Polyron®

Iron (III) Hydroxide Polymaltose Complex

COMPOSITION

Polyron® syrup : Each 5 ml syrup contains Iron (III) Hydroxide Polymaltose Complex equivalent to 50 mg elemental iron.

PHARMACOLOGY

Iron polymaltose complex is a source of iron, which is an essential constituent of the body being necessary for hemoglobin formation and for the oxidative processes of living tissues.

INDICATION

Treatment of Iron Deficiency Anaemia.

DOSAGE AND ADMINISTRATION

Adults: 5 ml to 10 ml, three times per day immediately after meals.
Children (6-12 years): 5 ml to 10 ml once or twice per day immediately after meals.
Children (2-6 years): 5 ml once or twice per day immediately after meals.
Infants (5-10 Kg): 2.5 ml to 5 ml once daily immediately after meals
Premature babies: 3 mg of elemental iron/kg body weight daily *(Less than 1500 gm)*

CONTRAINDICATION AND PRECAUTION

Hypersensitivity to any of the ingredients. Initially epigastric pain, diarrhea and vomiting; and may include metabolic acidosis, convulsions, and coma after apparent recovery. Speed is essential for effective treatment which is dependent upon removing excess iron from the alimentary tract prior to absorption. Initially an emetic should be given, followed by gastric lavage with 1% sodium bicarbonate, and oral administration of desferrioxamine to complex with residue.

SIDE EFFECT

The oral administration of iron preparations sometimes produces gastrointestinal irritation with vomiting and diarrhoea. Continued administration may sometimes produce constipation. The faeces may be colored black.

DRUG INTERACTION

Iron and tetracyclines interfere with absorption of each other. Iron and zinc interfere with absorption of each other. Absorption of iron is impaired by Iron (III) Hydroxide Polymaltose Complex. magnesium trisilicate, antacids, neomycin, cholestyramine, tea, eggs or milk.
Absorption of penicillamine, levodopa, bisphosphonates, ciprofloxacin, norfloxacin and ofloxacin is reduced by iron. Chloramphenicol delays plasma clearance of iron and incorporation of iron into red blood cells by interfering with erythropoiesis.

USE IN PREGNANCY AND LACTATION

Administration of drugs during first trimester of pregnancy requires careful assessment of potential risk versus benefits to be gained and should not be administered unless clearly indicated. For the remainder of the pregnancy, iron therapy may be indicated but only on advice of a physician. Iron is excreted in breast milk but not in clinically significant concentrations.

STORAGE CONDITION

Store in a cool & dry place. Protect from light. Keep all medicines out of the reach of children.

HOW SUPPLIED

Polyron® syrup: Bottle containing 100 ml syrup.

® Registered Trade Mark

ACI Limited