Accordingly patients with Helicobacter Pylori gastritis involving the gastric corpus have enhanced intragastric pH control with PPIs compared with those who are H pylori – negative, this improved pH control is seen predominantly overnight, therefore H pylori - positive patients are less likely to have nocturnal gastric acid recover . H pylori infection affects pH control of PPIs, so knowing H pylori status is obligatory in performing clinical trials of intragastric pH control. For this reason most pH studies are now performed in H pylori -negative patients to eliminate this confounder (Hatlebakk JG, *et al*., 1998). All available PPIs are indicated for once daily dosing, usually in the morning, food has different effects on the bioavailability of each molecule, and meal timing may not affect bioavailability of PPIs, also it is recommend to give PPIs prior to meals for the maximum efficacy (Reimer C *et al*., 2009). However, some patients, in particular those with extraesophageal symptoms or complicated disease, need more than a single daily dose of PPI. In these cases, splitting the dose and giving a PPI twice daily, before breakfast and dinner, provides superior intragastric pH control, particularly at night, when compared with a double dose given once daily. Control in daytime pH is similar regardless of when a PPI is given, however nocturnal pH control is significantly improved with the twice-daily regimen compared with a double dose given once daily (Stanghellini V., 1999) .

Altogether PPIs are commonly used to treat : (Khalili H *et al* ,2012) .

- ulcers in the stomach and duodenum.
- Gastroesophageal reflux disease (GERD)
- Combination with antibiotics in the treatment regimen of the Helicobacter pylori.
- Zollinger – Ellison Syndrome.
- Prevent and treatment of the non steroidal anti-inflammatory drugs induced ulcer.