

## MLT 2nd

Course Title: General Pharmacology I

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### Note:

Attempt all questions

Each question carry equal marks

Pay attention to every point of question

Give to the point answers

Extra detail may leads to marks deduction

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Q1.

(a) What does drug interactions mean and enumerate its various types.

**And: Drug interaction means:**

Drug interactions occurred when two or more drugs react with each other. This Drug interactions may causes you to experience an unexpected side effects.

- It is defined as the pharmacological activity of one drug is altered by the concomitant of another drug or the presence of the some other substances.

Types of drug interactions in the following.

**Drug\_\_ Drug:**

**A drug drug can delay decrease our enhance absorption of either drug**

**Example fluoxetine and phenelzine**

**Drug food interaction:**

**Food effect the rate extent of absorption of drug from GIT.**

**Drug lebotrey interaction:**

The drug action within chemical lebotrey in effect the increase and decrease the effect of drug

**Drug food interaction:**

**The food effect the drug within GIT**

**Example milke or calcium deacres the effect of tetracycline**

**Drug disease interaction:**

**Some drug decrease effect by some disease**

**Drug chemical interaction:**

## Some drug increase or decrease effect with chemical reaction

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(b) Write down a detail note on pharmacodynamic drug interaction.

### Ans: pharmacodynamics drug interactions :

Drug alters the pharmacodynamics profile (potency and effects) of another drug and change its pharmacological effects.

Drug – drug interactions means effect one drug altered by another drug.

- **Combined effect of drug:**

When two or more drugs are given simultaneously or quick succession they may be either indifferent to each other exhibit synergism or an antagonism.

#### 1. Synergistic

When the action of one drug is facilitated or increased by the other they are said to be synergistic.

- **Additive effects:**

The effects of the two drugs are in the same direction and simply add up.

- Effect drug A + drug B = Effect of drug A + effect of drug B.
- Aclophence + pectamal = better analgesic and antipruritic effect

#### **B. Supra-additive effect:**

The effect of combination is greater than the individual effects of compound.

Effect of drug A and B, effect of drug A + effect of drug B.

- This is always the case when compound given alone produce no effect but enhance the effect of other.

Example L-Dopa + carbidopa inhibits the peripheral breakdown of L-Dopa potentiates antiparkinsonian effect of L-Dopa.

**2. Antagonism :** when one drug decreases or abolishes the action of another they are said to be antagonistic.

**A. Physical Antagonism :** Based on physical properties.

Example. Charcoal.

**B. Chemical Antagonism:** Reduce the action by chemical reaction.

Example. Antacids neutralize the acid

**C. Physiological:**

Two drugs act on different receptors, but have opposite effects on the same physiological function.

### **3. Receptor Antagonism:**

Two drugs act on the same receptor in this case. Antagonism blocks the action against.

Q2.

(a) Differentiate between hypoglycemic and hyperglycemic agents with examples.

#### **Ans: Hypoglycemic :**

Hypoglycemic refers to an abnormally reduced level of sugar, or glucose, in the bloodstream.

**Hypoglycemic of agent:** The common hypoglycemia agents are the following below.

- Hypoglycemic can also be caused intentionally by the inappropriate utilization of sulfonylureas medicine.
- Some medicines that are meant to treat health issues other than diabetes can result in hypoglycemic or even hide its symptoms.
- Hypoglycemic results when other diseases and health issues affect the body's glucose metabolism.
- Alcohol leads to a drop in blood glucose levels, causing hypoglycemic.
- **Example of hypoglycemic:**
  - Sweating
  - Feeling weak.
  - Nausea (Feeling sick).

#### **Hyperglycemic:**

Hyperglycemic refers to an abnormally increased blood glucose level. Hyperglycemic is a hallmark indication of diabetes condition (both type 1 diabetes and type 2 diabetes) and prediabetes.

**Agents of hyperglycemic:** The hyperglycemic agents are some common the following below.

- Sometimes hyperglycemic is not the result of diabetes condition. Other conditions that can result in hyperglycemic include.
- Pancreatitis (swelling of the pancreas).
- Being inactive.
- Hyperthyroidism.
- Suffering from any injury or having any surgery.
- Emotional stress
- Having illness.
- **Example of hyperglycemic.**
  - Blurred vision.
  - Drowsiness.

- Frequent need to pass urain.
- Extreme Thurs.

(B) What is emesis and antiemetic drugs, give examples

**Ans: Emesis:**

A protective reflex that serves to rid the stomach and intestine of toxic substances and prevent their further ingestion.

Examples: xylazine, buspirone, acepromazine , yohimbine.

**Antiemetic:**

Antiemetic drug or anti vomiting drug are those which is responsible for the prevention of the vomiting.

Examples: anzeme, emend , Dexpak , zofran Aloxi .

©What kind of drugs are used for cough and sputum, give examples

**Ans: Cough :** it's a protective reflex for expulsion of respiratory secretion and foregen particle from air passage.

**Different types of cough drug in the following.**

- Codeine

Example .Centre act lung

- Noscapine  
Example\_Analgastic
- Pipazethate  
Example. CNS depression
- Benzonanate  
Example. Use for anaesthetic tetracine.

Q3.

(a) Enumerate different targets for antibiotics

**Ans: Antibiotics:**

Substances derived from a microorganism or produce synthetically , that destroy or limis the growth of a living organisms.

**Inhibitions of cell wall synthesis**

## Target block peptidoglycn ( murein) synthesis

### Peptidoglycan:

- Polysaccharide + cross \_ linked pentapeptide.
- Pentapeptide with terminal D alanyl\_ D alanine unit \_\_\_ required for cross linking.

### A\_B\_ lactam antibiotics

#### Penicillin binding protein:

Enzymes responsible for:

- Across \_ linking
- Elongation
- Autolysis

### Lysis of bacteria cell:

- **Isotonic environment**\_\_ cell swelling\_\_ rupture of bacteria cell.
- Hypertonic environment\_\_ microbes change to protoplast (gram) pastiveor ( gram\_)

Covered by member.

- Intact ring structure essential for antibiotics activity.

(b) Explain viral replication process in detail

### Ans: viral replication :

- **Adsorption:**

Initially, the virus attached or adsorbs to the surface of the host cell. Most viruses are attached to the host cell because of the interactions between protein on the outer surface of the virus. Of receptor like protein on the host cell member.

### Penetration and uncoating:

The virus enter the host cell either by passing directly through the cell member or by fusing with the host cell membrane and releasing the viral genetic material into the host cell.

### Biosynthesis:

When viral genetic material is released within the host cell the virus takes control of the cell molecular synthesizing machinery to initiate the biosynthesis of new viral enzymes and protein.

### Maturation and release :

The components parts of the virus are assembled into mature viruses released from the host cell.

Q4.

(a) Classify antihypertensive drugs with example

**Ans:**

<b>Drug class</b>	<b>Common suffix</b>	<b>Common Examples</b>
ACE inhibitor	_pril	Lisinopril , benazepril, fosinopril, enalapril
Thiazide diuretic	None	Hydrochlorothiazide, chlorothiazide, chlorothlidone.
Loop diuretic	None	Furosemide, bumetanide, torsemide.
Dihydrocodeine calcium channel blockers.	_dipine	Amlodipine, felodipine.
Non- hydroxyridine calcium channel blockers	None	Diltiazem, verapamil
ARBs	Sartan	Losertan, valaartan.
Beta blockers	Olol	Metoprolol, esmolol.
Alpha blockers	Osin	Terazonsin prazonsin.

(b) What are the causes and drug therapy of various kinds of angina pectoris

**Ans:**

**Drug therapy:**

Pharmacotherapy is therapy using pharmaceutical drug as distinguish from therapy using surgery, radiation, moment or other mode.

**Causes of drug therapy of the fellow.**

- Wrong dose.
- Dose Inc/Dec too fast.
- Allergic rxn.
- Incorrect storage.
- Duration.

**Angina:**

Angina is the myocardial ischemia caused by an imbalance between myocardial blood supply and oxygen demand.

**Types of Angina:**

- Angina is classified broadly as stable or in stable depending on its pattern of occurrence and severity.

- **Stable angina:** occurs when increased physical activity e.g hurrying across a street or climbing a long stairs.) Which create a greater demand for oxygen -rich blood to reach heart tissue.
- **Unstable angina:** occurred in with lesser degrees of exertion or while at rest .unstable angina that occur at rest is the most serious form.this usually is caused by the formation of blood clot at the site of a ruptured plaque in coronary artery.

Q5.

(a) Differentiate between general and local anesthetics, explain various stages of general anaesthesia

**Anaesthesia:**

Is a reversible condition of comfort and quiescence for a patient within the physiology limit before during and after performance of a procedure .

**Differntiate between general and local anaesthesia are the following below.**

<b>General anaesthesia</b>	<b>Local anaesthesia</b>	
<b>Not preferred</b>	<b>Preferred</b>	
<b>Preferred</b>	<b>Cannot be preferred</b>	
<b>Possible</b>	<b>Not possible</b>	
<b>Risky</b>	<b>Safer</b>	
<b>CNS</b>	<b>Peripheral nervous</b>	
<b>Whole body</b>	<b>Restricted area</b>	
<b>Lost</b>	<b>Unaltered</b>	
<b>Essential</b>	<b>Usually not needed</b>	

**Stage of anaesthesia:**

**Stage1: analgesia:**

In stage1 the patient has decreased awareness of pain somethime with amnesia . Conscious maybe umpires but he not lose.

**Stage2 Disinhibition:**

**In stage2** , the patient appear to be delirious and excited amnesia occurred, reflex are enhance, and respiratory is typically irregular, retching at inconvenience may occur.

**Stages3 surgical anaesthesia :**

**In stages3** . The patient is unconscious and has no pain , reflexes, respirations is very regular , and blood pressure is maintained.

**Stage4: Medullary Depression:**

**In stage4** . The patient develops severe respiratory and cardiovascular depression that require mechanical and pharmacological support.

(b) Write down the mechanism of action of narcotic and non-narcotic analgesics

**Ans: Analgesic:**

An Analgesic , or painkiller is a any member of the growth of drug used to achieve Analgesic\_\_ relief from pain.

### **Narcotics Analgesia:**

Narcotics Analgesics are drug that relive pain by binding to opioid receptor which are present in the center and peripheral nervous system , can cause numbness and induced a state of unconscious.

### **Mechanism of action:**

All opioid receptor and inhibit adenylate cyclase.

### **There are also involve in:**

- Postsynaptic hyperpolarization.(increasing K+efflux).
- Reducing presynaptic Ca<sup>++</sup>influx.  
This inhibits neuronal activity.

### **Non narcotics Analgesics:**

- NSAIDs
- Acetaminophen
- Ziconotide
- Flupirtine

### **Mechanism of action:**

Paracetamol has no significant action on COX 1 and COX2 which left it's mode of action a mystery but did explain it's lack of anti\_ information action gastrointestinal side effect typical of Braids.

Now research shows presence of new previously unknown cyclooxygenase enzymes COX3 found in brain and spinal cord which selectively inhibits by paracetamol, and distinct from two already known cyclooxygenase enzymes COX\_1 and COX\_2.