GI Bleeding (From Mouth or Rectum).

Upper
From Oesophagus to Duodenum (stomach) caused by Peptic Ulcer, oesophageal Varices + Cancer.

Mucosal Protectants
Form protective physical barrier over surface of the ulcer shielding it from harsh environment of stomach lumen.

In Acid, Sucralfate polymerizes to form a sticky gel that strongly coats ulcer.
Bismuth Chelate forms a protective layer by having high affinity for the exposed mucosal glycoproteins and necrotic tissue found in ulcers. Both drugs need to be given on empty stomach along with diet.


Stool Chart

| HARD | 3 | 4 | 7 |
| LUMP | IDEAL | LIQUID |

Type 1 and 2 - Constipation
Type 5 - 7 - Diarrhoea = Urgency

Occur in Jejunum, Ileum, Colon, Rectum or Anus
Caused by IBD, Haemorrhoids, Cancer.
Physiology of Vomiting.

- Forceful Expulsion of contents from Stomach or Intestine.
  can act as defense mechanism to expel bad content/substances from Body
  e.g. Excess amount of Alcohol.

EMESIS = 'To Vomit'

All Centres initiated to the act of vomiting home from the Central Nervous System,
particularly in the Brain Stem.

Vomiting Centre located in 'Medulla Oblongata' & has
Predominantly Muscarinic type receptors.

So Activation of M receptors will Activate Vomiting Centre to send signals to the muscles that
carry out physical act of vomiting - EMETIC REFLUX

1. Chemo-receptor trigger zone in the Medulla.
2. 2 main types of receptors
   - Dopamine 2 receptor
   - 5-HT receptor.

MOTION SICKNESS

Abnormally activates vestibulocochlear nerve (inside inner ear) of Labrinth, which
connects the labyrinth to the Vestibular Nuclei in Brain Stem.

Activation of these receptors by vestibulocochlear nerve
causes vestibular nuclei to stimulate
chemo-receptor trigger zone, which will stimulate
the vomiting centre => emetic reflex.