Bisolvon
Bronchial Mucolytic

Composition:
1 tablet contains 8 mg
2 ml solution contains 4 mg
5 ml syrup contains 4 mg
1 ampoule of 2 ml contains 4 mg
N-Cyclohexyl-N- methyl-(2-amino-3,5-dibromobenzyl)-amino hydrochloride (= bromhexine hydrochloride).

Properties:
Bisolvon is a clinically proven, systemically active mucolytic agent. When administered orally, onset of action occurs after about 30 minutes. With the parenteral and inhalation forms within 15-20 minutes.
The full effect of Bisolvon is shown by an increase of respiratory tract fluid, which occurs within 2-3 days of commencing treatment.
Mechanism of action of Bisolvon depends on making the spumum thinner and less viscous and therefore more easily removed by coughing.
Although sputum volume eventually decreases, its viscosity remains low for as long as treatment with Bisolvon is maintained.
There is also an increased response to bronchodilator drugs such as Alupent and Berotec.

Indications:
All forms of tracheobronchitis, emphysema with bronchitis, pneumoconiosis, chronic inflammatory pulmonary conditions, bronchial asthma, bronchitis with bronchospasm, and drops twice daily.
During acute exacerbations of bronchitis, Bisolvon should be given with the appropriate antibiotic.
Bisolvon may also be administered to facilitate and expedite the expectation of abnormal fluid present in the bronchi e.g. contrast media.

Contra-indications:
There are no absolute contraindications but in patients with gastric ulceration relative caution should be observed in the use of Bisolvon tablets. Bisolvon should not be administered to patients with hypersensitivity to bromhexine.

Side effects:
Occasional gastro-intestinal side effects may occur but these are almost invariably mild.

Precautions:
- Studies in animals have given no suggestion that Bisolvon has any teratogenic potential in humans nevertheless as with any drug, it is advisable to avoid use during the first trimester of pregnancy.
- Bisolvon syrup is not recommended for diabetic patients.

Dosage and administration:
- Oral:

<table>
<thead>
<tr>
<th>Tablets 8 mg</th>
<th>Solution 8 mg/4 ml (60 drops = 4 ml)</th>
<th>Syrup 4 mg/5 ml (1 teaspoon = 5 ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and children over 10 years</td>
<td>8 mg (1 tab). t.i.d.</td>
<td>4 ml t.i.d.</td>
</tr>
<tr>
<td>Children 5-10 year</td>
<td>4 mg (0.5 tab). q.i.d.</td>
<td>2 ml t.i.d.</td>
</tr>
<tr>
<td>Children under 5 years</td>
<td>4 mg (0.5 tab). b.i.d.</td>
<td>20 drops t.i.d.</td>
</tr>
<tr>
<td>Babies</td>
<td></td>
<td>10 drops t.i.d.</td>
</tr>
</tbody>
</table>

At the commencement of treatment it may be necessary to increase or double the dose. The syrup is very suitable for small children.

- Inhalation (with aerosol apparatus):
For sensitive patients it is advisable to warm the solution to body temperature to prevent possible initial intussptive cough.

Before inhalation in bronchial asthma or with asthmatic symptoms a bronchodilator (e.g. Aludrin or Alupent) should first be administered.

<table>
<thead>
<tr>
<th>Solution (diluted in water 1:1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
</tr>
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</tr>
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</table>

The combined administration of inhalation and oral application intensifies the effect and is especially suited for the commencement of treatment in cases where the full effect is to be reached quickly.

- Ampoules for injection (4 mg in 2 ml).
The administration of Bisolvon ampoules is recommended for the treatment of the most severe cases as well as for reducing postoperative complications.
In severe cases as well as before and after surgical interventions 1 ampoule S.C., I.M. or I.V. (duration of injection 2-3 minutes) 2-3 times daily.
The injection solution can also be given as a drip infusion together with glucose, levulose, or Ringer's solution.
Bisolvon should not be mixed with alkaline solutions as the acid character of Bisolvon solution (pH 2.8) may cause cloudiness or flocculation.

Note:
Patients being treated with Bisolvon should be warned to expect an increase in the flow of secretions.


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B 203050 B 7 / 09