



## **BRAINWARE UNIVERSITY**

Term End Examination 2023
Programme – B.Pharm-2020
Course Name – Pharmacology III – Theory
Course Code - BP602T
( Semester VI )

Full Marks : 75 Time : 3:0 Hours

[The figure in the margin indicates full marks. Candidates are required to give their answers in their own words as far as practicable.]

## **Group-A**

(Multiple Choice Type Question)

1 x 20=20

- Choose the correct alternative from the following :
- (i) Define Dextromethorphan

a) Analgesic

b) Expectorant

c) Antitussive

- d) Antihistaminic
- (ii) Identify Which of the following ingredients has neither specific antitussive nor expectorant nor bronchodilator action, but is commonly present in proprietary cough formulations:
  - a) Ambroxol

b) Guaiphenesin

d) Noscapine

c) Chlorpheniramine

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- (iii) Identify the following is true for gentamicin:
  - a) It is more active in acidic medium
- b) It has a wide margin of safety
- c) It primarily inhibits gram positive bacteria
- d) It is excreted unchanged, mainly by glomerular filtration
- (iv) Select the antibiotic which inhibits bacterial protein synthesis by interfering with translocation of elongating peptide chain from acceptor site back to the peptidyl site of the ribosome so that ribosome does not move along the mRNA and the peptide chain is prematurely terminated
  - a) Chloramphenicol

b) Erythromycin

c) Tetracycline

- d) Streptomycin
- (v) Explain that the opioid antidiarrhoeal drugs act by the following mechanism(s)
  - a) They relax the intestinal smooth muscle

b) They inhibit intestinal peristalsis

c) They promote clearance of intestinal pathogens

d) All of the above

- (vi) Caffeine is more powerful than theophylline in exerting the following action:
  - a) Bronchodilatation

b) Cardiac stimulation

c) Diuresis d) Augmentation of skeletal muscle contractility

(vii) Multidrug resistant (MDR) tuberculosis is defined as resistance to:

	a) Any two or more antitubercular drugs	b) Isoniazid + any other antitubercular drug
	<ul> <li>c) Isoniazid + Rifampin + any one or more antitubercular drugs</li> <li>The polyene antibiotics act by:</li> </ul>	d) All five first line antitubercular drugs
	a) Inhibiting fungal cytochrome P450 enzyme	b) Disorienting microtubules in fungal cells
	c) Inhibiting fungal DNA synthesis	d) Binding to ergosterol and creating micropores in fungal cell membrane
(ix)	Identify the following class of gastric antisecret and have primary effect on juice volume, with content:	tory drug also reduce gastric motility
	a) Histamine H2 blockers	b) Anticholinergics
	<ul> <li>c) Proton pump inhibitors</li> <li>As an antacid, sodium bicarbonate has the obsexcept:</li> </ul>	d) Prostaglandins served the following disadvantages
	a) It causes acid rebound	<ul> <li>b) In ulcer patients, it increases risk of perforation</li> </ul>
	<ul> <li>c) It has low acid neutralizing capacity</li> <li>The HIV titer of an AIDS patient was found to be months of triple drug anti-HIV therapy. The best</li> </ul>	
	a) Continue the same 3 drugs for another 3 months	b) Replace all 3 drugs with a set of another 3 drugs
	<ul> <li>c) Replace 2 drugs and continue one previously used drug</li> <li>Identify the following is true of anti-H.pylori th</li> </ul>	<ul> <li>d) Replace one drug and continue two previously used drugs</li> </ul>
	a) It is indicated in all patients of peptic ulcer	<ul> <li>b) Resistance to any single antimicrobial drug develops rapidly</li> </ul>
	<ul> <li>c) Concurrent suppression of gastric acid enhances efficacy of the regimen</li> <li>Identify the most effective antiemetic for contr</li> </ul>	d) Colloidal bismuth directly inhibits H.pylori but has poor patient acceptability
	a) Prochlorperazine	b) Ondansetron
	c) Metoclopramide A 70-year-old patient presented with weakness showed Q-T prolongation, flattening of T wave was low (2.8 mEq/L). He admitted taking a laxa months. Which laxative could be responsible for	and occasional A-V block. His serum K+ ative every day for the past several
	a) a. Bisacodyl	b) Liquid paraffin
	<ul> <li>c) Methylcellulose</li> <li>Immunomodulatory sedative drugs used in the also effective in managing skin manifestations</li> </ul>	
	a) tacrolimus	b) cyclophosphamide
	<ul> <li>c) buproprion</li> <li>In methyl alcohol poisoning, there is central ne depression and optic nerve atrophy. These effe</li> </ul>	
	a) Formaldehyde and formic acid c) Pyridine	b) Acetaldehyde d) Acetic acid
	Which hormone act to maintain the circadian o	•
	a) melanin c) melatonin	b) heparin d) bradykinin
	) Which of the following peaks act at noon?	•
	a) insulin	b) Growth hormones
	<ul><li>c) renin</li><li>Identify the characteristic feature(s) of penicilli</li></ul>	d) FSH in G is/are:
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a) It is unstable in aqueous solution	<ul> <li>b) Its antibacterial action is unaffected and tissue fluids</li> </ul>	d by pus	
<ul> <li>c) It is equally active against resting and multiplying bacteria</li> </ul>	d) Both 'A' and 'B' are correct		
(xx) Which of the following is a second generation cephalosporin that is highly resistant to gram negative β-lactamases, and cures penicillinase positive as well as negative gonococcal infection by a single intramuscular dose:			
a) Cephalexin c) Cefoperazone	b) Cefuroxime d) Ceftazidime		
Grou	лр-B		
(Short Answer T	ype Questions)	5 x 7=35	
<ol> <li>Describe the mechanism of action of mass cell states.</li> <li>State mechanism action of Sucralfate.</li> <li>Write pharmacokinetic, adverse effect and drug-off.</li> <li>Classify antimalarial agents with example.</li> <li>Classify drugs acting as antiemetic.</li> <li>Categorize immunostimulant drugs, adverse effect.</li> <li>Explain mechanism action of beta lactam antibiot.</li> <li>Categorize immunostimulant drugs.</li> <li>Illustrate resistance of benzyl penicillin.</li> </ol>	drug interaction of cimetidine ets and uses. <b>R</b> ics.	(5) (5) (5) (5) (5) (5) (5)	
Grou	•		
(Long Answer T	ype Questions)	10 x 2=20	
9. Define circadian rhythms, chrono-pharmacology significance of chronotherapy.	and chronotherapy also describe the	(10)	
10. Evaluate the role of melatonin in circadian rhythms.  OR			
Clinical symptoms and management of lead pois		(10)	

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