

Efficacy and Safety of Terbutaline, Ambroxol, and Guaifenesin Fixed-dose Combination in the Management of Productive Cough

Sanjib Saha¹, Avinash Patil², Prasanta Kumar Panda³, Sarthak Porwal⁴, Alok Verma⁵, Srinivasan Ramarajan⁶

¹Nalua PHC, Agartala, Tripura, India, ²Mauli Hospital, Manmad, Maharashtra, India, ³Medcure Hospital, Cuttack, Odisha, India, ⁴J.K. Hospital, Udaipur, Rajasthan, India, ⁵Regency Child Care Clinic, Barabanki, Uttar Pradesh, India, ⁶Dr. J. Srinivasan Hospital, Pudukkottai, Tamil Nadu, India

Abstract

Cough is an essential reflex for clearing mucus and irritants from the respiratory tract and is a common complaint in health-care settings worldwide, including India. Acute cough typically occurs multiple times a year and lasts for 7–9 days, whereas chronic cough persists for over 8 weeks. The presence of phlegm or mucus can be particularly bothersome. Treatment options include expectorants, decongestants, antitussives, and antihistamines. Fixed-dose combinations (FDCs) have demonstrated greater clinical efficacy compared to single-agent therapies. Clinical evidence supports the efficacy and safety of an FDC containing terbutaline, ambroxol, and guaifenesin in treating productive cough in Indian patients, as it effectively reduces cough severity and frequency. This paper discusses the role of terbutaline, ambroxol, and guaifenesin in treating productive cough and the clinical expertise of different physicians of this FDC in productive cough patients.

Keywords: Ambroxol, Cough severity, Cough, Fixed-dose combinations, Guaifenesin, Productive cough, Terbutaline

INTRODUCTION

Cough serves as the innate reflex of the body to expel mucus and allergens, such as smoke or dust, from the respiratory tract. Typically, it resolves spontaneously within 3 weeks and often does not necessitate medical intervention. Dry coughs are distinguished by a tickling sensation and the absence of phlegm, whereas productive coughs, characterized by the expulsion of phlegm, aid in clearing the airways.^[1]

Coughing is a common ailment affecting all age groups. It is one of the most prevalent complaints in primary health-care settings both in India and globally. Acute cough can affect people more than once a year and persist for 7–9 days, whereas, chronic cough lasts longer than 8 weeks. Worldwide, nearly 27% and 50% of chronic cough cases are

attributed to recurrent respiratory tract infections (RTIs) and asthma, respectively. On the other hand, acute cough is caused due to upper RTIs (62%) and bronchitis (33%). Compared to men, cough is more common in women (adults and children). In India, the prevalence of cough ranges between 5% and 10%.^[2]

Data [Figure 1] suggests that, on average, Indian adults encounter approximately three cough episodes per year, whereas children experience seven to ten episodes.^[3] The onset of the COVID-19 pandemic in 2020 has led to a global surge in cough symptoms. Among the various types of coughing, the presence of phlegm or mucus is the most bothersome.^[3]

TREATMENT^[4]

Treatment for cough involves both pharmacological and non-pharmacological approaches. Pharmacological options, available as monotherapy or combination therapy, encompass various medications targeting both productive and non-productive coughs. These include expectorants, decongestants, antitussives, and antihistamines, offering a broad spectrum of treatment choices [Table 1].

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Corresponding Author: Dr. Ramarajan, Dr. J. Srinivasan Hospital, Pudukkottai, Tamil Nadu, India.

Rather than single drugs, fixed-dose combinations (FDCs) tend to improve clinical efficacy in the following ways [Figure 2]:

MECHANISM OF ACTION

Guaifenesin

The expectorant guaifenesin acts by influencing the cholinergic innervation in the mucous glands that line the airways and boosts the volume of secretions secreted by the bronchi. It has been shown to provide symptomatic

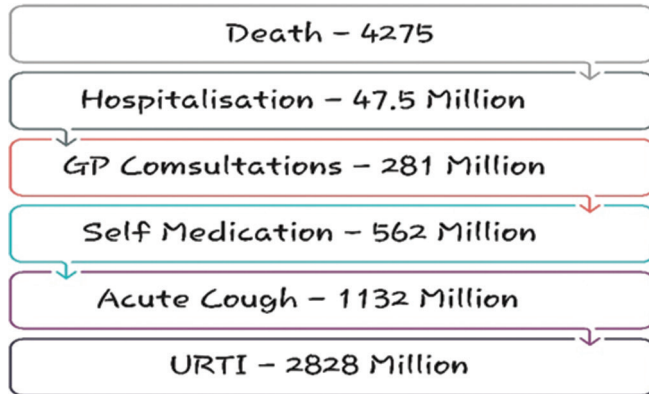


Figure 1: Magnitude of the problem of coughs in India^[9] (Adapted from Suresh K. *Journal of Quality in Health Care and Economics*. 2023.) (URTI: Upper respiratory tract infection; GP: General physician)

improvement with the key advantage of reducing the amount of thick and viscous secretions.^[5]

Ambroxol

A metabolite of bromhexine called ambroxol decreases mucus discharge by causing the hydrolytic depolymerization of mucoprotein fibers.^[5] As a mucokinetic agent, it enhances cough clearance in adults with a productive cough by augmenting expiratory flow and promoting mucociliary clearance [Figure 3].^[6]

Terbutaline

According to the Indian Environmental Medical Association position paper, the clinical uses of terbutaline are as follows [Figure 4]:^[6]

CLINICAL EVIDENCE^[7]

- A phase IV, multi-center clinical trial was conducted to determine the efficacy and safety of an FDC containing terbutaline, ambroxol, and guaifenesin for the treatment of productive cough in Indian patients
- Out of 437 patients in the study, 32.95% had a cough severity score (CSS) of 0 (no symptoms), 52.25% had CSS of 1 (minor symptoms), and 15.78% had mild-to-moderate symptoms (CSS of 2 or higher) [Figure 5]

Table 1: Pharmacological treatment of cough. (4)

Efficacy and Safety of Terbutaline, Ambroxol, and Guaifenesin FDC in the Management of Productive Cough

Demulcents: Acacia, licorice, glycerin, honey, and wild cherry syrups

Secretion enhancers: Guaifenesin: Adults, elderly and children above 12 years: 200 mg up to QID

Mucolytics:

Bromhexine:

- ≥ 12 years and adults: 8 mg TDS
- Children (5 to ≤ 12 years): 4 mg QID
- Children 2 to ≤ 5 years: 4 mg BD

Ambroxol: ≥ 12 years and adults: 30-60 mg BD

Acetylcysteine: ≥ 12 years and adults: 200 mg TDS

Bronchodilator:

Levosulbutamol (Nebuliser):

- ≥ 12 years and adults: 0.63 mg TDS, can be extended to 1.25 mg TDS
- Children (6-11 years): 0.21 mg TDS

Terbutaline (Nebuliser):

- Adults and elderly: 5 or 10 mg BD/QID
- Children (>25kg): 5mg BD/QID

Terbutaline:

- Adults and elderly: 2.5-5 mg TDS
- 7 - 15 years: 2.5 mg BD/TDS

Acebrophylline: Adults: 100 mg BD

Centrally acting antitussive:

- Dextromethorphan: ≥ 12 years and adults: 15 mg QID

Peripherally acting antitussive:

Benzonatate: Maximum single dose of 200 mg and a total daily dosage of 600 mg

Levodropropizine:

- ≥ 12 years and adults: 60 mg TDS
- Children (6 -12 years): 12-30 mg TDS
- Children (2 -6 years): 12-18 mg TDS

Antihistamines

Chlorpheniramine maleate:

- Adults: 4 mg every 4 to 6 hourly (Maximum 24 mg/ 24 hours; elderly: maximum 12 mg)
- Children (6-12 years): 2 mg every 4 to 6 hourly
- Children (2-6 years): 1 mg every 4 to 6 hourly
- Children aged 1-2 years: 1 mg twice daily

Diphenhydramine: > 12 years and adults: 28 mg QID

Promethazine: ≥ 5 years, adults and elderly: 25 mg as a single dose

BO: Twice daily, TDS: Three times a day, QID: Four times a day. (Source: Adapted from Cough algorithm: Simplify cough management in India. <https://www.ima-india.org/ima/pdfdata/Final-Cough-Algorithm-BookLet-1602.pdf>. Accessed on February 15, 2024)



Figure 2: Improvement in clinical efficacy with fixed-dose combinations use



Figure 3: Recommendation for the use of short-term use of ambroxol and guaifenesin

- The percentage decrease in CSS concerning cough severity, frequency, and ease of coughing was identified to be 47.72% on day 3 (V2), and the overall percentage decrease in CSS was reported to be 86.78% on day 5(V3) [Figures 5 and 6].

Hence, terbutaline, ambroxol, and guaifenesin are efficacious and safe in the management of productive cough.

CONCLUSION

Cough serves as the innate reflex of the body to expel mucus and allergens and is common among all age groups. Indian adults experience approximately three cough episodes per year. Among the various types of coughs, the presence of phlegm or mucus is the most bothersome. Pharmacological options are available as monotherapy or combination therapy; however, FDCs are preferable. Terbutaline, ambroxol, and guaifenesin have better efficacy and safety profile in the management of productive cough.

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EXPERT OPINIONS

1. Dr. Jagadeeswara Reddy, MBBS. Clinic, Nizamabad, Telangana

In my clinic, patients often have persistent productive coughs lasting over 10 days. When choosing cough syrups, factors such as cooling effect, thickness, and taste are considered. Combinations such as ambroxol + guaifenesin + terbutaline + menthol were rated highly effective (5/5), whereas others such as levosalbutamol + ambroxol + guaifenesin were moderately effective (3/5). For cold-related coughs, a mix of phenylephrine, chlorpheniramine maleate, and dextromethorphan was rated 4/5.

2. Dr. Ramarajan, MBBS, FCCP, DFH Dr. J. Srinivasan Hospital, Pudukkottai, Tamil Nadu

Prescribing cough syrups for persistent productive coughs >10 days consider ingredients, soothing effects, viscosity, and taste. Dextromethorphan + chlorpheniramine rated 5/5 for dry cough; ambroxol + guaifenesin + terbutaline + menthol rated 3/5. For coughs with congestion/cold, phenylephrine + chlorpheniramine maleate + dextromethorphan rated 4/5. Research is needed on optimal dextromethorphan dosage for efficacy.

3. Dr. Aynullah Khan, MBBS New Apollo Clinic, Kattumannarkoil, Tamil Nadu

Treating dry coughs lasting over 10 days involves considering ingredients, soothing effects, and taste in prescribing cough syrups. Combinations such as ambroxol + guaifenesin + terbutaline + menthol and levosalbutamol + ambroxol + guaifenesin are rated highly (5/5). For coughs with congestion or cold, phenylephrine + chlorpheniramine maleate + dextromethorphan received a lower rating (2/5). Preference leans toward 10 mg dextromethorphan over 15 mg.

4. Dr. Debasish Roy, MBBS Paikpara, Kolkata, West Bengal

In clinical practice, treating a productive cough lasting over 10 days involves considering ingredients, soothing effects, approved combinations, viscosity, and taste in cough syrup prescriptions. Syrups such as ambroxol + guaifenesin + terbutaline + menthol and levosalbutamol + ambroxol + guaifenesin received top ratings (5/5), as did dextromethorphan + chlorpheniramine for dry cough. For coughs with congestion or cold, phenylephrine + chlorpheniramine maleate + dextromethorphan received a low rating (1/5). Preference is for 10 mg of dextromethorphan over 15 mg.

5. Dr. Sanjib Saha, MBBS Nalua PHC, Agartala, Tripura

For productive coughs lasting over 10 days, cough syrups are chosen based on approved combinations, ingredients, soothing effects, viscosity, and taste. Combinations such as ambroxol + guaifenesin + terbutaline + menthol; levosalbutamol + ambroxol + guaifenesin; and dextromethorphan + chlorpheniramine received top ratings (5/5). Phenylephrine + chlorpheniramine maleate + dextromethorphan was

In chronic bronchitis with productive cough, short-acting bronchodilators, such as Terbutaline, is found to be effective as they not only facilitate expectoration by reducing mucus stickiness but also acts as a bronchodilator (Expert opinion, Level VD, Strong)
Terbutaline has been demonstrated to enhance cough clearing in bronchiectasis
Terbutaline enhances mucociliary clearance in cough-variant asthma (CVA)

Figure 4: Clinical uses of terbutaline

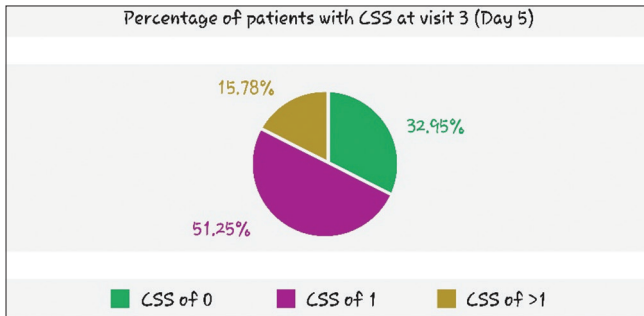


Figure 5: Percentage of patients with CSS of 0, 1, and >1 at V3 (day 5)^[7] (CSS: Cough severity score)

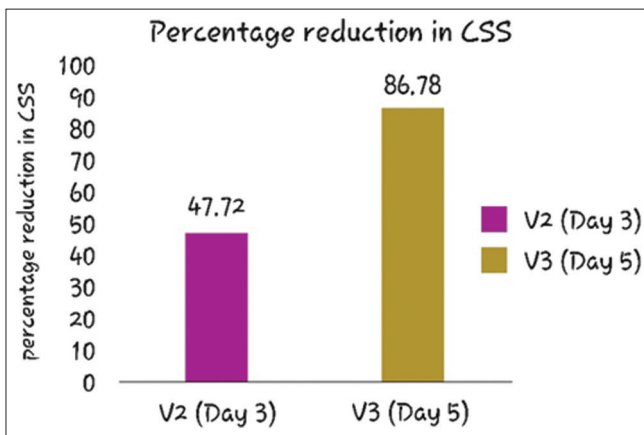


Figure 6: Percentage of reduction in cough severity score.^[7] (Source: Adapted from Kiran MD, Sheikh SN, Pawaskar LJ. Clinical efficacy and safety of a combination of terbutaline, ambroxol, and guaifenesin in productive cough. *Int J of Curr Med Pharm Res.* 2017; 5:4005-8.)

rated 5/5 for cough with cold or congestion. 10 mg of dextromethorphan is preferred over 15 mg.

**6. Dr. Dhiraj Das, MD
Top Medical Gh, Guwahati, Assam**

Dry and productive coughs typically last >10 days. Cooling and soothing effects are prioritized when prescribing cough syrups. Combinations such as ambroxol + guaifenesin + terbutaline + menthol; dextromethorphan + chlorpheniramine for dry cough; and phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide are rated 5/5. Dextromethorphan 15 mg is preferred over 10 mg for effective treatment.

**7. Dr. Rajajee K, MBBS
Hon. Secretary of Vizag district TB and Chest Diseases Association, Visakhapatnam, Andhra Pradesh**

In my clinical practice, a productive cough typically lasts 5–7 days. When prescribing cough syrup, considerations include ingredients, soothing effects, approved combinations, viscosity, and taste. Ambroxol + guaifenesin + terbutaline + menthol and levosalbutamol + ambroxol + guaifenesin received a 4/5 rating. For cough with congestion or cold (10–20% of cases), phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide was rated 4/5. dextromethorphan 15 mg is preferred over 10 mg.

**8. Dr. Ankit Popli, MBBS
Clinic, Delhi, India**

When prescribing cough syrup for a productive cough lasting over 10 days, factors such as taste, viscosity, soothing effect, and effective combination are considered. Combinations such as ambroxol + guaifenesin + terbutaline + menthol and dextromethorphan + chlorpheniramine are rated 4/5 for relief. Treatment for >20% of patients with cough and cold symptoms lasts 5–7 days. A syrup with phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide was rated 3/5. dextromethorphan 15 mg is preferred over 10 mg.

**9. Dr. Harvinder Singh, MBBS, MD.
Clinic, Patiala, Punjab**

When treating productive coughs lasting over 10 days, cough syrup prescription considers viscosity, flavor, soothing effect, and approved combinations. Ambroxol + guaifenesin + terbutaline + menthol received a 4/5 rating; dextromethorphan + chlorpheniramine was rated 3/5. Treatment lasts 5–7 days for patients with cough and cold symptoms. Phenylephrine + dextromethorphan hydrobromide + chlorpheniramine maleate received a 4/5 rating. Dextromethorphan 15 mg is preferred over 10 mg.

**10. Dr. Amit Kumar Bag, CMS, EDT (Kol), PET, FWT (Kol).
Clinic, Hooghly, West Bengal**

Treating a productive cough lasting over 10 days involves considering ingredients, soothing effects, approved

combinations, viscosity, and taste when prescribing cough syrup. Combinations such as ambroxol + guaifenesin + terbutaline + menthol and dextromethorphan + chlorpheniramine received top ratings (5/5). Patients with cough and congestion or cold are typically treated for 10–12 days with phenylephrine + chlorpheniramine maleate + dextromethorphan syrup, rated lower (1/5). Further research is needed to determine the optimal dextromethorphan dosage for effective treatment.

11. Dr. Mahesh Panchal, MBBS.
Clinic, Ahmedabad, Gujarat

When treating a productive cough lasting over 10 days, cough syrup choice considers ingredients, soothing effects, approved combinations, viscosity, and taste. Ambroxol + guaifenesin + terbutaline + menthol and dextromethorphan + chlorpheniramine are rated 5/5 for dry cough relief. Phenylephrine + chlorpheniramine maleate + dextromethorphan is recommended for cough with congestion or cold, rated 5/5, for 10–20 days. Dextromethorphan 15 mg is preferred over 10 mg.

12. Dr. Yogesh Kumar Akhani, MBBS
Clinic, Khambhat, Gujarat

For dry cough lasting over 10 days, prescribing cough syrup considers ingredients, soothing effects, combination rationality, viscosity, and taste. Ambroxol + guaifenesin + terbutaline + menthol rates 4/5, dextromethorphan + chlorpheniramine 3/5. Patients with congestion or cold alongside cough should use phenylephrine + chlorpheniramine maleate + dextromethorphan for 5–7 days, rated 4/5. Dextromethorphan 15 mg is preferred over 10 mg.

13. Dr. Avinash Patil, BAMS
Mauli Hospital, Manmad, Maharashtra

For productive coughs lasting >10 days, cough syrup selection considers ingredients, soothing effects, approved combinations, viscosity, and taste. Combinations such as ambroxol + guaifenesin + terbutaline + menthol and dextromethorphan + chlorpheniramine are rated 5/5 for dry cough. Patients with congestion or cold alongside cough are treated for 10–12 days; phenylephrine + chlorpheniramine maleate + dextromethorphan received a 3/5 rating. Dextromethorphan 15 mg is not preferred over 10 mg.

14. Dr. P. Chandrakanth Gandhi, MBBS
Peoples Clinic, Hyderabad, Telangana

In clinical practice, productive coughs lasting over 10 days are treated with consideration of ingredients, soothing effects, viscosity, and taste in cough syrup

prescriptions. Combinations such as ambroxol + guaifenesin + terbutaline + menthol are highly rated (5/5), whereas levosalbutamol + ambroxol + guaifenesin and dextromethorphan + chlorpheniramine received 4/5 ratings for dry cough. Treatment for patients with congestion or cold alongside cough lasts 10–12 days, with a preference for dextromethorphan 15 mg over 10 mg.

15. Dr. Adil Choudhary, MBBS
Choudhari Hospital, Vairag, Maharashtra

Productive coughs typically last >10 days. When prescribing cough syrup, factors such as approved combinations, ingredients, cooling effect, viscosity, and taste are considered. Ratings include ambroxol + guaifenesin + terbutaline + menthol (5/5), dextromethorphan + chlorpheniramine (3/5), and phenylephrine + chlorpheniramine maleate + dextromethorphan (3/5). Treatment for cough with congestion lasts 5–7 days; dextromethorphan 15 mg is not preferred over 10 mg.

16. Dr. Prasanta Kumar Panda, MD
Medcure Hospital, Cuttack, Orissa

For dry cough lasting over 10 days, cough syrup choice considers viscosity, taste, approval, soothing effect, and ingredients. Combinations such as ambroxol + guaifenesin + terbutaline + menthol, levosalbutamol + ambroxol + guaifenesin, and dextromethorphan + chlorpheniramine are rated 5/5. Patients with cough and congestion/cold (>20%) are treated for 10–20 days. Syrup with phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide was rated 3/5. Dextromethorphan 15 mg is not preferred over 10 mg.

17. Dr. Dinesh Naikare, MBBS
Clinic, Navi Mumbai, Maharashtra

A productive cough often lasts more than 10 days. When prescribing cough syrup, the doctor prioritizes proper ingredient combinations. Ambroxol + guaifenesin + terbutaline + menthol and dextromethorphan + chlorpheniramine are rated 5/5 for dry cough. Treatment for cough and congestion (~5–10% of cases) lasts 5–7 days. Syrup with phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide received a 3/5 rating. More data is required to assess the effectiveness of dextromethorphan 15 mg in cough treatment.

18. Dr. Sarthak Porwal, MBBS
J.K. Hospital, Udaipur, Rajasthan

In clinical practice, productive coughs often persist beyond 5–7 days. When prescribing cough syrup, factors

such as viscosity, taste, soothing effects, and approved combinations are crucial. Ambroxol + guaifenesin + terbutaline + menthol was rated 3/5 for relief. Patients with cold or congestion (~10–20%) are treated for 5–7 days. Syrup with phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide received a 4/5 rating. Further data are needed to evaluate the comparative efficacy of dextromethorphan 15 mg versus 10 mg.

19. Dr. Amar Patil, MD
Sharda Hospital, Sangli, Maharashtra

Dry and productive coughs often persist for more than 20 days. When prescribing cough syrup, considerations include suitable ingredients, cooling effect, viscosity, and taste. About 10–20% of patients also experience congestion, warranting a 10–12-day treatment course. Phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide was rated 3/5, whereas ambroxol + guaifenesin + terbutaline + menthol received a 5/5 rating. Further data are required to assess the efficacy of dextromethorphan 15 mg compared to 10 mg for effective cough management.

20. Dr. Thamilarasan M, MBBS
Rajammal Clinic, Chennai, Tamil Nadu

A productive cough typically lasts more than 20 days. Factors influencing cough syrup choice include the right ingredient combination, soothing effects, regulatory approval, viscosity, and taste. Combinations such as dextromethorphan + chlorpheniramine and phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide are highly rated. About 20% of patients with cough and congestion are treated for 10–12 days. Dextromethorphan 10 mg is preferred over 15 mg for effective cough treatment.

21. Dr. Nijwm Mahilary, MBBS, MD
K.B.M Pharma, Kokrajhar, Assam

For productive coughs lasting more than 10 days, doctors consider factors such as viscosity, taste, soothing effect, and approved ingredient combinations when prescribing cough syrup. Highly rated combinations include ambroxol + guaifenesin + Terbutaline + Menthol and Dextromethorphan + Chlorpheniramine. Patients with cold (over 20%) are recommended treatment for over 15 days. A syrup with phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide received a 3/5 rating. More data are required to determine whether dextromethorphan 15 mg or 10 mg is more effective for treating coughs.

22. Dr. Shankar Prashad Chakravorthy, MD
Clinic, Noida, Uttar Pradesh

For dry cough lasting more than 10 days, cough syrup is chosen based on ingredients, soothing effects, effective combination, viscosity, and taste. The doctor rates combinations such as ambroxol + guaifenesin + Terbutaline + Menthol and Levosalbutamol + Ambroxol + guaifenesin at 3/5. Patients with cough (10–20%) are recommended a 10–20-day treatment. A syrup containing Phenylephrine + Chlorpheniramine maleate + Dextromethorphan hydrobromide receives a 4/5 rating. Dextromethorphan 10 mg is preferred over 15 mg.

23. Dr. Mithun Banik, MBBS
Sabroom Sub Divisional Hospital, Sabroom, Tripura

For a persistent productive cough lasting more than 10 days, the choice of cough syrup considers ingredients, cooling effect, effective combinations, viscosity, and taste. Combinations such as ambroxol + guaifenesin + terbutaline + menthol; levosalbutamol + ambroxol + guaifenesin; and dextromethorphan + chlorpheniramine are highly rated. Treatment over 15 days is recommended for patients (10–20%) with a cold alongside a cough. More data are needed to determine the optimal dose – 15 mg or 10 mg of dextromethorphan – for effective treatment.

24. Dr. Pradipta Manna, MBBS
New Mahaprabhu Medical, Tamluk, West Bengal

A productive cough lasting more than 10 days prompts consideration of various factors when prescribing cough syrup: Ingredients, cooling sensation, thickness, and taste. The doctor highly rates combinations such as ambroxol + guaifenesin + terbutaline + menthol, whereas others such as levosalbutamol + ambroxol + guaifenesin and dextromethorphan + chlorpheniramine receive slightly lower ratings. Treatment for patients with cold and congestion typically spans 10–12 days. Further research is needed to determine the efficacy of dextromethorphan at different doses.

25. Dr. Pallab Acharjee, MBBS, DMCH
Bankola Area Hospital, Durgapur, West Bengal

A dry cough often persists for over 10 days. When prescribing cough syrup, factors such as ingredients, cooling effect, thickness, and taste are considered. The combination ambroxol + guaifenesin + terbutaline + menthol rated 4/5, whereas levosalbutamol + ambroxol + guaifenesin received 5/5. Patients with congestion or cold alongside cough typically require treatment for 10–12 days. Syrup containing phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide was rated

5/5. More research is needed to determine the optimal dose of dextromethorphan (either 15 mg or 10 mg) for effective treatment.

26. Dr. SK Saidul, MBBS
Clinic, Burdwan, West Bengal

Productive cough lasting more than 10 days is common. When prescribing cough syrup, factors such as ingredients, cooling effects, approved combinations, thickness, and taste are considered. Combinations such as ambroxol + guaifenesin + terbutaline + menthol and dextromethorphan + chlorpheniramine are rated highly. For patients with congestion or cold alongside cough (10–20% cases), a 5–7-day treatment is advised. Syrup with phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide is rated well. Further research is needed to determine the optimal dose (15 mg vs. 10 mg) of dextromethorphan for effective treatment. Dextromethorphan for effective cough treatment.

27. Dr. Dhananjay R, MBBS
JR Polyclinic, Cratis Hospital, Bangalore, Karnataka

A dry cough lasting over 10 days is common. When prescribing cough syrup, factors such as ingredients, soothing effects, approved combinations, thickness, and taste are considered. Ambroxol + guaifenesin + terbutaline + menthol received a 4/5 rating. Patients with congestion or cold alongside cough typically require 10–20 days of treatment. Syrup with phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide was rated 3/5. Dextromethorphan 10 mg is preferred over 15 mg for effective treatment.

28. Dr. Supriya Jadhav, BHMS
Samarth Clinic, Pune, Maharashtra

A productive cough lasting more than 10 days is common. When prescribing cough syrup, factors such as approved combinations, cooling effect, and viscosity are considered. Combinations such as ambroxol + guaifenesin + terbutaline + menthol and dextromethorphan + chlorpheniramine were rated 4/5. About 10–20% of patients with cough and congestion require 5–7 days of treatment. For effective cough treatment, dextromethorphan 15 mg is preferred over 10 mg.

29. Dr. V. Nithyanadham, MBBS
Kasi Clinic, Madurai, Tamil Nadu

A dry and productive cough typically last 5–7 days in clinical experience. When prescribing cough syrup, factors such

as ingredients, soothing effects, approved combinations, viscosity, and taste are considered. Combinations such as ambroxol + guaifenesin + terbutaline + menthol and levosalbutamol + ambroxol + guaifenesin are highly rated. Treatment for patients with concurrent congestion or cold lasts 5–7 days; syrup with phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide provides moderate relief. Further research is needed to compare the efficacy of dextromethorphan 15 mg versus 10 mg.

30. Dr. Vikas U Nevase, BHMS
Nevase Clinic, Pune, Maharashtra

Productive cough typically resolves in 5–7 days. When prescribing cough syrup, factors such as ingredients, soothing effects, approved combinations, and taste are considered. Combinations such as ambroxol + guaifenesin + terbutaline + menthol and dextromethorphan + chlorpheniramine are rated poorly (1/5). Over 20% of patients with congestion or cold alongside cough are treated for 5–7 days. Syrup with phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide received a moderate rating (2/5). Dextromethorphan 15 mg was preferred over 10 mg for treatment efficacy.

31. Dr. K. Sundar Rao, MBBS
KGH the Family Hospital, Hyderabad, Telangana

A dry cough commonly persists beyond 10 days. When prescribing cough syrup, factors such as ingredients, soothing effects, approved combinations, viscosity, and taste are considered. Combinations such as ambroxol + guaifenesin + terbutaline + menthol were rated 4/5. For patients with congestion or cold alongside cough (10–20%), treatment typically spans 10–20 days. Syrup containing phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide received a rating of 3/5. There is no preference for dextromethorphan 15 mg over 10 mg.

32. Dr. Rengarajan, MBBS
R.V. Hospital, Coimbatore, Tamil Nadu

A dry cough lasting more than 10 days is considered. When prescribing cough syrup, ingredients are crucial. Combinations such as levosalbutamol + ambroxol + guaifenesin and ambroxol + guaifenesin + terbutaline + menthol are rated 4/5. Treatment lasts 5–7 days for patients with cold or congestion (>20%). Syrup with phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide is rated 4/5.

Dextromethorphan 15 mg is preferred for effective cough management over 10 mg.

33. Dr. Shantanu Sing, MBBS
Clinic, Egrra, West Bengal

A dry cough often persists beyond 10 days. When prescribing cough syrup, ingredients are crucial. Levosalbutamol + ambroxol + guaifenesin and dextromethorphan + chlorpheniramine were rated 4/5, whereas ambroxol + guaifenesin + terbutaline + menthol received a 5/5 rating. Patients with cold or congestion alongside cough (10–20%) are recommended a 10–12-day treatment. Syrup containing phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide earned a 4/5 rating. Further data are needed to determine the optimal dose between 15 mg and 10 mg of dextromethorphan.

34. Dr. Logesh Anand, MBBS, MD Pediatrics
Clinic, Fort Salem, Tamil Nadu

Productive cough typically lasts over 10 days. Ingredients are vital in prescribing cough syrup. Combinations such as ambroxol + guaifenesin + terbutaline + menthol; levosalbutamol + ambroxol + guaifenesin; and dextromethorphan + chlorpheniramine are rated 4/5 by doctors. For patients with congestion or cold alongside cough (10–20%), a treatment duration of 5–7 days is recommended. Syrup containing phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide received a 4/5 rating. Dextromethorphan 15 mg is preferred over 10 mg.

35. Dr. M. Shamshad, MD, FCCP
Public Health-care Centre, Delhi, Delhi

A dry cough typically lasts 5–7 days. Ingredients are vital in prescribing cough syrup. Combinations such as ambroxol + guaifenesin + terbutaline + menthol and levosalbutamol + ambroxol + guaifenesin are rated 4/5 for relief. Patients with congestion or cold alongside cough (10–20%) are treated for 10–12 days. Syrup with phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide received a 3/5 rating. Dextromethorphan 15 mg is not favored over 10 mg.

36. Dr. Narendra Reddy, MBBS, MD
Srinivasa Clinic, Bangalore, Karnataka

Productive cough lasting more than 10 days. When prescribing cough syrup, ingredients are crucial. Combinations such as ambroxol + guaifenesin + terbutaline receive a top rating of 5/5, with dextromethorphan + chlorpheniramine rated 4/5 for dry cough. Patients

with congestion or cold alongside cough (10–20%) are treated for 10–20 days. Syrup containing phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide is rated 4/5 for relief. Dextromethorphan 15 mg does not show preference over 10 mg for effective cough treatment.

37. Dr. V S Upadhyay, MD
Ashadeep Hospital, Jaunpur, Uttar Pradesh

Productive and dry coughs are prevalent. Ingredients are vital in prescribing cough syrup. Combinations such as dextromethorphan + chlorpheniramine for dry cough and ambroxol + guaifenesin + terbutaline + menthol are highly rated (5/5). For those with cold or congestion alongside cough (10–20% cases), a 10–20-day treatment is recommended. Syrup containing phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide is rated 5/5 for relief. Dextromethorphan 15 mg does not show preference over 10 mg.

38. Dr. Ranjit Ray, MBBS
Lata Clinic, Udaipur, Rajasthan

Productive cough often persists beyond 10 days. When prescribing cough syrup, ingredients are crucial. Levosalbutamol + ambroxol + guaifenesin and ambroxol + guaifenesin + terbutaline + menthol received a rating of 4/5. For patients with cold or congestion alongside cough (approximately 5–10% cases), a 10–12-day treatment is recommended. Syrup containing phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide is rated 3/5 based on patient relief. Dextromethorphan 15 mg is preferred over 10 mg for effective cough treatment.

39. Dr. D Roy, MBBS
Chaitanya Medical Hall, Tehatta, West Bengal

For dry cough lasting over 10 days, choosing cough syrups involves evaluating ingredient appropriateness, cooling effect, regulatory approval, viscosity, and taste. Ambroxol + guaifenesin + terbutaline + menthol is rated 5/5, whereas dextromethorphan + chlorpheniramine is rated 1/5. phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide is rated 4/5 for patients with congestion or cold. Dextromethorphan 15 mg is preferred for effective treatment.

40. Dr. T Mondal, MD
Apsara Medical, Ranaghat, West Bengal

When prescribing cough syrup for dry cough lasting over 10 days, factors such as ingredients and taste are considered.

Ambroxol + guaifenesin + terbutaline + menthol rates 2/5, whereas levosalbutamol + ambroxol + guaifenesin is rated 5/5. Over 20% of patients with cough and congestion are treated with phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide for 10–12 days, rated 4/5. Further research is needed on dextromethorphan dosage (15 mg vs. 10 mg) for effective treatment.

41. Dr. Satyajit Mukherjee, MBBS
Clinic, 5/1 Northern Avenue, Kolkata, West Bengal

When prescribing cough syrups for dry cough lasting over 20 days, ingredients are carefully chosen. Syrups such as ambroxol + guaifenesin + terbutaline + menthol and levosalbutamol + ambroxol + guaifenesin rate 5/5 for relief. Patients with congestion or cold alongside cough (10–20%) are treated for 5–7 days with phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide, rated 4/5. Dextromethorphan 15 mg is effective in cough treatment.

42. Dr. Suman Mandal, MBBS, MD
Sister Nivedita Medicare, Uluberia, West Bengal

For productive cough lasting over 10 days, cough syrup choice considers ingredients, cooling effect, approved combinations, viscosity, and taste. Ambroxol + guaifenesin + terbutaline + menthol; levosalbutamol + ambroxol + guaifenesin rate 4/5. Over 20% with congestion or cold alongside cough are prescribed phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide, rated 5/5. Dextromethorphan 15 mg is preferred over 10 mg for effective treatment.

43. Dr. Biswanath Padhi, MD
Sebika Medicine Store, Bhubaneswar Odisha

For dry cough lasting over 10 days, cough syrup selection considers ingredient appropriateness, cooling effect, approved combinations, viscosity, and taste. Ambroxol + guaifenesin + terbutaline + menthol and dextromethorphan + chlorpheniramine rate 5/5. Patients with congestion or cold (>20%) need 10–12 days of treatment. Dextromethorphan 15 mg is preferred for effective cough treatment.

44. Dr. Puja Mahato, MBBS, MD
S & G Medical Centre, Kolkata, West Bengal

In cases of productive cough lasting >10 days, consider viscosity, taste, soothing effect, and approved combinations in cough syrup selection. Ambroxol + guaifenesin + terbutaline + menthol rates 5/5, levosalbutamol + ambroxol + guaifenesin rates 4/5. For cough with cold or congestion (10–12% cases),

5–7 days treatment with phenylephrine, chlorpheniramine maleate, and dextromethorphan rates 4/5. The optimal dextromethorphan dose (15 mg vs. 10 mg) needs further study.

45. Dr. Manohar Bachani, MBBS
Clinic, Santacruz, Mumbai, Maharashtra

Based on clinical experience, productive coughs often persist for >20 days. When prescribing syrup, factors such as flavor, viscosity, soothing effect, and approved combinations are crucial. Ambroxol + guaifenesin + terbutaline + menthol rates 4/5. Treatment for cough with cold or congestion (10–20%) lasts 10–12 days with phenylephrine, chlorpheniramine maleate, and dextromethorphan, rated 4/5. Dextromethorphan 15 mg is more effective than 10 mg for cough management.

46. Dr. Sudhir Kumar Chandak, MBBS
Bikana Hospital and Research Centre, Bikaner, Rajasthan

For productive coughs >10 days, syrups are prescribed based on flavor, viscosity, and approved combinations. Ambroxol + guaifenesin + terbutaline + menthol rates 5/5, levosalbutamol + ambroxol + guaifenesin rates 4/5. Phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide syrups rate 3/5, recommended for 10–12 days for cold or congestion with cough (>20%). Dextromethorphan 15 mg is less effective than 10 mg.

47. Dr. Ajaykumar Lahkar, MBBS
Capital State Dispensary, Guwahati, Assam

Productive and dry coughs lasting >20 days are treated with cough syrups considering factors such as cooling effect. Ambroxol + guaifenesin + terbutaline + menthol; levosalbutamol + ambroxol + guaifenesin; dextromethorphan + chlorpheniramine; and phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide rate 5/5. Treatment for cough with cold or congestion (10–20%) lasts 10–12 days. Dextromethorphan 15 mg is superior to 10 mg for effective cough management.

48. Dr. Manashi Barman, MBBS, MD
Muskaan Medical, Guwahati, Assam

For dry cough lasting >10 days, syrup choice considers flavor and approved combinations. Ambroxol + guaifenesin + terbutaline + menthol and levosalbutamol + ambroxol + guaifenesin rate 4/5. Treat cold or congestion symptoms (10–20%) with a 10–12-day course. Phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide syrup rate 4/5. Dextromethorphan 15 mg is more effective than 10 mg for cough treatment.

49. Dr. Murari Lal Bansal, MBBS, MAGS (USA)
Dr. M.L. Bansal, Agra, Uttar Pradesh

For dry cough lasting >10 days, consider viscosity, flavor, cooling effect, and appropriate combinations when prescribing syrup. Ambroxol + guaifenesin + terbutaline + menthol rates 4/5 for relief; levosalbutamol + ambroxol + guaifenesin rates 1/5. Treat cold or congestion (10–20%) with 10–12-day course. The doctor rates dextromethorphan hydrobromide, chlorpheniramine maleate, and phenylephrine syrup 3/5. Dextromethorphan 15 mg is not superior to 10 mg for cough treatment.

50. Dr. Wadilal Shah, MBBS
Shree Clinic, Mumbai, Maharashtra

Productive and dry coughs lasting >20 days guide syrup selection based on viscosity, flavor, cooling effects, and approved combinations. Ambroxol + guaifenesin + terbutaline + menthol rates 4/5; levosalbutamol + ambroxol + guaifenesin rates 2/5. Treat cold or congestion (>20%) with a 10–12-day course. Dextromethorphan hydrobromide, chlorpheniramine maleate, and phenylephrine syrup rates 3/5. Optimal dextromethorphan dose data needed for cough treatment.

51. Dr. AK Aditya, MBBS
Clinic, Barah Patthar, Samastipur, Bihar

Productive coughs lasting >10 days guide syrup choice based on viscosity, flavor, cooling effects, and approved combinations. Ambroxol + guaifenesin + terbutaline + menthol rates 3/5. Treat concurrent cold or congestion (>20%) with 5–7-day course. The doctor rates dextromethorphan hydrobromide, chlorpheniramine maleate, and phenylephrine syrup 4/5. More data are needed on dextromethorphan efficacy (15 mg vs. 10 mg).

52. Dr. Vijay Kumar Yadawa
Clinic, Juran Chhapra, Muzaffarpur, Bihar

Productive coughs persist for >10 days; syrup choice considers viscosity, flavor, soothing effect, and approved combinations. Ambroxol + guaifenesin + terbutaline + menthol rates 3/5. For cold or congestion (>20%), use 5–7-day course. The doctor rates dextromethorphan hydrobromide, chlorpheniramine maleate for dry cough, and phenylephrine 3/5. More data are needed on dextromethorphan dosage efficacy.

53. Dr. Iftikar Mosaddek, MBBS, DCH
Abhilasha Health Care, Bongaigaon, Assam

In clinical experience, dry cough lasts >20 days. Factors such as viscosity, flavor, soothing effects, and approved

combinations guide syrup choice. Syrups such as levosalbutamol + ambroxol + guaifenesin; ambroxol + guaifenesin + terbutaline + menthol are rated 4/5. For cold or congestion with cough (>20% cases), a >15-day treatment is advised. Dextromethorphan 15 mg is less effective than 10 mg for cough treatment.

54. Dr. Debabrata Dutta, MBBS
Maya Medical, Krishnanagar, Nadia

A dry coughs lasting >10 days are treated with cough syrups considering viscosity, flavor, soothing effects, and approved combinations. Rated 4/5 are levosalbutamol + ambroxol + guaifenesin; ambroxol + guaifenesin + terbutaline + menthol, and dextromethorphan hydrobromide, chlorpheniramine maleate, and phenylephrine. Cold or congestion with cough (10–20% cases) warrants 10–12 days of treatment. Dextromethorphan 15 mg is not more effective than 10 mg for cough treatment.

55. Dr. Jayprakash Dwivedi, BAMS
Akash Clinic, Hamirpur, Uttar Pradesh

Dry coughs lasting >10 days are treated with cough syrups considering ingredients, cooling effect, approved combinations, viscosity, and taste. Ambroxol + guaifenesin + terbutaline + menthol rated 4/5; levosalbutamol + ambroxol + guaifenesin rated 1/5. 10–20% with cold/cough need 10–12 days of phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide rated 4/5. Dextromethorphan 15 mg is preferred over 10 mg for cough treatment.

56. Dr. Alok Verma, MBBS, DCH
Regency Child Care Clinic, Barabanki, Uttar Pradesh

Productive coughs lasting >10 days are managed with cough syrups considering ingredients. Ambroxol + guaifenesin + terbutaline + menthol, and phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide rated 4/5. >20% of patients with cough and cold require 10–12 days of treatment. The optimal dextromethorphan dose (15 mg vs. 10 mg) needs further investigation for effective treatment.

57. Dr. Rahis Khan, MBBS
F.R. Clinic, Lucknow, Uttar Pradesh

A dry coughs often persist for >10 days. Ingredients are vital in prescribing cough syrup. Syrups such as ambroxol + guaifenesin + terbutaline + menthol; dextromethorphan + chlorpheniramine; levosalbutamol + ambroxol + guaifenesin rate 5/5. For >20% of cough patients with

congestion or cold, 10–12-day treatment is suggested. Syrups with phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide rate 4/5. The optimal dextromethorphan dose needs more data for effective treatment.

58. Dr. Rakesh Mohan, MBBS.
Clinic, Ghaziabad, Uttar Pradesh

Productive and dry coughs often last >20 days. Combinations such as ambroxol + guaifenesin + terbutaline + menthol; levosalbutamol + ambroxol + guaifenesin; dextromethorphan + chlorpheniramine were rated 4/5. >20% of cough patients with cold or congestion need >15-day treatment. More data are needed for optimal dextromethorphan dose in effective cough treatment.

59. Dr. Abhishek Shrimali, MBBS
Clinic, Khandwa, Madhya Pradesh

For productive cough lasting over 20 days, cough syrup selection considers ingredient combination, cooling effects, viscosity, and taste. Dextromethorphan + chlorpheniramine rates 3/5 for dry cough; ambroxol + guaifenesin + terbutaline + menthol rates 5/5. A 5–7-day course is recommended for cough with congestion in >20% of cases. Dextromethorphan 10 mg is preferred over 15 mg.

60. Dr. TK Chakraborty, MBBS
Rajashree Clinic, New Delhi, Delhi

A dry coughs lasting >10 days is treated with syrups considering ingredients, soothing effects, and approved combinations. Ambroxol + guaifenesin + Terbutaline + menthol rates 5/5; levosalbutamol + ambroxol + guaifenesin rates 4/5. 10–20% of patients with cough and congestion benefit from 5-7 days' treatment. Phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide rates 3/5. Dextromethorphan 10 mg is preferred over 15 mg.

61. Dr. Pankaj Kumar Verma, MD
Verma Clinic and Research Centre, Ranchi, Jharkhand

A dry coughs often persist for >10 days. Approved combinations such as ambroxol + guaifenesin + terbutaline + menthol, levosalbutamol + ambroxol + guaifenesin rate 4/5. Dextromethorphan + chlorpheniramine rates 3/5 for dry coughs. 10–20% of patients with cough also have congestion or cold, needing 5–7-day treatment. Phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide rates 3/5; dextromethorphan 15 mg is preferred over 10 mg for effective treatment.

62. Dr. Rakesh Ranjan Sinha, MBBS
Mirjanhat, Bhagalpur, Bihar

A dry coughs often persist for >10 days. Viscosity, flavor, cooling effects, and approved combinations are crucial for cough syrup. Dextromethorphan + chlorpheniramine and ambroxol + guaifenesin + terbutaline + menthol rate 4/5. Patients (>20%) with cough and cold need a 10–12-day treatment. Phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide rates 2/5. Dextromethorphan 15 mg is more effective than 10 mg for cough.

63. Dr. Pushp Raj Kumar, MBBS, MD
Clinic, Near Town Thana, Motihari, Bihar

A dry coughs often last >10 days. When prescribing syrup, viscosity, flavor, soothing effects, and approved combos are key. Levosalbutamol + ambroxol + guaifenesin, dextromethorphan + chlorpheniramine, and ambroxol + guaifenesin + terbutaline + menthol rate 5/5. For >20% with cough and cold, a 5–7-day treatment with phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide is recommended, rated 5/5.

64. Dr. Mahesh Kumar Poddar, MBBS
MediHub, Jaipur, Rajasthan

A dry coughs often last >20 days. Prescribing syrup considers viscosity, flavor, soothing effect, and approved combos. Ambroxol + guaifenesin + terbutaline + menthol is rated 4/5. For 10–20% with cough and cold, 10–12-day treatment with phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide (rated 4/5) is recommended. Dextromethorphan 15 mg is more effective than 10 mg for cough treatment.

65. Dr. Shakthi Prasad Ghosh, MBBS
Sen Clinic, Alipurduar, West Bengal

A dry cough >10 days: Syrups such as dextromethorphan + chlorpheniramine and ambroxol + guaifenesin + terbutaline + menthol rated 4/5. For >20% with cough and cold, 5–7-day treatment with phenylephrine, chlorpheniramine maleate, dextromethorphan hydrobromide (rated 4/5) is advised. Research on dextromethorphan 15 mg vs. 10 mg efficacy is needed.

66. Dr. Sadhan Chandra Sen, MBBS
Uttara Medical Stores, Tufanganj, West Bengal

Dry cough >20 days: Syrups ambroxol + guaifenesin + terbutaline + menthol, dextromethorphan + chlorpheniramine rated 5/5. For 10–20% with cough,

cold, or congestion, 5–7-day therapy with phenylephrine, chlorpheniramine maleate, dextromethorphan hydrobromide (rated 3/5) is recommended. Research on dextromethorphan 15 mg versus 10 mg efficacy needed.

67. Dr. Pratap Mukherjee, MBBS, MD
Medica, Berhampore, West Bengal

A dry coughs >20 days: Syrups ambroxol + guaifenesin + terbutaline + menthol rated 5/5; dextromethorphan + chlorpheniramine rated 4/5. 10–20% with cough, cold, or congestion: 5–7-day treatment with phenylephrine, chlorpheniramine maleate, dextromethorphan hydrobromide (rated 3/5). Research is needed on dextromethorphan 15 mg versus 10 mg efficacy in cough treatment.

68. Dr. Madhur Gupta, MBBS, MD Paediatrics
Clinic, Delhi, India

For productive cough >10 days: Syrup ratings – dextromethorphan + chlorpheniramine 3/5, ambroxol + guaifenesin + terbutaline + menthol 4/5. 5–7-day treatment for cough and congestion/cold (>20% cases) with phenylephrine, chlorpheniramine maleate, dextromethorphan hydrobromide (3/5 rating). Further research is needed for dextromethorphan 15 mg versus 10 mg efficacy in cough treatment.

69. Dr. Hussain Ibrahim Jalgaonkar, MBBS
Clinic, Khopoli, Maharashtra

For productive cough >10 days: Syrup ratings – dextromethorphan + chlorpheniramine 3/5, ambroxol + guaifenesin + terbutaline + menthol 5/5. 5–7-day treatment for cough and congestion/cold (5–10% cases) with phenylephrine, chlorpheniramine maleate, dextromethorphan hydrobromide (4/5 rating). Dextromethorphan 15 mg is favored over 10 mg for effective cough treatment.

70. Dr. Vinod Laxman Lanjewar, BAMS, MD
Saikrupa Hospital, Bhandara, Maharashtra

For >10-day productive coughs, consider factors such as cooling, viscosity, and taste in syrup selection. Ambroxol + guaifenesin + terbutaline + menthol (5/5) and levosalbutamol + ambroxol + guaifenesin (4/5) are recommended. >20% of patients with cough and cold need 5–7-day treatment with phenylephrine, chlorpheniramine maleate, dextromethorphan hydrobromide (3/5). Dextromethorphan 15 mg is preferred over 10 mg.

71. Dr. Pankaj Arora, MS ENT

Clinic, Mohali, Punjab

Productive coughs lasting for >20 days require syrup consideration based on ingredients, approved combos, viscosity, and taste. Dextromethorphan + chlorpheniramine rates 4/5, ambroxol + guaifenesin + terbutaline + menthol 5/5. For >20% with cough and congestion, use phenylephrine, chlorpheniramine maleate, dextromethorphan hydrobromide (4/5). More data are needed for dextromethorphan 15 mg efficacy versus 10 mg.

72. Dr. Ambika Prasad Dwivedi, MBBS, MD
Clinic, Rewa, Madhya Pradesh

A dry coughs typically last >10 days. Prescribing considerations include ambroxol + guaifenesin + terbutaline + menthol and dextromethorphan + chlorpheniramine (4/5). 10–20% with cough and cold use phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide (4/5) for 5–7 days. Dextromethorphan 10 mg is preferred over 15 mg for treatment efficacy.

73. Dr. Jagram Manjhi, MBBS
Clinic, Datia, Madhya Pradesh

A dry coughs lasting for >20 days is treated with syrup considering component combination, viscosity, and taste. Dextromethorphan + chlorpheniramine, ambroxol + guaifenesin + terbutaline + menthol, levosalbutamol + ambroxol + guaifenesin rate 4/5. Treatment spans 10–12 days for cough, congestion/cold symptoms. Phenylephrine, chlorpheniramine maleate, dextromethorphan hydrobromide rate 4/5. 10 mg dextromethorphan is preferred over 15 mg for efficacy.

74. Dr. Prasanth Kumar Mandal, MBBS, MD
Clinic, Bolpur, West Bengal

Patients often endure dry coughs for >10 days. Factors such as approved ingredients, cooling effect, viscosity, and taste guide cough syrup prescriptions. Ambroxol + guaifenesin + terbutaline + menthol rates 5/5; levosalbutamol + ambroxol + guaifenesin rates 4/5. 10–12-day treatment for cough with congestion/cold (10–20% patients). Syrup with phenylephrine, chlorpheniramine maleate, dextromethorphan hydrobromide rates 4/5. Research is needed for 15 mg Dextromethorphan efficacy over 10 mg.

75. Dr. Samarendra Jha, MBBS, MD
Clinic, Patna Bihar

Patients often present with persistent productive coughs lasting >10 days. Prescribing cough syrup is considered suitable components. Ambroxol + guaifenesin + terbutaline

+ menthol and levosalbutamol + ambroxol + guaifenesin rate 3/5. >20% with congestion or cold require 5–7-day treatment. Syrup with phenylephrine, chlorpheniramine maleate, dextromethorphan hydrobromide rates 3/5. Dextromethorphan 15 mg is not preferred over 10 mg for cough treatment.

76. Dr. Madan Prasad, MD
Clinic, Ranchi, Jharkhand

For persistent productive coughs lasting over 10 days, factors such as suitable components, cooling effect, viscosity, and taste guide cough syrup prescription. Ambroxol + guaifenesin + terbutaline + menthol rates 5/5 for relief; levosalbutamol + ambroxol + guaifenesin rates 4/5. A 10–12-day course is advised for 10–20% with cold or congestion. Syrup with phenylephrine, chlorpheniramine maleate, dextromethorphan hydrobromide is rated 3/5.

77. Dr. Ajoy Paul, MBBS
Clinic, Chopra, Islampur, West Bengal

Patients often present with persistent productive coughs lasting 5–7 days. Ambroxol + guaifenesin + terbutaline + menthol and dextromethorphan + chlorpheniramine rate 5/5. 10–20% with congestion or cold need 10–12-day treatment with phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide rated 4/5. More research is needed on dextromethorphan doses for cough treatment.

78. Dr. M M Khan, MBBS
Marwar Clinic, Jodhpur, Rajasthan

For dry cough >10 days, syrup selection considers viscosity, flavor, and approval. Dextromethorphan + chlorpheniramine (5/5) and ambroxol + guaifenesin + terbutaline + menthol or levosalbutamol + ambroxol + guaifenesin (5/5) for >20% with cold. Syrup with phenylephrine, chlorpheniramine maleate, and dextromethorphan hydrobromide (1/5) for 10–12 days. The optimal dextromethorphan dose (10 mg vs. 15 mg) needs further evidence.

79. Dr. Kaisar Alam, MBBS
Clinic, Chopra, West Bengal

Consider viscosity, flavor, and soothing effects when prescribing cough syrup. The doctor rates dextromethorphan + chlorpheniramine and ambroxol + guaifenesin + terbutaline + menthol 4/5 for relief. For patients with cough and cold/congestion (10–20%), 5–7-day treatment with phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide (3/5) is advised. The optimal dextromethorphan dosage (10 mg vs. 15 mg) needs further study.

80. Dr. Sourajit Routray, MBBS, MD
AieAfa Medlife BM Hospital, Kokrajhar, Assam

Productive cough >20 days warrants syrup with optimal viscosity, flavor, and soothing effect. Dextromethorphan + chlorpheniramine, levosalbutamol + ambroxol + guaifenesin, and ambroxol + guaifenesin + terbutaline + menthol rated 4/5 for relief. For cough with cold/congestion (10–20%), use phenylephrine + chlorpheniramine maleate + dextromethorphan hydrobromide for >15 days (rating 4/5). Research needs on dextromethorphan dose efficacy (10 mg vs. 15 mg).

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