explains the suitability of Agiolax as a stool forming agent in cases of anus praeternaturalis (one teaspoonful of Agiolax in the evening suffices). No dependence occurs even when it is necessary for Agiolax to be taken over a long period of time. As constipation is eliminated in a physiological manner no side-effects have been found or can be expected on the liver, stomach, kidneys, heart or blood circulation. The following tests were undertaken 3 times during a treatment period of 12 months: differential blood count, ESR, Weltmann’s coagulation band, thymol turbidity, residual-nitrogen, prostigmine test and gastric acid and diastase determinations. X-ray control of the stomach, intestines and gall-bladder showed no deviations from normal, which could be attributed to Agiolax therapy.)

**Indications**
Constipation e.g. in patients confined to bed, in patients with haemorrhoids and anal fissures, after surgery and in preparation for radiological examination. To be used during pregnancy and the lactation period only after consultation with a doctor.

**Dosage recommendations and method of administration**
Each teaspoonful of Agiolax should be swallowed unchewed with plenty of liquid (approx. 250 ml)

Unless otherwise directed the following dosage schedule is recommended for constipation:
**Adults:** 1 teaspoonful of Agiolax in the evening after the meal and if necessary in the morning before breakfast. In obstinate cases, 1 teaspoonful of Agiolax every 6 hours for 1-3 days.
**Children:** for school children, 1 teaspoonful of Agiolax daily, young people over 12 years of age may take the adult dose.

In preparation for radiological or endoscopic examinations:
A single dose of 3-6 teaspoonfuls of Agiolax on the day before examination.

**Notes**
On average, 5 g Agiolax (= 1 teaspoonful) contain 30 mg of potassium).

*For diabetics:*
1 teaspoonful ≈ 0.9 g sucrose ≈ 0.07 bread units.

**Interactions with other medicaments**
*In cases of chronic use/abuse:*
Owing to potassium deficiency, the potency of cardiac glucosides may be enhanced.

**Side effects**
None known.

*In cases of chronic use/abuse:*
Loss of electrolytes, especially potassium, presence of albumin or blood in the urine (albuminuria and haematuria), pigmentary infiltration in the intestinal mucosa (melanosis coli), damage to the myentric plexus.