SCHEDULING STATUS: S2

PROPRIETARY NAME (and dosage form):

Bisolvon® Linctus DA SANOFI

COMPOSITION:
Each 5 ml contains:
bromhexine hydrochloride 4 mg
orciprenaline sulphate 5 mg
Preservatives: methylparaben 0,05 % *m/v* and propylparaben 0,01 % *m/v*
Sugar free.

PHARMACOLOGICAL CLASSIFICATION:
A 10.1 Antitussives and expectorants

PHARMACOLOGICAL ACTION:
BISOLVON LINCTUS DA combines the properties of the mucolytic agent bromhexine hydrochloride with that of the bronchodilator orciprenaline sulphate.

Orciprenaline sulphate is a direct-acting sympathomimetic agent with predominantly beta-adrenergic stimulation activity and has little effect on alpha-receptors. It is considered to be relatively $beta_2$-selective because it also has $beta_1$-adrenergic receptor action, producing positive inotropic and chronotropic action on the heart.

Orciprenaline sulphate is well absorbed from the gastrointestinal tract, but undergoes an extensive first pass metabolism in the liver. Onset of action occurs within 15 minutes of oral administration achieving a peak within about 1 hour.

Orciprenaline sulphate is resistant to metabolic methylation by catechol methyl transferase (COMT). This results in lower rates of metabolism and enhanced oral bioavailability compared to the catecholamines.

INDICATIONS:
BISOLVON LINCTUS DA is indicated for cough associated with wheeziness (bronchospasm) and tenacious phlegm (sputum).

CONTRA-INDICATIONS:
BISOLVON LINCTUS DA is contra-indicated in patients with known hypersensitivity to the active ingredients or the excipients of the formulation, thyrotoxicosis, hypersensitivity to sympathomimetic amines, hypertrophic obstructive cardiomyopathy and tachyarrhythmia.

WARNINGS:
BISOLVON LINCTUS DA should be given with caution to patients with seizure disorders.

INTERACTIONS:
Orciprenaline sulphate:
Beta-adrenergics, anticholinergics, and xanthine derivatives (such as theophylline) may enhance the effect of BISOLVON LINCTUS DA. The concurrent administration of other beta-mimetics, systemically absorbed anticholinergics and xanthine derivatives (e.g. theophylline) may increase the side effects.

A potentially serious reduction in bronchodilatation may occur during concurrent administration of beta-blockers.

Inhalation of halogenated hydrocarbon anaesthetics such as cyclopropane, halothane, trichloroethylene and enflurane may increase the susceptibility to the cardiovascular effects of beta-agonists.

An increased risk of arrhythmias may also occur if BISOLVON LINCTUS DA is given to patients receiving cardiac glycosides, diuretics, quinidine or tricyclic antidepressants.

BISOLVON LINCTUS DA should not be given to patients receiving treatment with monoamine oxidase inhibitors or within 14 days of its termination.

When corticosteroids are administered with BISOLVON LINCTUS DA, the risks of hypokalaemia, hyperglycaemia and pulmonary oedema are all increased.

PREGNANCY AND LACTATION:
Safety of use in pregnancy and lactation has not been established. BISOLVON LINCTUS DA may inhibit uterine contractions in pregnancy.

DOSAGE AND DIRECTIONS FOR USE:
Adults and children over 12 years: 10 - 20 ml 3 times daily.
Children 3 - 12 years: 5 - 10 ml 3 times daily.
Children under 3 years: 2,5 - 5 ml 3 times daily
Do not exceed the recommended dose.

SIDE EFFECTS AND SPECIAL PRECAUTIONS:
Side effects:
Frequency classes: Very common (> 1/10); common (> 1/100, < 1/10); uncommon (> 1/1 000, < 1/100); rare (> 1/10 000, < 1/1 000); very rare (< 1/10 000).

Bromhexine hydrochloride:
Gastrointestinal disorders:
Common: Mild gastrointestinal side effects.
Uncommon: Nausea, vomiting and diarrhoea.
Endocrine disorders:
A transient rise in serum aminotransferase values has been reported.
Nervous system disorders:
Headache, dizziness and sweating.
Skin and subcutaneous tissue disorders:
Rare: Skin rashes, angioedema, urticaria.
Respiratory, thoracic and mediastinal disorders:
Rare: Bronchospasm.
Immune system:
Rare: Allergic reactions, anaphylaxis.

Orciprenaline sulphate:
Cardiovascular disorders:
Common: Tachycardia, arrhythmia, palpitations.
Uncommon: Decrease in diastolic blood pressure and an increase in systolic blood pressure, particularly after higher doses.
Other undesirable effects include hypertension, anginal pain, cardiac arrest, hypotension with dizziness, fainting and flushing.
Skin and subcutaneous tissue disorders:
Common: Skin reactions.
Uncommon: Sweating.
Gastrointestinal disorders:
Common: Nausea and vomiting.
Hypersalivation may also occur.
Immune system disorders:
Common: Allergic reactions, especially in hypersensitive patients.
Rare: Anaphylactic or anaphylactoid reactions.
Metabolism and nutritional disorders:
Uncommon: **Potentially serious hypokalaemia may result from orciprenaline therapy.**
Altered glucose metabolism may occur. Cases of lactic acidosis have been reported.
Musculoskeletal and connective tissue disorders:
Common: Myalgia/ muscle cramps.
Nervous system disorders:
Common: Fine tremor of skeletal muscles, headache and dizziness.
Uncommon: Weakness.
Psychiatric disorders:
Common: Nervousness.
Rare: Psychological alterations including fear, anxiety, excitement, restlessness, insomnia, confusion, irritability and psychotic states.
Respiratory, thoracic and mediastinal disorders:
Some patients have experienced a feeling of tightness in the chest, dyspnoea or asthma exacerbation.
Renal and urinary disorders:
Difficulty in micturition and urinary retention may occur.

Special Precautions:
Bromhexine hydrochloride:
Use with care in patients with a history of peptic ulceration as mucolytics may disrupt the gastric mucosal barrier.
Care is also advisable in asthmatic patients.
Clearance of bromhexine or its metabolites may be reduced in patients with severe hepatic or renal impairment.

Orciprenaline sulphate:
Other sympathomimetic bronchodilators should only be used with BISOLVON LINCTUS DA under strict medical supervision. Anticholinergic bronchodilators may, however, be inhaled at the same time.

In the following conditions BISOLVON LINCTUS DA should only be used after careful risk/benefit assessment, especially when doses higher than recommended are used:
Elderly patients, insufficiently controlled diabetes mellitus, cardiovascular disease such as ischaemic heart disease, arrhythmia or tachycardia, occlusive vascular disorders including arteriosclerosis, hypertension and aneurysms, hyperthyroidism, phaeochromocytoma, closed-angle glaucoma, prostatism, angina pectoris and in patients who are unusually responsive to sympathomimetic amines.

In the case of acute, rapidly worsening dyspnoea, a medical doctor should be consulted immediately.

Prolonged use:
- On demand (symptom-orientated) treatment may be preferable to regular use.
- Patients should be evaluated for the addition or the increase of anti-inflammatory therapy (e.g. inhaled corticosteroids) to control airway inflammation and to prevent long-term damage.

If bronchial obstruction deteriorates, it is inappropriate and possibly hazardous to simply increase the use of beta-agonist containing products such as BISOLVON LINCTUS DA beyond the recommended dose over extended periods of time. The use of high amounts of beta-agonist containing products like BISOLVON LINCTUS DA on a regular basis to control symptoms of bronchial obstruction may suggest declining disease control. In this situation, the patient's therapy plan and in particular the adequacy of anti-inflammatory therapy should be reviewed to prevent potentially life-threatening deterioration of disease control.

Potentially serious hypokalaemia may result from $beta_2$-agonist therapy. Overdosage may cause cardiac effects. High doses may increase the risk of serious side effects, including cardiac dysrhythmias. Particular caution is advised in severe asthma or if high doses are used, as hypokalaemia may be potentiated by concomitant treatment with xanthine derivatives, glucocorticosteroids and diuretics. Additionally, hypoxia and acidosis may aggravate the effects of hypokalaemia on cardiac rhythm. It is recommended that serum potassium levels are monitored in such situations.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:
Symptoms:
The expected symptoms with overdosage are those of excessive beta-adrenergic stimulation, including exaggeration of the known pharmacologic effects, i.e. any of the symptoms listed under side effects, the most prominent being tachycardia, central nervous system stimulation, palpitation, tremor, hypertension, hypokalaemia, hyperglycaemia, hypotension, widening of the pulse pressure, anginal pain, arrhythmias and flushing.

Treatment:
In alert patients empty stomach by emesis or lavage. In depressed or hyperactive patients use an airway protected lavage. Monitor ECG, blood pressure and temperature. Control pyrexia with cooling applications.

Beta-receptor blockers, preferably $beta_1$-selective, are suitable as specific antidotes; however, a possible increase in bronchial obstruction must be taken into account and the dose should be adjusted carefully in patients suffering from bronchial asthma. In asthmatics the use of a cardioselective beta-blocker such as atenolol or acebutalol is preferred.

To control convulsions, administer diazepam.

Further treatment should be symptomatic and supportive.

IDENTIFICATION:
A clear colourless liquid with a cocoa odour.

PRESENTATION:
Bottles of 100 and 200 ml.

STORAGE INSTRUCTIONS:
Store at or below 25 °C out of the reach of children.

REGISTRATION NUMBER:
B/10.1/18

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:
sanofi-aventis south africa (pty) ltd
2 Bond Street, 1685, Midrand, South Africa

Manufacturer:
Zentiva South Africa (Pty) Ltd
315 Waltloo Rd, Waltloo, Pretoria
South Africa

DATE OF PUBLICATION OF THIS PACKAGE INSERT:
7 July 2006.

BOTSWANA Reg. No. B9304980	S3
NAMIBIA Reg. No. 90/10.1/00456	NS1

PATIENT INFORMATION LEAFLET

Read all of this leaflet carefully because it contains important information for you
This medicine is available without a doctor's prescription, for you to treat a mild illness. Nevertheless you still need to use BISOLVON LINCTUS DA carefully to get the best results from it.
- Keep this leaflet. You may need to read it again.
- Ask your pharmacist if you need more information or advice.
- You must see a doctor if your symptoms worsen or do not improve after 7 days. If you have difficulty breathing or become breathless, you must consult a doctor immediately.
- Inhaled anaesthetics. Before you have any surgery, tell the doctor that you are taking BISOLVON LINCTUS DA.
- Certain medicines used to treat depression (monoamine oxidase inhibitors and tricyclic antidepressants).
- Some cold and flu products, some medicines used to treat asthma and some medicines used for weight loss may add to the effects of BISOLVON LINCTUS DA.

4. HOW TO TAKE BISOLVON LINCTUS DA
Always take BISOLVON LINCTUS DA exactly as your doctor or pharmacist has instructed you. Do not take more BISOLVON LINCTUS DA than recommended. Do not take BISOLVON

SKEDULERINGSTATUS: S2

EIENDOMSNAAM (en doseringsvorm):

Bisolvon® Linctus DA

SANOFI

SAMESTELLING:
Elke 5 ml bevat:
broomheksienhidrochloried 4 mg
orsiprenaliensulfaat 5 mg
Preserveermiddels: metielparabeen 0,05 % *m/v* en
propielparabeen 0,01 % *m/v*
Suikervry.

FARMAKOLOGIESE KLASSIFIKASIE:
A 10.1 Hoesonderdrukkers en slymmiddels

FARMAKOLOGIESE WERKING:
BISOLVON LINCTUS DA kombineer die eienskappe van die slymmiddel broomheksienhidrochloried met dié van die brongodilator, orsiprenaliensulfaat.

Orsiprenaliensulfaat is 'n direkwerkende simpatomimetiese middel met oorwegend beta-adrenerge stimulerende werking en met min effek op alfa-reseptore. Dit word beskou as relatief $beta_2$-selektief omdat dit ook $beta_1$-adrenerge reseptorwerking het, wat positief-inotrope en chronotrope werking op die hart teweegbring.

Orsiprenaliensulfaat word goed uit die maagdermkanaal geabsorbeer, maar ondergaan 'n uitgebreide eerste gang metabolisme in die lewer. Werking neem 'n aanvang binne 15 minute na mondelikse toediening en 'n piek word na ongeveer 1 uur bereik.

Orsiprenaliensulfaat bied weerstand teen metaboliese metilering deur katesjolmetieltransferase (KOMT). Dit lei tot 'n laer tempo van metabolisme en verhoogde mondelikse biobeskikbaarheid, vergeleke met die katesjolamiene.

INDIKASIES:
BISOLVON LINCTUS DA word aangedui vir hoes, geassosieer met asemgefluit (brongospasma) en hardnekkige slym (fluim).

KONTRA-INDIKASIES:
BISOLVON LINCTUS DA word teenaangedui by pasiënte met bekende hipersensitiwiteit vir die aktiewe bestanddele of die hulpstowwe in die formulering, tirotoksikose, hipersensitiwiteit vir simpatomimetiese amiene, hipertrofiese obstruktiewe kardiomiopatie en tagi-aritmie.

WAARSKUWINGS:
BISOLVON LINCTUS DA moet met omsigtigheid aan pasiënte met stuipe-aandoenings gegee word.

INTERAKSIES:
Orsiprenaliensulfaat:
Beta-adrenergika, anticholinergika en xantienderivate (soos teofillien) kan die effek van BISOLVON LINCTUS DA versterk. Die gesamentlike toediening van ander beta-mimetika, sistemies-geabsorbeerde anticholinergika en xantienderivate (bv. teofillien) kan die newe-effekte vermeerder.

'n Potensieel ernstige afname in brongodilatasie kan tydens die gesamentlike toediening van beta-blokkeerders voorkom.

Inhalasie van gehalogeneerde koolwaterstof-narkosemiddels soos siklopropaan, halotaan, trichlooretileen en enfluraan kan ontvanklikheid vir die kardiovaskulêre effekte van beta-agoniste verhoog.

'n Verhoogde risiko vir aritmië kan ook voorkom as BISOLVON LINCTUS DA aan pasiënte gegee word wat ook hartglikosiede, diuretika, kinidien of trisikliese antidepressante gebruik.

BISOLVON LINCTUS DA moet nie aan pasiënte wat behandeling met monoamienoksidase remmers ontvang, of binne 14 dae vandat dit gestaak is, gegee word nie.

Wanneer kortikosteroïede saam met BISOLVON LINCTUS DA toegedien word, word die risiko's vir hipokalemie, hiperglukemie sowel as pulmonêre edeem verhoog.

SWANGERSKAP EN LAKTASIE:
Veiligheid van gebruik met swangerskap en laktasie is nie vasgestel nie. BISOLVON LINCTUS DA kan uteruskontraksies tydens swangerskap inhibeer.

DOSIS EN GEBRUIKSAANWYSINGS:
Volwassenes en kinders bo 12 jaar: 10 - 20 ml 3 keer per dag.
Kinders 3 – 12 jaar: 5 - 10 ml 3 keer per dag.
Kinders onder 3 jaar: 2,5 - 5 ml 3 keer per dag.
Moenie die aanbevole dosis oorskry nie.

NEWE-EFFEKTE EN SPESIALE VOORSORGMAATREËLS:
Newe-effekte:
Frekwensieklasse: Baie algemeen (> 1/10); algemeen (> 1/100, < 1/10); ongewoon (> 1/1 000, < 1/100); skaars (> 1/10 000, < 1/1 000); baie skaars (< 1/10 000).

Broomheksienhidrochloried:
Gastroïntestinale siektes:
Algemeen: Ligte gastroïntestinale newe-effekte.
Ongewoon: Naarheid, braking en diarree.

Endokriene siektes:
'n Verbygaande styging in serum-aminotransferase waardes is aangemeld.

Senuweestelselsiektes:
Hoofpyn, duiseligheid en sweet.

Vel- en subkutane weefselsiektes:
Skaars: veluitslag, angioëdeem, urtikarie.

Respiratoriese-, bors- en mediastinumsiektes:
Skaars: Brongospasma.

Immuunstelsel:
Skaars: Allergiese reaksies, anafilakse.

Orsiprenaliensulfaat:
Kardiovaskulêre siektes:
Algemeen: Tagikardie, aritmie, palpitasies.
Ongewoon: Afname in diastoliese bloeddruk en 'n toename in sistoliese bloeddruk, veral na hoër dosisse.
Ander ongewenste effekte sluit in hipertensie, anginale pyn, hartstilstand, hipotensie met duiseligheid, floute en gloede.

Vel- en subkutane weefselsiektes:
Algemeen: Velreaksies.
Ongewoon: Sweet.

Gastroïntestinale siektes:
Algemeen: Naarheid en braking.
Hipersalivering kan ook voorkom.

Immuunstelselsiektes:
Algemeen: Allergiese reaksies, veral by hipersensitiewe pasiënte.
Skaars: Anafilaktiese of anafilaktoïede reaksies.

Metabolisme- en voedingsiektes:
Ongewoon: **Moontlik ernstige hipokalemie kan ontstaan as gevolg van orsiprenalien behandeling.**
Gewysigde glukosemetabolisme kan voorkom. Gevalle van melksuurasidose is aangemeld.

Skeletspier- en bindweefselsiektes:
Algemeen: Mialgie/ spierkrampe.

Senuweestelselsiektes:
Algemeen: Ligte bewing van skeletspiere, hoofpyn en duiseligheid.
Ongewoon: Swakheid.

Psigiatriese siektes:
Algemeen: Senuweeagtigheid.
Skaars: Sielkundige veranderings insluitende vrees, angs, opgewondenheid, rusteloosheid, slaaploosheid, verwarring, prikkelbaarheid en sielkundige toestande.

Respiratoriese, bors- en mediastinumsiektes:
Sommige pasiënte het 'n benoude gevoel in die bors, dispnee of 'n toename in asma ondervind.

Nier- en urienwegsiektes:
Probleme met mikturisie en urienretensie kan voorkom.

Spesiale voorsorgmaatreëls:
Broomheksienhidrochloried:
Gebruik met sorg by pasiënte met 'n geskiedenis van maagswere aangesien slymmiddels die maagslymvlies-skans kan versteur.
Noulettende sorg vir asmatiese pasiënte word ook aangeraai.
Die opklaring van broomheksien of sy metaboliete kan afneem by pasiënte met ernstige lewer- of nierinkorting.

Orsiprenaliensulfaat:
Ander simpatomimetiese brongodilators moet slegs onder streng mediese toesig met BISOLVON LINCTUS DA gebruik word. Anticholinergiese brongodilators kan egter terselfdertyd ingeaasm word.

Onder die volgende toestande moet BISOLVON LINCTUS DA slegs na sorgvuldige vasstelling van die risiko/voordeel verhouding gebruik word, veral wanneer die aanbevole dosis oorskry word:
Bejaarde pasiënte, onvoldoende beheer oor diabetes mellitus, kardiovaskulêre siekte soos iskemiese hartsiekte, aritmie of tagikardie, okklusiewe vaskulêre siektes insluitende arteriosklerose, hipertensie en aneurismes, hipertireose, feochromositoom, geslote-hoek gloukoom, prostatisme, angina pectoris en by pasiënte wat buitengewoon reageer op simpatomimetiese amiene.

In die geval van akute, vinnig verslegtende dispnee, moet 'n mediese dokter dadelik gespreek word.

Langdurige gebruik:
- Op-aanvraag (simptoomgerigte) behandeling kan verkieslik wees bo gereelde gebruik.
- Pasiënte moet geëvalueer word vir die toevoeging van of die toename in antiinflammatoriese behandeling (bv. inhalasie-kortikosteroïede) om lugweg-inflammasie te beheer en om langtermyn skade te voorkom.

Indien brongiale obstruksie toeneem is dit ontoepaslik en moontlik gevaarlik om dan net die gebruik van beta-agonisbevattende produkte soos BISOLVON LINCTUS DA tot bo die aanbevole dosis vir lang tydperke te verhoog. Die gebruik van groot hoeveelhede beta-agonisbevattende produkte soos BISOLVON LINCTUS DA op 'n gereelde basis om simptome van brongiale obstruksie te beheer, kan dui op 'n afname in siektebeheer. Onder hierdie omstandighede moet die pasiënt se behandelingsplan, en in besonder die toereikendheid van die anti-inflammatoriese behandeling, hersien word om moontlik lewensbedreigende agteruitgang van siektebeheer te voorkom.

Potensieel ernstige hipokalemie kan as gevolg van $beta_2$-agonis behandeling ontstaan. Oordosering kan hart-effekte veroorsaak. Hoë dosisse kan die risiko vir ernstige newe-effekte, insluitende hart-disritmië, verhoog. Besondere omsigtigheid word aangeraai by ernstige asma of wanneer hoë dosisse gebruik word, aangesien hipokalemie deur die gesamentlike behandeling met xantienderivate, glukokortikoïede en diuretika gepotensieer kan word. Daarbenewens kan hipoksie en asidose die effekte van hipokalemie op die hartritme versterk. Dit word aanbeveel dat serum-kaliumvlakke by hierdie toestande gemonitor word.

BEKENDE SIMPTOME VAN OORDOSERING EN BESONDERHEDE VAN DIE BEHANDELING DAARVAN:
Simptome:
Simptome wat met oordosering verwag kan word is te wyte aan oormatige beta-adrenerge stimulasie, insluitende oordrywing van die bekende farmakologiese effekte, d.i. enige van die simptome onder newe-effekte vermeld; die mees prominente daarvan is tagikardie, sentrale senuweestelsel stimulasie, palpitasie, bewing, hipertensie, hipokalemie, hiperglukemie, hipotensie, verwyding van die polsdruk, anginale pyn, aritmië en gloede.

Behandeling:
Indien pasiënte by hulle bewussyn is, ledig die maag deur emese of maagspoeling. 'n Lugweg-beskermde spoeling moet by depressiewe of hiperaktiewe pasiënte gedoen word. Monitor EKG, bloeddruk en temperatuur. Beheer pireksie met verkoelende aanwendings.

Beta-reseptor blokkeerders, verkieslik $beta_1$-selektief, is geskik as spesifieke teenmiddels; 'n moontlike toename in brongiale obstruksie moet egter in ag geneem word en die dosis moet versigtig by pasiënte wat aan brongiale asma ly, aangepas word. By asmalyers word die gebruik van 'n kardioselektiewe beta-blokkeerder soos atenolol of asebutalol verkies.

Om konvulsies te beheer, dien diasepam toe.

Verdere behandeling moet simptomaties en ondersteunend wees.

IDENTIFIKASIE:
'n Helder kleurlose vloeistof met 'n kakaogeur.

AANBIEDING:
Bottels met 100 en 200 ml.

BERGINGSAANWYSINGS:
Bewaar teen of benede 25 °C buite bereik van kinders.

REGISTRASIENOMMER:
B/10.1/18

NAAM EN BESIGHEIDSADRES VAN DIE HOUER VAN DIE REGISTRASIESERTIFIKAAT:
sanofi-aventis south africa (edms) bpk
Bondstraat 2, 1685, Midrand, Suid-Afrika

Vervaardiger:
Zentiva South Africa (Edms) Bpk
315 Waltloo Rd, Pretoria, Suid-Afrika

DATUM VAN PUBLIKASIE VAN HIERDIE VOUBILJET:
7 Julie 2006.

INLIGTINGSBLAD VIR PASIËNTE

Lees die hele pamflet noukeurig deur, want dit bevat inligting wat belangrik is vir jou
Hierdie medisyne word sonder 'n doktersvoorskrif aan jou beskikbaar gestel om self jou ligte aandoenings te behandel. Jy moet nogtans BISOLVON LINCTUS DA versigtig gebruik om die beste resultate daarmee te kan behaal.

- Hou hierdie pamflet. Jy sal dit dalk benodig om dit te weer te lees.
- Raadpleeg jou dokter of apteker indien jy nog inligting of raad benodig.
- Jy moet 'n dokter spreek as jou simptome versleg of nie na 7 dae verbeter nie. Indien jy moeilik asemhaal, of kortasem raak, moet jy dadelik 'n dokter spreek.
- Ingeasemde narkosemiddels. Voordat jy enige chirurgie ondergaan moet jy, jou dokter inlig dat jy BISOLVON LINCTUS DA gebruik.
- Sekere medisyne wat gebruik word om depressie te behandel (mono-amienoksidase remmers en trisikliese antidepressante).
- Sommige verkoue- en griepprodukte, sommige medisyne wat gebruik word om asma mee te behandel en sommige medisyne wat gebruik word vir gewigsverlies kan tot die effekte van BISOLVON LINCTUS DA bydra.

4. HOE OM BISOLVON LINCTUS DA TE NEEM
Neem altyd BISOLVON LINCTUS DA presies soos wat jou dokter of apteker aan jou voorgeskryf het. Moenie meer BISOLVON LINCTUS DA neem as wat aanbeveel word nie. Moenie