

# Focus on Broncol Cough Linctus®

S Schmidt

Amayeza Info Services

Corresponding author, email: stephani@amayeza-info.co.za

© Authors

<https://doi.org/10.36303/SAPJ.3290>

## Introduction

A cough is a protective reflex that helps remove irritants such as secretions (e.g. mucus, fluids, pus) and particles (e.g. infectious agents, foreign particles, harmful substances) from the airways.<sup>1-3</sup> It is also one of the most common medical complaints for which individuals seek medical advice from both their doctors and community pharmacies.<sup>1,4</sup>

A cough is often associated with a wide array of respiratory conditions. However, it could also be a symptom of various other conditions.<sup>1,5</sup> Based on the duration of the cough, a cough can be classified as:<sup>1,3,5,6</sup>

- Acute – An acute cough typically lasts less than three weeks. Common causes include acute upper or lower respiratory tract infection (e.g. common cold, coronavirus disease 2019 [COVID-19]), an allergic condition, exposure to smoke, irritants or vaping.<sup>1,6</sup>
- Subacute – A subacute cough is when a cough lasts between three and eight weeks. In this case, the cough lingers while other symptoms have dissipated, for example, a post-infectious cough following a respiratory illness, or pertussis (whooping cough). Exacerbations of a chronic condition (e.g. asthma, chronic obstructive pulmonary disease [COPD]) may cause an acute or subacute cough.<sup>1,2,6,7</sup>
- Chronic – A chronic cough is when a cough is present for more than eight weeks. Common causes include asthma, COPD, smoking, upper airway cough syndrome (previously known as post-nasal drip syndrome), COVID-19, gastro-oesophageal reflux disease (GORD) and certain medicines such as angiotensin-converting enzyme (ACE) inhibitors. Other causes may include certain pulmonary infections (e.g. tuberculosis), lung cancer (amongst others).<sup>1,2,6,7</sup>

Although substantial overlap exists, this classification helps healthcare workers in identifying the most likely cause of the cough. Additional information that may be helpful includes information on whether it is a productive (wet) or non-productive (dry) cough, as well as the patient's smoking, occupational and medication history. Identifying the cause of the cough ultimately ensures that the most suitable treatment is selected for the patient.<sup>3,5-7</sup>

Acute coughs are mostly caused by viral infections such as the common cold or an allergic condition and are usually self-limiting

and do not require treatment.<sup>2,6</sup> While scientific evidence for the effectiveness of cough mixtures for acute cough is debatable, many patients still find cough mixtures helpful.<sup>2,7,8</sup>

People presenting with a persistent cough (e.g. cough lasts for more than three weeks) or recurrent episodes of a cough should be referred to the doctor.<sup>6,7</sup> In addition, referral is required for those who present with "red flag" signs and symptoms such as:<sup>1,2,6,7</sup>

- Coughing up blood or blood in phlegm
- Shortness of breath (at rest or after exercise)
- Chest pain
- Difficulty or painful breathing
- Stridor (high-pitched noise) or other respiratory noises
- Systemic symptoms (e.g. fever, sweats, unexplained weight loss)
- Distress cough, worsening of cough or if the person cannot stop coughing
- Heartburn

## Focus on Broncol Cough Linctus®

Broncol Cough Linctus® is indicated for the relief of productive or non-productive bronchial cough in colds, bronchitis and other respiratory tract disorders.<sup>9,10</sup> It contains dextromethorphan, ammonium chloride and dexpanthenol.

Dextromethorphan is a cough suppressant, that acts in the part of the brain that causes coughing.<sup>1,2,7,9,10</sup>

Ammonium chloride is used as an expectorant in productive coughs. It helps to liquefy mucosal secretions and makes it easier to expel the mucus or phlegm from the respiratory tract.<sup>1,2,7,9,10</sup>

Dexpanthenol has mild anti-inflammatory properties.<sup>9,10</sup>

## Dosage and administration

Dosing recommendations:<sup>9,10</sup>

- Adults: 10 ml two to four times daily
- Children (6 to 12 years of age): 5 mL two to four times daily
- Children under 6 years of age: Contraindicated

Broncol Cough Linctus® should preferably be taken with meals, and may be taken undiluted or diluted in water, fruit juices, milk or tea.<sup>9</sup> Diabetic patients should be reminded that Broncol Cough Linctus® contains sucrose.<sup>9</sup>

**Safety considerations**

**Contraindications, precautions, special warnings and side-effects**

Broncol Cough Linctus® is contraindicated:<sup>9,10</sup>

- In people with:
  - A known hypersensitivity to any of the ingredients or excipients in the product
  - Hepatic (liver) or renal (kidney) impairment
  - An obstruction in their gastrointestinal tract
  - Bleeding disorders in which the blood does not clot properly (haemophilia)
  - Asthma, those suffering from an acute asthma attack and those who are at risks of developing respiratory failure
- In people taking:
  - Monoamine oxidase inhibitors (MAOIs) – type of antidepressant, or having taken them within the past two weeks (risk of severe and potentially life-threatening drug-drug interaction)
  - Selective serotonin reuptake inhibitors (SSRIs) – another class of antidepressants

Caution is recommended for people:

- With a history of bronchitis, emphysema, or other conditions causing persistent or chronic cough.<sup>9,10</sup>
- With a history of drug abuse or use of psychoactive substances. Dextromethorphan carries a potential for abuse and dependence.<sup>8-10</sup>
- Who are smokers. Dextromethorphan decreases coughing which could make it more difficult to get rid of mucus in the airways, which may then accumulate in the lungs and airways and predispose to possible infection.<sup>9,10</sup>

Dextromethorphan may cause dizziness and drowsiness and may impair the patient’s ability to use machines and to drive.<sup>9,10</sup>

**Interactions**

Due to the potential risk of drug-drug interactions, it may be prudent for people who are currently using other medications

to first speak to the pharmacist before they use Broncol Cough Linctus®.<sup>9,10</sup>

Safety considerations listed in this article are not all-inclusive. Please refer to the package insert for additional information regarding side-effects, special precautions, contraindications, potential interactions and monitoring instructions.

**Prescribing information**

- Cough mixtures are mainly used to provide symptomatic relief.<sup>2</sup>
- Expectorants may be useful for productive coughs as they make mucus less sticky and easier to cough up.<sup>1</sup>
- Cough suppressants given at night for a few evenings, may be helpful for a non-productive cough that disturbs sleep, if there is no serious underlying cause.<sup>1,2,7,8</sup> However, suppressing a productive (wet) cough may lead to mucus buildup in the lungs which may potentially increase the risk of, or worsening of, a respiratory infection.<sup>2,8</sup>
- Referral to the doctor or pharmacist is recommended for people presenting with a persistent cough, any red flag symptoms, as well as those who are currently taking other medications that could interact with Broncol Cough Linctus®.<sup>7,9,10</sup>

**References**

1. van Schoor J. Coughs in the pharmacy. SA Pharmacist's Assistant. 2022 Jun 1;22(2):16-7. Accessed 3 July 2025.
2. Kandiwa KT, Thom L, Schellack N. A modern approach to cough management. SA Pharmaceutical Journal. 2022 Sep 1;89(4):25-9. Accessed 3 July 2025.
3. Sharma S, Hashmi MF, Alhajjaj MS. Cough. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK493221/>. Accessed 8 July 2025.
4. MedlinePlus. Dextromethorphan. National Library of Medicine (NIH). [Homepage on the Internet]. Available from: <https://medlineplus.gov/druginfo/meds/a682492.html#>. Accessed 3 July 2025.
5. Weinberger SE, Saukkonen K. Causes and epidemiology of subacute and chronic cough in adults. In: UpToDate, Connor RF (Ed), Wolters Kluwer. (Last updated 2 Dec 2024; accessed 3 July 2025).
6. The Royal Children's Hospital Melbourne. Clinical practice guidelines: Cough. [Homepage on the Internet]. Available from: [https://www.rch.org.au/clinicalguide/guideline\\_index/cough/](https://www.rch.org.au/clinicalguide/guideline_index/cough/). Accessed 4 July 2025.
7. van Schoor J. (2025). Managing that winter cough. SA Pharmacist's Assistant. 2025. May 1;25(2):10-11. Accessed 1 July 2025.
8. South African Medicines Formulary (SAMF) online. 15th Edition [Homepage on the Internet]. (Last updated Dec 2024; accessed 8 July 2025).
9. Broncol cough linctus. Professional information leaflet. 21 May 2024. Cipla Medpro (Pty) Ltd. Accessed 1 July 2025.
10. Broncol cough linctus. Patient information leaflet. 21 May 2024. Cipla Medpro (Pty) Ltd. Accessed 1 July 2025.