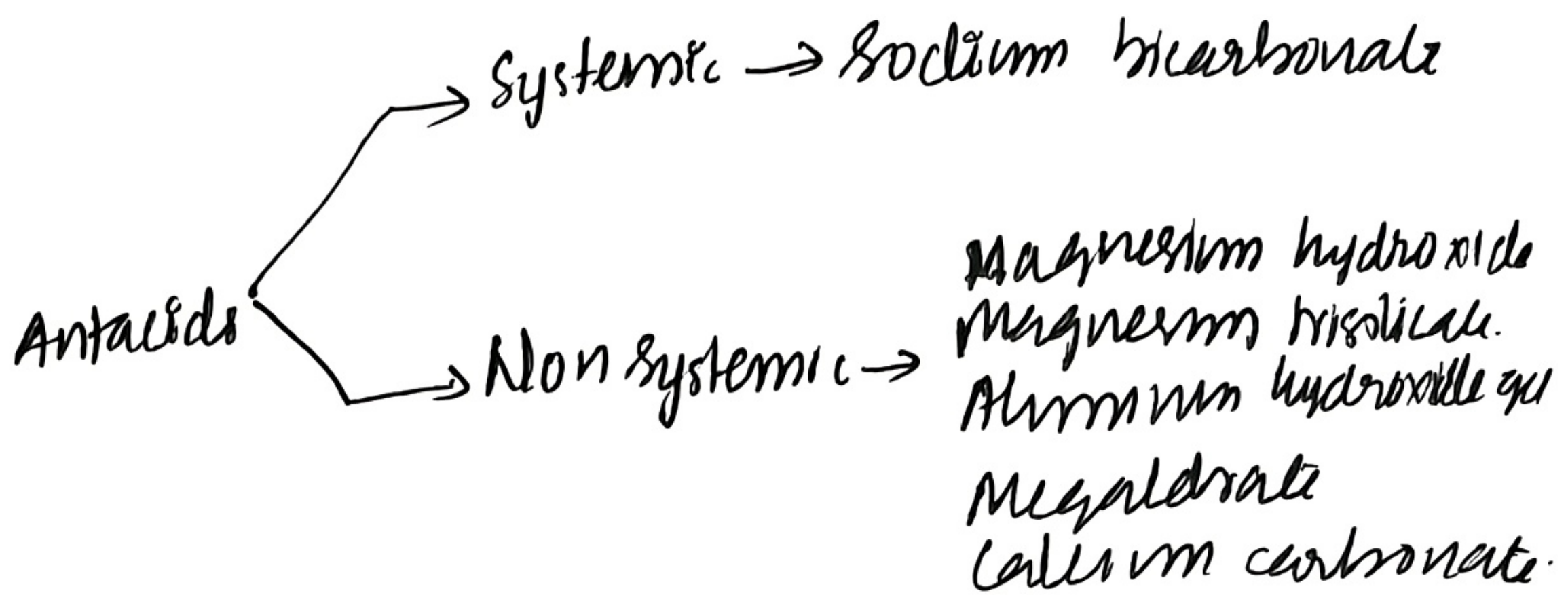


ANTACIDS, ULCER PROTECTIVES



Antacid combinations

- ① Fast ($Mg(OH)_2$) & slow ($Al(OH)_3$) acting components yield prompt as well as sustained effect.
- ② Mg salts are laxative while Al salts are constipating; combination may annul each other's action. ^{H₂}Mg:
& bowel movement may be least affected
- ③ Gastric emptying is least affected; Al salts tend to delay it, Mg/Al salts tend to hasten it.
- ④ dose of individual components is reduced; systemic toxicity is minimized.

Ulcer Protectives

(i) Sucralfate

- $pH < 4 \Rightarrow$ undergoes polymerisation to form sticky gel like consistency
- strongly adheres to the ulcer base.
- delays gastric emptying so that its own

- in stomach is prolonged.
- action is local.

(ii) CBS (Colloidal bismuth substrate)

- Water soluble but precipitates at $\text{pH} < 5$
- May increase gastric mucosal PGE_2 , mucus & HCO_3^- production.
- May precipitate mucus glycoproteins & coat the ulcer base.
- May directly & indirectly inhibit *H. pylori* directly
- Regimen for CBS is 120mg BID
- Most of ingested CBS passes in the faeces.