

ULTRACID is a balanced mixture of two antacids; aluminium hydroxide is a slow-acting antacid and magnesium hydroxide is a quick-acting one. The two are frequently combined in antacid mixtures. Aluminium hydroxide on its own is an astringent and may cause constipation. This effect is balanced by the effect of magnesium hydroxide, which, in common with other magnesium salts, may cause diarrhoea. Gastro-intestinal side effects are thus rare with ULTRACID and this makes it especially suitable when long term therapy is necessary.

Either alone or with antacid mixture Simethicone acts as an antifoaming agent to reduce flatulence. It is a silicon polymer that lowers surface tension and allows the small bubbles of froth to coalesce into large bubbles that can be more easily passed up from the stomach or down from the colon. Antacid – Simethicone combination may also be useful for the relief of hiccup in palliative care.

It is combined with antacids to encourage adherence of the mixture to the mucosa. Alginate as mucosal protectant is useful in reflux oesophagitis. As the ingredients used in this drug are well established, tolerated and accepted all over the world and hence test confirming its physiological availability pharmacological effects studies are not conducted.

Antacids perform a neutralization reaction, i.e. they buffer gastric acid, raising the pH to reduce acidity in the stomach. When gastric hydrochloric acid reaches the nerves in the gastrointestinal mucosa, they signal pain to the central nervous system. This happens when these nerves are exposed, as in peptic ulcers. The gastric acid may also reach ulcers in the esophagus or the duodenum.

Some of the antacid combinations contain other ingredients that have no antacid properties.

Simethicone, an antiflatulent, has been added as an aid in those conditions in which the retention of gas may be a problem; however, in the treatment of peptic ulcer diseases, the advantage of using antacid and simethicone combinations rather than antacids alone has not been clearly established.

Antacids may increase lower esophageal sphincter (LES) pressure. Aluminum-containing antacids have a cytoprotective effect on the gastric mucosa that may be associated with the stimulation of prostaglandin secretion, thus providing protection against mucosal necrosis and hemorrhage caused by corrosive agents, such as aspirin and ethanol.

The absorption of aluminium and magnesium from antacids is small. Aluminium hydroxide is slowly converted to aluminium chloride in the stomach. Some absorption of soluble aluminium salts occurs in the gastro-intestinal tract with urinary excretion. Any absorbed magnesium is likewise excreted in the urine. Aluminium containing antacids should not be administered to patients with renal impairment where increased plasma concentration may occur.

Glycyrrhizin, one of the main components found in liquorice, is believed to contribute to the herb's healing properties. Laboratory studies have reported that glycyrrhizin reduces inflammation, promotes secretion of mucous (usually through coughing), soothes irritation, protects the stomach and gastrointestinal tract, and stimulates the activity of the adrenal glands (regulates cortisol, the stress hormone). DGL works by improving and restoring the integrity of the esophageal, stomach and duodenum lining. It does this by promoting mucus release and cell rebuilding. The mucus released provides gastrointestinal lining protection from acids and gives the lining time to rebuild and regenerate. The result is healing and strengthening of the affected tissue. Onset and duration of action Onset of action is dependent upon the ability of the antacid to solubilize in the stomach and react with the hydrochloric acid. The poorly soluble antacids (e.g., magnesium trisilicate) will thus react more slowly with hydrochloric acid than will the more soluble ones.

Also, elderly patients are more likely to have age-related renal function impairment, which may lead to aluminum retention.

Although it is not known whether high intake of aluminum leads to Alzheimer's disease, the use of aluminum-containing antacids in Alzheimer's patients is not generally recommended. Research suggests that aluminum may contribute to the disease's development since it has been found to concentrate in neurofibrillary tangles in brain tissue.

DRUG INTERACTIONS

The rate and/or extent of absorption of many medicines may be increased or decreased. Therefore, medication should not be taken within one to two hours of ANTACID.

An incomplete list of substances for which the above statement has been shown to apply includes: tetracycline, iron salts, isoniazid, ethambutol, some anti-muscarinic drugs, benzodiazepines, phenothiazines ranitidine, indomethacin, phenytoin, nitrofurantoin, Vitamin A, fluoride and phosphate. An increase in the plasma level of quinidine and possible toxicity may result it alkalisation of the urine occurs following antacid therapy.

CONTRAINDICATIONS

The use of aluminium- or magnesium-containing antacids is contra-indicated in patients with symptoms of appendicitis, since these medicines may increase the danger of perforation or rupture due to their constipating or laxative effects. The use of aluminium-containing antacids (except those containing aluminium phosphate) is contra-indicated in patients with hypophosphataemia due to the phosphate binding properties of aluminium salts.

The use of magnesium-containing antacids is contra-indicated in patients with severe renal function impairment due to increased danger of occurrence of hypermagnesaemia.

Based on Simethicone component: Hypersensitivity to simethicone or any component of the formulation

Persons who consume large quantities of Liquorice, chew tobacco, or use other Liquorice-flavored products are at risk for Liquorice toxicity. Adverse reactions to ingesting Liquorice products have been reported for individuals who have hypertension, kidney or heart disorders, hypokalemia, cirrhosis of the liver or cholestatic liver diseases, and hypertonia. Liquorice is also contraindicated for pregnant women. High doses of Liquorice products should not be used for longer than four to six weeks. No restrictions known during lactation.

Nursing Implications

Administer 1-2 hours apart from oral drugs; shake suspension well before using; monitor for constipation, fecal impaction, diarrhea, and hypophosphatemia

Mental Health: Effects on Psychiatric Treatment

Constipation is common; concurrent use with psychotropics may produce additive effects.

RECOMMENDED DOSAGE AND ADMINISTRATION

ORAL LIQUID - One tablespoonful (15ml) twice daily for adults and one teaspoonful (5ml) for children twice daily or as directed by the physician

- Dosage for most clinical applications is based on the level of glycyrrhetic acid.
- For peptic ulcer DGL is preferred because it works as well as glycyrrhetic acid without side effects. DGL must mix with saliva to be effective.

OVERDOSAGE, SYMPTOMS AND TREATMENT

Treatment is symptomatic and supportive.

STORAGE CONDITION

Store in a cool place, protected from light. Keep out of reach of Children.

SHELF LIFE

To be used within 30 months from the date of manufacture.

PRESENTATION

200 ml /100ml bottle in a pre printed carton.

Manufactured in India by
Sai Mirra Innopharm Pvt. Ltd.
288, SIDCO Estate
Ambattur, Chennai 600 098
Tamil Nadu

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