

hovid

MIXTURE MAGNESIUM TRISILICATE (SUGAR FREE)

DESCRIPTION

White suspension with peppermint flavour.

COMPOSITION

Magnesium trisilicate	3.33% w/v
Light magnesium carbonate	3.33% w/v
Sodium bicarbonate	3.33% w/v

PHARMACODYNAMICS

Mixture Magnesium Trisilicate (Sugar Free) reacts chemically to neutralize or buffer existing quantities of stomach acid, resulting in increased pH value of stomach contents, thus providing relief of hyperacidity symptoms.

PHARMACOKINETICS

Neutralisation is accompanied by liberation of carbon dioxide and excretion is mainly via the kidneys.

INDICATION

For symptomatic relief of gastric hyperacidity, indigestion, heartburn, dyspepsia, and hyperacidity associated with gastric and duodenal ulcers.

CONTRAINDICATIONS

Not recommended for patients with severe renal function impairment.

WARNINGS AND PRECAUTIONS

- Caution in patients with chronic diarrhoea, ulcerative colitis, colostomy, diverticulitis, ileostomy, impaired renal function, appendicitis, intestinal obstruction, cardiac failure, hypertension, peripheral and pulmonary edema, and in toxemia of pregnancy.
- The maximum dosage recommended should not be taken more than 2 weeks or if problem is recurring, unless otherwise directed by physician.
- Antacids should not be given to children below 6 years of age, unless prescribed by physician. Since children are usually not able to describe their symptoms precisely, proper diagnosis should precede the use of an antacid.
- Patients should be alerted on sodium-restricted diet.

PREGNANCY AND LACTATION

It is safe for use during the last two trimesters of pregnancy as long as chronic high doses are avoided, however, safety for use in lactation has not been established.

DRUG INTERACTIONS

- Antacids generally alter absorption of tetracyclines, isoniazid, iron-preparations and other oral medications; patients should be advised not to take antacids within 1 to 3 hours of these medications.

- Co-administration with oral phenothiazines should be avoided since absorption, especially chlorpromazine, may be inhibited.
- Concurrent and prolonged use with milk or milk products or calcium-containing preparations may result in the milk-alkali syndrome.
- Caution in patients receiving the following drug therapy: Aminoglycosides, amphetamines, antimuscarinics, chlordiazepoxide, diazepam, dicoumarol, digoxin, diuretics, levodopa, oral sodium and potassium phosphate, quinidine, salicylates and sodium polystyrene sulfonate resin (SPSR).

MAIN SIDE/ADVERSE EFFECTS

Flatulence (as a result of excess carbon dioxide production), diarrhoea and stomach cramps may occur occasionally.

Long-term, excessive use has been associated with the development of silica-based renal calculi.

OVERDOSE AND TREATMENT

Clinical features: Nausea, vomiting, abdominal discomfort, intestinal obstruction, hypermagnesemia, hypernatremia, metabolic alkalosis.

Treat overdosage by the necessary symptomatic and supportive measures. Administer 10 - 20 ml of 10% calcium gluconate solution intravenously for hypermagnesemia. Very occasionally, dialysis is needed in severe hypernatremia.

DOSAGE AND ADMINISTRATION

Oral.

Adults

15 ml 3 to 4 times a day, or as directed by physician.

Children

Dosage must be individualized by physician. Not recommended for children with body weight less than 9 kg.

Note: For OTC use, it is recommended that not more than 45 ml be taken in each 24-hour period.

The information given here is limited. For further information, consult your doctor or pharmacist.

Storage: Store below 25°C. Do not refrigerate or freeze.

Presentation/Packing: Plastic bottle of 120 ml and 200 ml.

Product Registration Holder / Manufactured by: HOVID Bhd.
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