PROFESSIONAL INFORMATION

Complementary Medicine

Health supplements, Minerals

This unregistered medicine has not been evaluated by the SAHPRA for its quality, safety or intended use.

SCHEDULING STATUS

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1. NAME OF THE MEDICINE

ELECTROEEZ™ POWDER (ORANGE), powder.

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 5 g sachet contains:

Magnesium bisglycinate	709,00 mg
providing Magnesium (elemental)	100,00 mg
Potassium chloride	381,35 mg
providing Potassium (elemental)	200,00 mg
Sodium chloride	254,21 mg
providing Sodium (elemental)	100,00 mg
Calcium carbonate	250,00 mg
providing Calcium (elemental)	100,00 mg

Sugar Free

Contains sugar alcohol: Xylitol 2319,44 mg / 5 g

Contains sweetener: Stevia extract 40,00 mg / 5 g

For a full list of excipients, see section 6.1

3. PHARMACEUTICAL FORM

White, slightly effervescent powder.

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

ELECTROEEZ POWDER (ORANGE) is indicated for use in adults only.

ELECTROEEZ POWDER (ORANGE) contributes to the maintenance of normal electrolyte levels and supports hydration before, during, and after exercise. It reduces fatigue and supports normal muscle and nervous system function.

4.2. Posology and method of administration

Posology

Adults (18 years and older): One sachet dissolved in a glass of water, once or twice a day, as needed. The entire contents of the glass should be consumed.

Other medications should not be taken for at least two (2) hours before or four to six (4-6) hours after taking ELECTROEEZ POWDER (ORANGE) (see Section 4.5).

ELECTROEEZ POWDER (ORANGE) is not to be used in cases of dehydration as a substitute for an oral rehydration solution.

The recommended daily dose should not be exceeded.

If a dose is missed, a double dose should not be taken. The usual dose should be taken at the usual time.

Paediatric population

Not indicated for use in children or adolescents under the age of 18 years (see Section 4.3).

Method of administration

For oral use.

Dissolve the powder in water before drinking.

4.3. Contraindications

- Hypersensitivity to magnesium bisglycinate, potassium chloride, sodium chloride, calcium carbonate, or to any of the excipients (see Section 6.1).
- Acute dehydration.
- Ventricular arrhythmia.
- Renal failure and oliguria.
- Severe Chronic Kidney Disease (renal impairment) where GFR <20ml/min.
- Hyporeninaemic hypoaldosteronism.
- Untreated Addison's disease.
- Metabolic acidosis.
- Ulceration of the bowel.
- All states in which passage through the digestive tract is retarded or obstructed.
- Conditions involving extensive cell destruction (e.g., severe burns, crush syndrome).
- Hyperkalaemia or conditions frequently associated with hyperkalaemia.
- Hypercalcaemia
- Hypercalciuria
- Hyperparathyroidism
- Hypophosphatemia
- Hypernatremia
- Hyperchloremia
- Nephrolithiasis
- Zollinger-Ellison Syndrome.
- Concomitant treatment with potassium-sparing diuretics (e.g. triamterene, amiloride), ACE inhibitors (e.g. enalapril, perindopril), angiotensin receptor blockers (e.g. losartan, valsartan), aldosterone antagonists (e.g. spironolactone, eplerenone), NSAIDs (e.g. indomethacin, aspirin), beta blockers (e.g. propranolol, bisoprolol), nitrofurantoin, lithium, ciclosporin, tacrolimus, suxamethonium, systemic heparin and glucose infusions due to the risk of hyperkalaemia (see Section 4.5).

- Concomitant use with other potassium-containing medicines, potassium-containing supplements, or with potassium-containing salt substitutes (see Section 4.5).
- Concomitant use with thiazide diuretics (see Section 4.5).
- Concomitant use with cardiac glycosides (see Section 4.5).
- Low phosphate diet.
- Use in children and adolescents under the age of 18 years.

4.4. Special warnings and precautions for use

Not to be used in cases of dehydration as a substitute for an oral rehydration solution.

Contains sodium: 100,00 mg sodium per sachet, equivalent to 5 % of the WHO recommended daily intake of 2 g sodium for an adult.

Care should be taken in:

- Renal impairment
- Hepatic impairment
- Diabetes mellitus
- Myasthenia gravis
- Other neuromuscular diseases
- Cardiac disease/ heart failure
- Pulmonary or peripheral oedema
- Adrenal insufficiency (Addison’s disease)
- Patients with conditions that impair the excretion of potassium.
- Intestinal ischaemia due to atherosclerotic vascular disease.
- Heat cramps
- Pregnancy
- Lactation
- Elderly

- Hypertension
- Hyperaldosteronism
- Other diseases and treatments associated with sodium retention.

4.5. Interaction with other medicines and other forms of interaction

ELECTROEEZ POWDER (ORANGE) may interact with certain medicines.

Concurrent use is not recommended with the following medicines and dosages should be separated. Give other medicines at least two (2) hours before or four to six (4-6) hours after taking ELECTROEEZ POWDER (ORANGE):

- Bisphosphonate (e.g., alendronate): The absorption of oral alendronic acid and bioavailability of alendronate decreases.
- Tetracycline (e.g., doxycycline). The absorption of oral doxycycline decreases.
- Quinolone antibiotics (e.g., ciprofloxacin, levofloxacin). The absorption of oral ciprofloxacin / levofloxacin decreases.
- Levothyroxine sodium; Liothyronine sodium. The absorption of these medicines decreases.
- Gabapentin. The absorption of gabapentin decreases.
- Dolutegravir. The level or effect of dolutegravir decreases (cation binding in GI tract).
- Atazanavir. The level or effect of atazanavir decreases (increase in gastric pH).
- Ketoconazole. The absorption of ketoconazole decreases.

Concurrent use of ELECTROEEZ POWDER (ORANGE) and the following medicines is contraindicated due to the risk of hyperkalaemia:

- Potassium-sparing diuretics (e.g., amiloride).
- Angiotensin-converting enzyme (ACE) inhibitors (e.g., perindopril, enalapril, captopril).
- Angiotensin receptor blockers (e.g., losartan, valsartan, telmisartan).
- Aldosterone antagonists (e.g., spironolactone).
- Other potassium–containing medicines.

- Other potassium-containing supplements.
- NSAIDs (e.g., indomethacin, ibuprofen, diclofenac, aspirin).
- Beta-blockers (e.g., propranolol, bisoprolol).
- Nitrofurantoin
- Lithium
- Ciclosporin
- Tacrolimus,
- Suxamethonium
- Heparin, systemic
- Glucose infusions

Concurrent use of ELECTROEEZ POWDER (ORANGE) and the following medicines is also contraindicated:

- Cardiac glycosides (e.g., digoxin) due to the risk of hyperkalaemia and/or digoxin toxicity.
- Thiazine diuretics (e.g., hydrochlorothiazide) due to the risk of hypercalcemia. Thiazide diuretics reduce the urinary excretion of calcium.

ELECTROEEZ POWDER (ORANGE) may interact with certain foods or drinks.

- Potassium-containing salt substitutes. Increased potassium levels.
- Salt/foods high in salt. Increased Sodium and chloride levels.
- Calcium-containing products: Increased calcium levels.

4.6. Fertility, pregnancy and lactation

Pregnancy

Not established. In the absence of sufficient data, use during pregnancy is not recommended.

Breast-feeding

Not established. In the absence of sufficient data, use during lactation is not recommended.

Fertility

The effects of ELECTROEEZ POWDER (ORANGE) on human male and female fertility are not known.

4.7. Effects on ability to drive and use machines

No studies on the effect on the ability to drive and use machines have been performed.

4.8. Undesirable effects

a) Summary of the safety profile

Should an allergic reaction occur, use should be discontinued.

b) Tabulated summary of adverse reactions

Classification	Frequency	Side effects
Magnesium bisglycinate		
Gastrointestinal disorders	Unknown	Diarrhoea
Potassium chloride		
Metabolism and nutrition disorders	Unknown	Metabolic alkalosis, hyperkalaemia
Cardiac disorders	Unknown	Cardiac dysrhythmias (irregularities in the heart's rate or rhythm). Heart block characterised by slow or irregular heartbeat, dizziness or light-headedness, fainting or near-fainting, shortness of breath, chest pain and discomfort. Cardiac arrest (sudden and complete cessation of heart function) characterized by unresponsiveness, no breathing/ gasping for air, and no pulse.
Vascular disorders	Unknown	Hypotension
Respiratory, thoracic, and mediastinal disorders	Unknown	Haemoptysis (coughing up blood)

Gastrointestinal disorders	Unknown	Nausea and vomiting, abdominal pain, flatulence, cramping, gastrointestinal ulceration, chest or throat pain when swallowing, hematemesis (blood in vomit), black stools, diarrhoea
Skin and subcutaneous tissue disorders	Unknown	Pruritus, skin rash, urticaria
Musculoskeletal and connective tissue disorders	Unknown	Paraesthesia of the extremities, muscle weakness, paralysis
Renal and urinary disorders	Unknown	Haematuria (Blood in urine)
Calcium carbonate		
Metabolism and nutrition disorders	Unknown	Hypercalcaemia, hypophosphatemia, alkalosis, Milk-alkali syndrome (frequent urge to urinate; continuing headache; continuing loss of appetite; nausea or vomiting; unusual tiredness or weakness; hypercalcaemia, alkalosis and renal impairment).
Gastrointestinal disorders	Unknown	Constipation, flatulence, rebound acidity, nausea, vomiting
Sodium chloride		
Metabolism and nutrition disorders	Unknown	Polydipsia, hypernatremia
Nervous system disorders	Unknown	Headache, dizziness, convulsions, coma
Cardiac disorders	Unknown	Tachycardia
Vascular disorders	Unknown	Hypertension/ Hypotension
Respiratory, thoracic, and mediastinal disorders	Unknown	Dyspnoea
Gastrointestinal Disorders	Unknown	Nausea, vomiting, stomach cramps/pain, diarrhoea, dry mouth
Skin and subcutaneous tissue disorders	Unknown	Hyperhidrosis

Musculoskeletal and connective tissue disorders	Unknown	Arthralgia
General disorders	Unknown	Peripheral oedema, pulmonary oedema, pyrexia, asthenia

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare providers are requested to report any suspected adverse drug reactions to SAHPRA via the Med Safety APP (Medsafety X SAHPRA) and eReporting platform (who-umc.org) found on SAHPRA website.

4.9. Overdose

In overdose, side effects can be precipitated and/or be increased by severity (see section 4.8).

Treatment of overdosage is symptomatic and supportive.

5. PHARMACOLOGICAL PROPERTIES

5.1. Pharmacodynamic properties

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The mechanism of action has not been established.

5.2. Pharmacokinetic properties

The pharmacokinetic properties have not been established.

6. PHARMACEUTICAL PARTICULARS

6.1. List of excipients

Citric acid anhydrous

Malic acid

Xylitol

Stevia extract

Stevia Masker

Bitter Blocker

Orange flavour

Silicon Dioxide

6.2. Incompatibilities

None known.

6.3. Shelf life

24 months

6.4. Special precautions for storage

Store in a cool, dry place at or below 25 °C.

Store in the original package/ container.

Keep the container tightly closed.

Protect from light and moisture.

6.5. Nature and contents of container

Plastic-lined foil sachets, filled with a white, slightly effervescent powder and packed in a unit carton.

Pack size 30 x 5 g sachets

Not all pack sizes may be marketed.

6.6. Special precautions for disposal

No special requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION

Talo Consumer Solutions (Pty) Ltd.

30 Bell Crescent

Hennopspark ext 7

Pretoria

Tel: 012 010 0815

8. REGISTRATION NUMBER

To be allocated.

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

To be allocated.

10. DATE OF THE REVISION OF TEXT

January 2026