

Front - 98mm

Back - 98mm

185mm

ALLER SYRUP 2.5MG/5ML
(Antihistamine)

Name and Strength of Active Substance(s):

Each 5ml contains:
Chlorpheniramine Maleate BP.....2.5 mg
Ethanol..... 0.48% v/v
Preservatives:
Methyl Paraben.....0.1% w/v
Propyl Paraben.....0.01% w/v

Product Description

Orange Liquid with lemon flavour.

Pharmacodynamics

It is widely distributed throughout the body tissues and appears to be subject to enterohepatic circulation. About 70% is bound to plasma proteins. It is extensively metabolized to form polar and non-polar metabolites. About 35% of a dose is excreted as unchanged drug but it is increased by an increase in urinary pH and urinary flow, less than 1 % of a dose is excreted in the faeces.

Pharmacokinetics

It is readily absorbed after oral administration. Peak concentrations appear within 2 to 3 hours. Plasma half-life has been reported as 12 to 15 hours.

Indication

For the symptomatic treatment of allergic conditions associated with hay fever, urticaria and skin irritation.

Recommended Dosage

Adult : 4mg, 4-6 hourly. Max : 24mg/day
Children 6 - 12 yr : 2mg, 4-6 hourly. Max : 12mg/day
Children 2 - 5 yr : 1mg, 4-6 hourly. Max : 6mg/day

Mode of Administration

Oral

Contraindications

Aller Syrup is contra-indicated in patients who are hypersensitive to antihistamines or to any of the syrup ingredients.

The anticholinergic properties of chlorpheniramine are intensified by monoamine oxidase inhibitors (MAOIs). Aller Syrup is therefore contra-indicated in patients who have been treated with MAOIs within the last fourteen days.

Warning and Precautions

It may cause drowsiness and dulling of mental alertness. Patients should not operate machinery or drive if affected with drowsiness. Do not take alcoholic beverages with the medicine because this can potentiate the sedative effect.

Interactions with Other Medicaments

Concurrent use of chlorpheniramine and hypnotics or anxiolytics may cause an increase in sedative effects, therefore medical advice should be sought before taking chlorpheniramine concurrently with these medicines.

Chlorpheniramine inhibits phenytoin metabolism and can lead to phenytoin toxicity.

The anticholinergic effects of chlorpheniramine are intensified by MAOIs.

Statement on Usage During Pregnancy and Lactation

Pregnancy

There are no adequate data from the use of chlorpheniramine in pregnant women. The potential risk for humans is unknown. Use during the third trimester may result in reactions in the newborn or premature neonates. Not to be used during pregnancy unless considered essential by a physician.

Lactation

Chlorpheniramine maleate and other antihistamines may inhibit lactation and may be secreted in breast milk. Not to be used during lactation unless considered essential by a physician.

Adverse Effects/Undesirable Effects

The most common effect is sedation, varying from slight drowsiness to deep sleep and including lassitude, dizziness and incoordination, disturbances in concentrating, dizziness and headache. Sedative effects may diminish after a few days.

Other side effects include gastro-intestinal disturbances such as nausea, vomiting, diarrhea or constipation, anorexia or increased appetite and epigastric pain. It also produce antimuscarinic effects including blurred vision, difficulty in micturition, dysuria, dryness of the mouth and tightness of the chest.

Overdose and Treatment

Symptoms of overdose include: anticholinergic effects (clumsiness or unsteadiness, severe dryness of mouth, nose or throat, flushing or redness of face, shortness of breath or troubled breathing), CNS depression (severe drowsiness), CNS stimulation (hallucination, seizures, trouble in sleeping), severe hypotension (feeling faint) and cardiac arrhythmias (fast or irregular heartbeat).

If vomiting has not occurred spontaneously, emesis should be induced. Syrup of ipecac is preferred. Precautions against aspiration must be taken especially in children and infants. If vomiting is unsuccessful, gastric lavage is indicated within 3 hours after ingestion and even later if large amounts of milk or cream were given. Isotonic and 0.45% Sodium Chloride Solution is the lavage solution of choice.

In unconscious patient, the airway should be secured with a cuffed endotracheal tube before attempting to evacuate the gastric contents.

Hypotension is an early sign of impending cardiovascular collapse and should be treated vigorously. Treatment with IV infusion of a vasopressor (eg. Dopamine) titrated to maintain blood pressure is also necessary.

Do not treat CNS depression with analeptics which might precipitate convulsions. Convulsions should be controlled by careful use of short-acting barbiturates.

Storage Conditions

Keep container tightly closed. Store below 30°C. Protect from light.

Dosage Forms and Packaging Available

60ml bottle
100ml bottle (For export only)

Registration Number

MAL19860097AZ

Manufactured by and Product Registration Holder

KCK PHARMACEUTICAL INDUSTRIES SDN. BHD.
Plot 61, Bayan Lepas Industrial Park Phase 4,
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Pulau Pinang, Malaysia.

Date of Revision of Package Insert

08 MAY 2025