



Vegaskine-D

Tablets
Cold, Flu & Headache

Gastrointestinal risk:

NSAIDs cause an increased risk of serious gastrointestinal adverse events including inflammation, bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients are at greater risk for serious gastrointestinal events.

Generic Name: Aspirin, Paracetamol, Caffeine anhydrous, Dextromethorphan hydrobromide, Chlorpheniramine maleate

Composition:

Each tablet contains:

Active ingredients:

Aspirin	300 mg
Paracetamol	200 mg
Caffeine anhydrous	25 mg
Dextromethorphan hydrobromide	5 mg
Chlorpheniramine maleate	2 mg

Inactive ingredients

Wheat starch, microcrystalline cellulose PH 102, sodium stearyl fumarate.

Pharmacodynamics:

Dextromethorphan is a cough suppressant which helps relieve coughs. Aspirin is a mild analgesic with anti-inflammatory and antipyretic activity. These effects are believed to result from inhibition of the synthesis of certain prostaglandins.

Chlorpheniramine maleate is a competitive H₁-receptor histamine blocking drug, thereby counteracting the effects of histamine release associated with allergic manifestations of upper respiratory tract inflammatory disorders. H₁-blocking drugs inhibit the actions of histamine on smooth muscle, capillary permeability, and can both stimulate and depress the central nervous system.

Paracetamol is an antipyretic and analgesic.

Caffeine is a central nervous system stimulant.

Indications:

Vegaskine-D tablets are indicated for the symptomatic relief of cough, nasal congestion, and discomfort associated with upper respiratory tract infections & cold.

Side Effects:

Respiratory system: Dextromethorphan produces dose-related respiratory depression by acting directly on brain stem respiratory centers.

Cardiovascular system: Hypertension, postural hypotension, tachycardia and palpitations.

Genitourinary system: Urethral spasm, spasm of vesical sphincters and urinary retention have been reported with opiates.

Central nervous system: Sedation, drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, dizziness, psychic dependences, mood changes, and blurred vision.

Gastrointestinal system: Nausea and vomiting occur more frequently in ambulatory than in recumbent patients.

Contraindications:

Vegaskine-D tablets are contraindicated in patients hypersensitive to any component of the drug, MAO inhibitor therapy. Patients known to be hypersensitive to other opioids, antihistamines, or sympathomimetic amines may exhibit cross sensitivity with Vegaskine-D tablets.

Dextromethorphan is contraindicated in the presence of an intracranial lesion associated with increased intracranial pressure, and whenever ventilatory function is depressed.

Allergy: Aspirin is contraindicated in patients with known allergy to non-steroidal anti-inflammatory drug products and in patients with the syndrome of asthma. Aspirin may cause severe urticaria, angioedema or bronchospasm (asthma).

Aspirin should be avoided 1 week prior to and during labor and delivery because it can result in excessive blood loss at delivery.

Warnings:

Don't use for children under 6 years.

Alcohol: avoid or limit the use of alcohol because chronic alcohol use increase sedation.

The patient must be consulted when aspirin is used for children less

than 12 years old because it may cause symptoms of Reye Syndrome especially in cases of influenza and chickenpox.

Concerning the harmful effect of acetyl salicylic acid (aspirin) in the last three months of pregnancy due to the possibility of prolonging the period of pregnancy and the increased risk of antepartum and postpartum hemorrhage as well as the risk of bleeding tendency in the new born. Not to be used in high doses during the last three months of pregnancy.

Antihistamines may produce drowsiness or excitation, particularly in children and elderly patients.

Coagulation abnormalities: even low doses of aspirin can inhibit platelet function leading to an increase in bleeding time. This can adversely affect patients with inherited or acquired (liver disease or vitamin K deficiency) bleeding disorders.

Peptic ulcer disease: Patients with a history of active peptic ulcer disease should avoid using aspirin, which can cause gastric mucosal irritation and bleeding.

Drug interactions:

Patients receiving other opioid analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with Dextromethorphan may exhibit an additive CNS depression. When such combined therapy is template, the dose of one or both agents should be reduced. MAO inhibitors may prolong the anticholinergic effects of antihistamines. **Angiotensin Converting Enzyme (ACE) Inhibitors:** Due to the indirect effect of aspirin on the renin-angiotensin conversion pathway, the hypotensive and hypotensive effects of ACE inhibitors may be diminished by concomitant administration of aspirin.

Acetazolamide: concurrent use of aspirin and acetazolamide can lead to high serum concentrations of acetazolamide (and toxicity) due to competition at the renal tubule for secretion.

Anticoagulant therapy (heparin and warfarin): patients on anticoagulant therapy are at increased risk for bleeding because of drug drug interaction and effects on platelets.

Aspirin can displace warfarin from protein binding sites, leading to prolongation of both the prothrombin time and the bleeding time. Aspirin can increase the anticoagulant activity of heparin, increasing bleeding risk.

Beta blockers: the hypotensive effects of beta blockers may be diminished by the concomitant administration of aspirin due to inhibition of renal prostaglandins, leading to decreased renal blood flow and salt and fluid retention.

Diuretics: the effectiveness of diuretics in patients with underlying renal or cardiovascular disease may be diminished by the concomitant administration of aspirin due to inhibition of renal prostaglandins, leading to decreased renal blood flow and salt and fluid retention.

Methotrexate: salicylate can inhibit renal clearance of methotrexate, leading to bone marrow toxicity, especially in the elderly or renal impaired.

Oral hypoglycemics: moderate doses of aspirin may increase the effectiveness of oral hypoglycemic drugs, leading to hypoglycemia.

Pregnancy: the drug should be given to a pregnant woman only if clearly needed.

Nursing mothers: Aspirin is excreted in human breast milk in low concentrations, therefore, caution should be exercised when administered to a nursing woman.

Dosage:

As directed by the physician or as follows:

Usual dosage, not less than 4 hours apart:

Adults: 1 tablet 4 times a day.

Children: 6-12 years: ½ tablet 4 times a day

The total daily consumption of Paracetamol should not exceed 4 g.

Package:

Carton box contains 1, 2, 24 or 100 strips each of 10 tablets with inner pamphlet

Finance Code : 130693



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