Nilacid®

Aluminum Hydroxide Gel, Magnesium Hydroxide, Simethicone

COMPOSITION

Nilacid® Suspension: Each 5 ml suspension contains Aluminum Oxide 200 mg (Equivalent amount of Aluminum Hydroxide Gel USP), Magnesium Hydroxide USP 400 mg & Simethicone USP 30 mg.

Nilacid® Tablet: Each chewable tablet contains Dried Aluminum Hydroxide Gel USP 400 mg, Magnesium Hydroxide USP 400 mg & Simethicone USP 30 mg.

PHARMACOLOGY

Nilacid® is the mixture of non-systemic acid neutralizing substances and antiflatulent. This preparation offers reliability as well as long action. Aluminum Hydroxide and Magnesium Hydroxide induce the relief of ulcer by neutralizing gastric acid secreted from parietal cells of the stomach. The clinical use of simethicone is based on its antifoam properties. Simethicone spreads on the surface of aqueous liquids, forming a film of low surface tension and causing collapse of foam bubbles. Simethicone repeatedly allows mucous surrounded gas bubbles in the GI tract to coalesce and be expelled.

Nilacid® is used in the treatment of flatulence and meteorism for the elimination of gas, air or foam from the gastro-intestinal tract prior to radiography and for the relief of abdominal distension and dyspepsia.

Simethicone is physiologically inert; it does not appeared to be absorbed from the GI tract to interfere with gastric secretion or absorption of nutrients. Following oral administration, the drug is excreted unchanged in the feces.

INDICATION

Nilacid® is indicated for symptomatic relief of hyperacidity associated with the peptic ulcer, gastritis, peptic oesophagitis, gastric hyperacidity, heartburn, sour stomach or hiatus hernia. It is effective in the prevention of stress ulceration and GI bleeding. It acts as an antiflatulent to alleviate the symptoms of gas including post operative gas pain. Nilacid® rapidly relieves acid pain, disperses gastric foam and facilitates eructation of gas and air.

DOSAGE AND ADMINISTRATION

Suspension: 5 ml -10 ml (1-2 teaspoonful) suspension 1-3 hours after meal and at bed time or as directed by the physician.

Tablet: 1-2 tablets 1-3 hours after meal and at bed time or as directed by the physician.

CONTRAINDICATION AND PRECAUTION

It should not be administered in patients with renal failure or hypophosphataemia or in those who are severely debilitated. It is also contraindicated in alkalosis and hypermagnesaemia, where abdominal distention may be due to partial or complete intestinal obstruction. It should be used with caution in patients with kidney disease.

SIDE EFFECT

Gastrointestinal side effects are uncommon. Occasionally, if excessive amount is consumed, diarrhea, constipation or regurgitation may occur.

Adverse reactions can occur with any drug, even over-the-counter medications. Most antacids produce only minor side effects, especially if they are used infrequently. Minor side effects are usually relieved by reducing the dose or frequency. For major side effects, contact the physician immediately. When aluminum hydroxide and magnesium hydroxide are present in the same antacid, the usual side effect with excessive use is diarrhoea which can be worse if the sweetener, sorbitol, is also added. Excess long-term use of aluminum containing antacids can lead to subtle poisoning, mental changes and weak bones. They should not be used by patients with chronic kidney failure or on dialysis without discussion with the physician.

DRUG INTERACTION

All antacids may increase or decrease the rate and/or extent of absorption of concomitantly administered oral drugs. Antacids decrease the bioavailability of theophyline, tetracycline, quinolone antibiotics, isoniazide, ketoconazole, ethambutol, some antimuscarinic drugs, benzodiazepines, phenothiazines, ranitidine, indomethacine, nitrofurantoin, fluoride, phosphate, propranolol, atenolol, digoxins, vitamins etc. Antacids increase the bioavailability of some drugs; e.g. sulphonamides, levodopa, valproic acid, enteric coated aspirin etc.

OVERDOSAGE

Any medication taken in excess can have serious consequences. If you suspect an overdose, seek medical attention immediately.

For aluminum-containing antacids:

Bone pain, constipation (severe and continuing), feeling of discomfort (continuing), loss of appetite (continuing), mood or mental changes, muscle weakness, swelling of wrists or ankles, weight loss (unusual).

For magnesium-containing antacids:

Difficult or painful urination, dizziness or light-headedness, irregular heartbeat, mood or mental changes, unusual tiredness or weakness.

WARNING

Prolonged use of aluminum-containing antacids in patients with renal failure may result in or worsen dialysis osteomalacia. Elevated tissue aluminum levels contribute to the development of the dialysis encephalopathy and osteomalacia syndromes. Small amounts of aluminum are absorbed from the gastrointestinal tract and renal excretion of aluminum is impaired in renal failure. Aluminum is not well removed by dialysis because it is bound to albumin and transferrin, which do not cross dialysis membranes. As a result, aluminum is deposited in bone, and dialysis osteomalacia may develop when large amounts of aluminum are ingested orally by patients with impaired renal function.

Aluminum forms insoluble complexes with phosphate in the gastrointestinal tract, thus decreasing phosphate absorption. Prolonged use of aluminum-containing antacids by normophosphatemic patients may result in hypophosphatemia if phosphate intake is not adequate. In its more severe forms, hypophosphatemia can lead to anorexia, malaise, muscle weakness, and osteomalacia.

USE IN PREGNANCY

It is advised to avoid antacid preparations in the first trimester of pregnancy.

STORAGE CONDITION

Store below 30°C. Protect from light and moisture. Keep out of children's reach.

HOW SUPPLIED

Nilacid® Suspension: Each bottle contains 100 ml / 200 ml Suspension with a measuring cup.

Nilacid® Tablet: Each box contains 10 x 10's / 10 x (1x10)'s / 20 x 10's / 20 x (1x10)'s chewable tablet.

SQUARE