

100% SEAWATER
100% EFFICACY

Amazed by
a clean nose!

PHYSIOMER, ALL THE GOODNESS OF THE SEA TO BREATHE BETTER
www.physiomer.com

What makes our products unique

Better than saline solution and diluted seawater¹

- Increases ciliary beat frequency
- Promotes epithelial wound repair of the respiratory epithelium

Unique natural formula

- **100%** undiluted seawater
- Over 80 minerals and trace elements retained

Safe and respectful

- of nasal mucosa¹ in daily use
- pH compatible with the nasal mucosa
- Sterile
- Preservative and chemical free

Unique, convenient and comfortable device

- Comfort[®] Tip
- Gas propellant free
- Low pressure continuous flow
- One-way valve (sterile)

Efficacy

18 clinical studies

Appropriate flow rates

Flow from mists and sprays to jets adapted to formula and nasal cavity volume



For daily hygiene, prevention and relief of cold and rhinopharyngitis

Babies only breath through their noses during the first months of their lives.

- Infants under 2 years of age develop up to 10 colds per year
- and children an average of 4 to 8 colds per year.^{2,3}

Nasal consequences



Runny noses



Stuffy and blocked noses

Negative impacts on everyday life



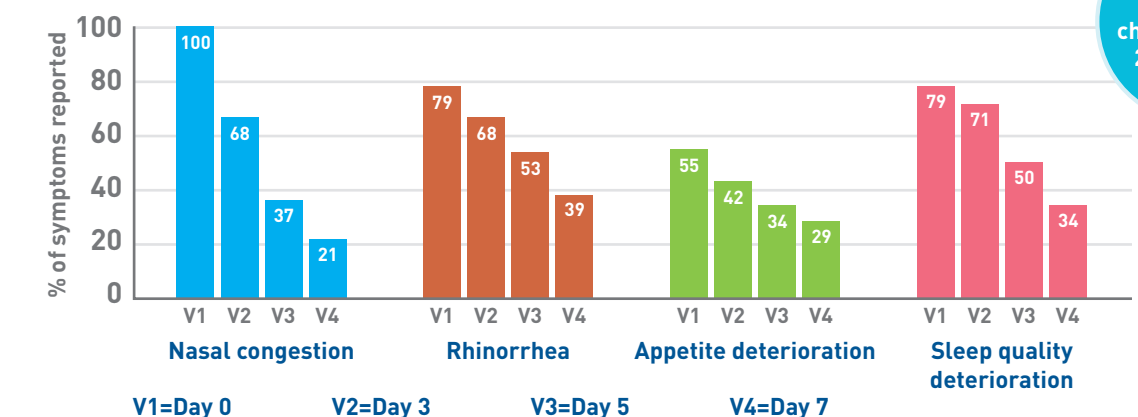
Difficulty in eating



Difficulty in sleeping

➔ Daily nasal wash prevents rhinorrhea and nasal congestion and treats their symptoms when they appear.

Improved nasal condition and health status with hypertonic seawater treatment



The study included 109 children. The children using saline (0.9%) and seawater (2.3%) as nasal drops (the patient group) and the control group (in which nasal drops were not administered) were compared. Seventy-four patients received nasal drops from package A (seawater) in single days and from package B (physiological saline) in double days.

Nasal wash is NOT AN OPTION⁵:

- EPOS consensus: in case of acute and chronic rhinosinusitis in adults and children⁶
- IDSA: as an adjunctive treatment in children and adults with acute bacterial rhinosinusitis⁷
- CSAGDTAR: in case of allergic rhinitis as an add-on therapy in children⁸
- HAS and CNP de Pédiatrie: in case of acute bronchiolitis⁹

EPOS: European paediatrics orthopaedic society endorsed by European Rhinologic Society – IDSA: Infectious Disease Society of America – CSAGDTAR: Chinese Society of Allergy Guidelines for Diagnosis and Treatment of AR – HAS: Haute autorité de santé – CNP de Pédiatrie: Conseil national professionnel de pédiatrie.

For babies and children



Isotonic solution

- ➔ 100% sterile seawater
- ➔ Better than a simple saline solution¹
- ➔ Respects nasal mucosa



Physiomer Baby range

To shorten the severity and duration of nasal symptoms and reduce **rhinorrhea and nasal congestion** when they appear:

- ➔ removes bacteria, viruses and pollutants
- ➔ eliminates excess mucus
- ➔ moistens nasal passages

To help protect against cold and rhinopharyngitis on a daily basis and prevent the risk of secondary ENT infections and otitis.

Physiomer Baby Isotonic Spray

Our daily ally

Spray into each nostril for 1 to 2 seconds.

In daily use, hygiene and prevention: 1 to 2 times a day.

In treatment of nasal symptoms, runny or stuffy noses: 4 to 6 times a day.

From 2 weeks' old



Comfort® Tip

- Easier to use
- Safer
- 1.5 ml/s: respectful of baby's nose
- Handy to use

BETTER COMPLIANCE

Physiomer Baby isotonic unidose

Practical and easy-to-use

Single doses for nasal cavity cleansing and eyelid hygiene.

Nasal use

4 times a day for each nostril.
One dose per nostril.

Ocular use

As often as needed.



Nasal wash using the “Fencing” method – how to do it properly

The “Fencing” method is a standardised nasal wash method that was developed by French experts for children over 6-months old¹¹. It can be used by practitioners as well by parents at home after practical teaching.



1 Positioning and preparing the child



- Lay the child down on a slightly inclined bed (30°) in the supine position with the head to one side.
- Spray the child’s hand to show the gentle pressure and comfortable temperature of the spray.
- Reassure the child and ensure that he/she remains calm and cooperative.

2 Immobilising the child in the “Fencer” position



- Grasp and extend the child’s right forearm with your right hand.
- Gently tilt the child’s head to the right.
- Immobilize the child’s right forearm by applying gentle pressure with your right hand.
- Place your right forearm in contact with the child’s left cheek without pressure to prevent the child from turning his/her head to the left.

3 Nasal wash



- Gently insert the nasal tip into the upper nostril at an angle of 45° with respect to the plane of the palate, towards the contralateral inner canthus.
- Spray for 1 to 2 seconds while monitoring the infant’s tolerance.
- Leave the solution to act for a few seconds.

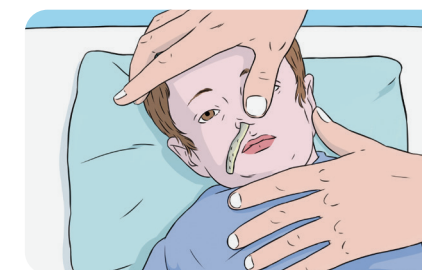
An effective nasal washing is indicated when the solution flows through the lower nostril.

- Repeat the same procedure on the other side by reversing the movements and positions

4 Nose blowing

The child doesn’t know how to blow his/her nose: he/she remains in the supine position

- Place your hand on the child’s left cheek with your thumb under his/her chin.
- During expiration: prevent the child from opening his/her mouth and encourage blowing with your thumb.



The child knows how to blow his/her nose: sit him/her up

- Slide your left hand underneath the child’s chin.
- After inspiration: keep his/her mouth closed to generate nasal expiration.
- The child blows his/her nose with a tissue.
- Repeat the procedure for the other nostril, by reversing the position.



➔ Nasal wash is repeated until satisfactory patency is obtained in both nostrils



➔ Stop the treatment if there is any change in behaviour that is suggestive of discomfort