may also be used intramuscularly 10 to 15 minutes before radiological examinations of the stomach to slow peristaltic movements.
Dilution and Stability of Parenteral Hyoscine Butylbromide Injection:
Although dilution prior to administration is not required, Hyoscine Butylbromide Injection solution is compatible with the following solutions, should dilution be desirable:
Ringers Solution Ringers Lactate NaCl 0.9%
Laevulose 5%
Glucose 10% Solutions must be mixed under sterile conditions and are stable for 8 hours.
Missed Dose In case a dose has been missed, take the next dose as scheduled. Do not double the dose

ADVERSE EFFECTS:

Hyoscine produces central depression at therapeutic doses and symptoms include drowsiness and fatigue. Toxic doses of hyoscine produce stimulation of the CNS in a similar manner to atropine. However, hyoscine does not stimulate the medullary centres and therefore does not produce the increases in respiration rate or blood pressure seen with atropine. Hyoscine may produce CNS stimulation rather than depression at therapeutic doses if used in the presence of pain without opioid analgesics; symptoms include excitement, restlessness, hallucinations, or delirium. Patients who experience drowsiness should not drive or operate machinery. Caution has been advised in elderly patients and in patients with impaired liver, or kidney function, as adverse CNS effects have been stated to be more likely in these patients. There have been rare reports of an increase in frequency of seizures in epileptic patients. The quaternary derivatives, such as the butylbromide, methobromide, or methonitrate, do not readily cross the blood brain barrier, so central effects are rare.

OVERDOSAGE:

Symptoms of overdose respond to parasympathomimetics. For patients with glaucoma, pilocarpine should be given locally.
Withdrawal. A withdrawal syndrome of dizziness and nausea 1.2 can occur in patients who have used transdermal hyoscine patches for several days; hypersalivation and diarrhoea has also been described. 3 In reported cases, transdermal hyoscine had been used continuously for 7 or 10 days to prevent motion sickness. Symptoms usually begin 2 or 3 days after the last patch has been removed, and may last for a few days.

PREGNANCY.

A report of hyoscine toxicity in a neonate born to a mother who had received a total of 1.8 mg of hyoscine in divided doses with pethidine and levorphanol before delivery. The neonate was lethargic, barrel chested, and had a heart rate of 200 beats/minute. Symptoms subsided when physostigmine 100 micrograms was given intramuscularly.

Storage: -. Store at a temperature not exceeding 30°C. Protect from light & moisture.
Improper storage may deteriorate the product
Medicine: - Keep out of reach of children.

Presentation:-

A 10x1 ml ampoule in a tray such tray in mono carton with insert

Manufactured by:

AMERICAN REMEDIES ©
Care & Cure with Research
American Remedies Healthcare Pvt. Ltd.
(An ISO 9001-2015 Certified Company)
ICO: American Remedies LLC, DE, USA
Gala No. 105 to 111, 1st Flr., Bldg. No. E-15/A, Harihar Complex, Bhiwandi, Mumbai - 421302
At: Vill. Surajpur Nahan Road Paonta Sahib, Distt. Sirmour, Himachal Pradesh-173001
E-mail: info@americanremedies.in

For the use only of a Registered Medical Practitioner of a Hospital or a Laboratory

Rx Hyoscine Butylbromide Injection IP

AMERICAN
Spasmocan
Injection

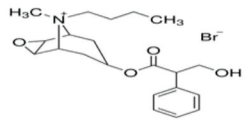
IM/Slow IV/SC Injection

Composition:-
Each ml Contains: -

Hyoscine Butylbromide	IP	20mg
Water for Injection	IP	q.s.

DESCRIPTION:-

Hyoscine Butylbromide Injection is a sterile solution of Hyoscine Butylbromide in Water for Injection for intramuscular (IM) or slow Intravenous (IV) or SC administration.
Hyoscine Butylbromide is A white or almost white, odourless or almost odourless, crystalline powder, soluble 1 to 1 in water, 1 in 50 of alcohol, and 1 in 5 of chloroform. A 10% solution in water. The chemical name of Hyoscine Butylbromide is (1S,3s,5R,6R,7S,Sr)-6,7-epoxythe-8-Butyl-3 [(S)- tropoyloxy.] tropanium bromide, and it has the following structural formula



PHARMACOLOGY

PHARMACOKINETICS

Hyoscine is readily absorbed from the gastrointestinal tract after oral doses of the hydrobromide. It is almost entirely metabolised, probably in the liver; only a small proportion of an oral dose is excreted unchanged in the urine. It crosses the blood-brain barrier and has been stated to cross the placenta. Hyoscine is also well absorbed after application to the skin. The quaternary derivatives, such as the butylbromide or methobromide, are poorly absorbed from the gastrointestinal tract and do not readily pass the blood-brain barrier.

DOSAGE AND ADMINISTRATION

Hyoscine is a tertiary amine anti muscarinic with central and peripheral actions It is a more powerful suppressant of salivation than atropine, and usually slows rather than increases heart rate, especially in low doses. Its central action differs from that of atropine in that it depresses the cerebral cortex and produces drowsiness and amnesia. Hyoscine hydrobromide is also a tertiary amine, whereas hyoscine butylbromide, hyoscine methobromide, and hyoscine methonitrate are quaternary ammonium derivatives. Hyoscine is used in the management of motion sickness and other forms of nausea and vomiting (below); hyoscine hydrobromide is also given as a premedicate in anaesthesia (below), and to produce my driasis and cyclopiegia (below). Hyoscine butylbromide and other quaternary ammonium derivatives are used in conditions associated with visceral spasms. Hyoscine methobromide has also been employed as an adjunct in the treatment of peptic ulcer disease (below).

Other hyoscine salts or derivatives that have been used include hyoscine borate, hyoscine hydrochloride, and hyoscine oxide hydrobromide.

Dose

Acute spasm and spasm in diagnostic procedures: 20mg by IM or slow IV injection repeated after 30 minutes if necessary (may be repeated more frequently in endoscopy) up to a maximum of 100mg daily.

Intramuscular injection

1. Withdraw the required dose.
2. Inject into a large muscle such as the gluteus or the lateral aspect of the thigh.

Intravenous injection

1. Withdraw the required dose.
2. The solution should be clear and colourless or almost colourless. Inspect visually for particulate matter or discoloration prior to administration and discard if present.
3. Give by IV injection over 3--5 minutes. May be diluted to 10mL with NaCl 0.9% or 5% to enable slow administration if necessary.

Administration The rapid action of injected hyoscine butylbromide is advantageous in acutely ill patients and in those situations where prompt spasmolytic activity facilitates diagnostic procedures such as radiological examinations. Hyoscine Butylbromide Injection