in shades of red and orange, creating a sense of movement and depth.

Of the RTCs conducted for more than 6 months, a benefit was seen in two RTCs with hexane and in one RTC with CO₂ extracts, whereas one RTC with an ethanolic, two RTCs with hexane, and one RTC with CO₂ extracts did not show positive results. As LUTS are dynamic conditions with strong spontaneous fluctuation over time, the majority of patients might expect improvement of single symptoms and thus of quality of life, particularly as the extracts are well tolerated even in long-term treatment.

Expert Opin Drug Saf. 2016 Dec;15(12):1661-1670. Epub 2016 Jun 1.

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Abstract

INTRODUCTION:

Benign prostatic hyperplasia (BPH) is a disease affecting most of the elderly male. α 1-blockers and 5-alpha reductase inhibitors are currently used to target lower urinary tract symptoms (LUTS). Moreover phytotherapeutic agents, including Serenoa Repens (SeR), have shown to have a role in ameliorating BPH/LUTS alone or in combination of other elements like Selenium (Se) and Lycopene (Ly). Areas covered: A literature review was performed using data from articles assessing the role of SeR+Se+Ly in the management of LUTS secondary to BPH. Diverging evidence on SeR's efficacy is available. On one hand several studies have shown SeR efficacy in treating BPH/LUTS. SeR is effective in reducing prostate size, urinary frequency, dysuria, nocturia and in improving maximum urine flow-rate. On the other hand two long-term trials reported that SeR did not improve prostate size or urinary flow. SeR+Se+Ly in combination with tamsulosin is more effective than single therapies in improving IPSS and increasing maximal urinary flow-rate in patients affected by LUTS/BPH. Expert opinion: Despite great amount of preclinical and clinical studies, the use of SeR in BPH/LUTS is not sustained by clear evidence for a therapeutic efficacy but current data hint higher efficacy of SeR+Se+Ly compared to SeR alone.