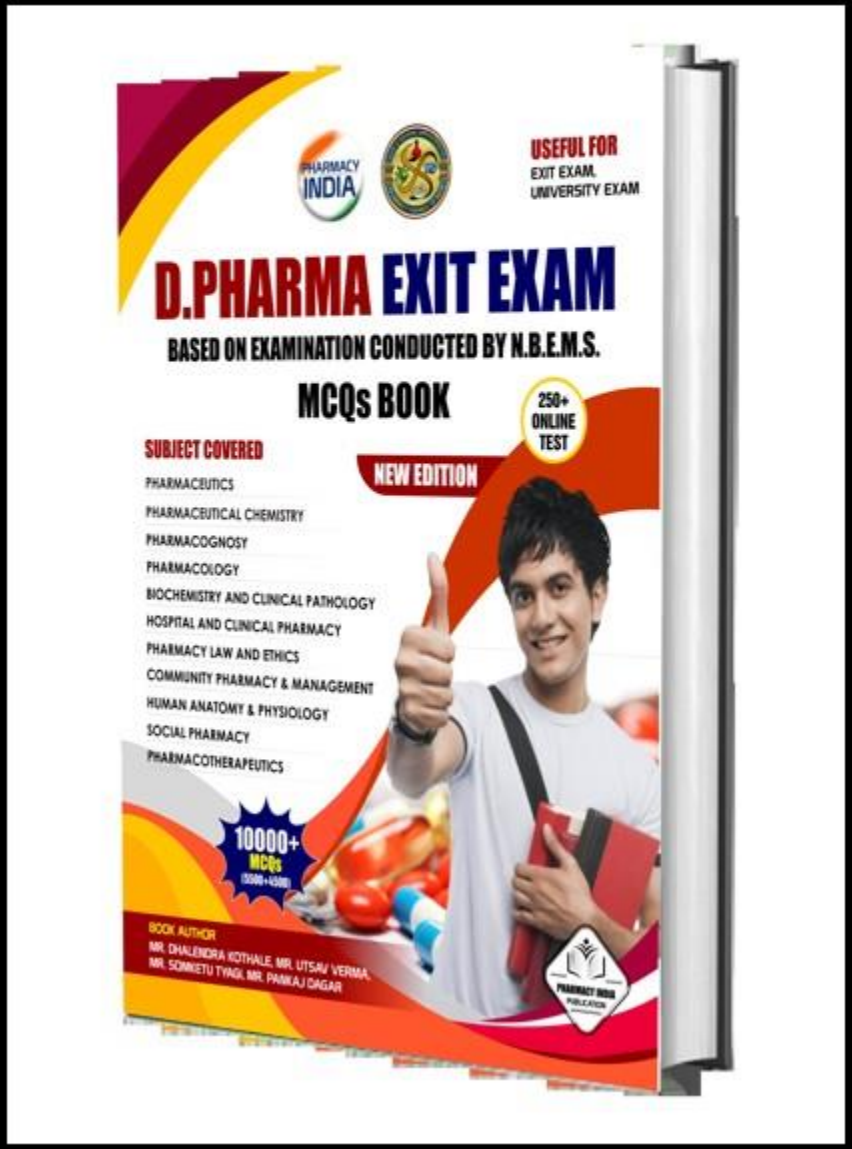
VIDEO DEKHNE KE LIYE BANNER PAR CLICK KARE

DOWNLOAD "PHARMACY INDIA" MOBILE APP

Mobile Phone Par Click karein

DPHARMA EXIT EXAM MCQ BOOK

INDIA'S MOST DEMANDED BOOK



Special Features:

- ✓Covered all 11 Subjects
- ✓Based on NBEMS New Syllabus
- ✓10000+ MCQs
- ✓250+ Pages
- ✓Available on FLIPKART & AMAZON

FOR ANY QUERY:

CONTACT- 9389516306

D Pharma Exit Exam

Your Ultimate Resource for D Pharma Exit Exam Success

Preparing for the D Pharma Exit Exam?

Unlock the best resources to ace your exam with our comprehensive offerings:

CATEGORIES

Books

1. Liver disease can also arise from

(a) Acetaminophen
(b) Mushrooms
(c) Stains
(d) All of the above

1. Liver disease can also arise from

(a) Acetaminophen

(b) Mushrooms

(c) Stains

(d) All of the above

Explanation:

Acetaminophen: Overdose of acetaminophen (Tylenol) is one of the most common causes of acute liver failure. When taken in excessive amounts, it overwhelms the liver's ability to process it safely, leading to toxic metabolites that can damage liver cells.

Mushrooms: Certain wild mushrooms, especially species like the Amanita phalloides (death cap), contain toxins that can cause severe liver damage. Ingesting these mushrooms can lead to acute liver failure and even death if not treated promptly.

Stains: Statins are primarily used to lower cholesterol, in rare cases, they can cause liver enzyme elevations or liver damage.

2. Late-stage chronic liver disease is called as

(a) Liver failure
(b) Cirrhosis
(c) Liver cancer
(d) Fatty liver disease

2. Late-stage chronic liver disease is called as

(a) Liver failure

(b) Cirrhosis

(c) Liver cancer

(d) Fatty liver disease

Explanation:

Cirrhosis is the late-stage scarring (fibrosis) of the liver caused by many forms of liver diseases, including chronic hepatitis and long-term alcohol abuse. In cirrhosis, the liver's structure and function are significantly compromised.

3. Fistula is the symptoms of

(a) Ulcerative Colitis

(b) Crohn's disease

(c) Both (a) and (b)

(d) All of these

3. Fistula is the symptoms of

(a) Ulcerative Colitis

(b) Crohn's disease

(c) Both (a) and (b)

(d) All of these

Explanation:

Fistula formation can occur in both Ulcerative Colitis and Crohn's Disease, but it is more commonly associated with Crohn's Disease.

Ulcerative Colitis primarily affects the colon and rectum, while Crohn's Disease can affect any part of the gastrointestinal tract and is more likely to lead to complications such as fistulas, which are abnormal connections between the intestine and other structures.

4. Cirrhosis is most accurately diagnosed by

(a) Eye exam
(b) Blood test
(c) Liver biopsy
(d) All of these

4. Cirrhosis is most accurately diagnosed by

(a) Eye exam

(b) Blood test

(c) Liver biopsy

(d) All of these

Explanation:

Liver biopsy is the most accurate method for diagnosing cirrhosis, as it allows for direct examination of liver tissue to assess the degree of fibrosis and damage.

Blood tests can indicate liver function and detect abnormalities, but they are not definitive for diagnosing cirrhosis.

Eye exam is not used to diagnose cirrhosis; while some eye symptoms may relate to liver disease, they are not diagnostic.

5. Inflammatory bowel disease

(a) Is an acute autoimmune condition

(b) Includes ulcerative colitis and Crohn's disease

(c) Is more common in men

(d) Frequently presents in the 5th decade

5. Inflammatory bowel disease

(a) Is an acute autoimmune condition

(b) Includes ulcerative colitis and Crohn's disease

(c) Is more common in men

(d) Frequently presents in the 5th decade

Explanation:

Inflammatory bowel disease (IBD) primarily refers to two chronic conditions: ulcerative colitis and Crohn's disease.

6. Symptoms of gastroesophageal reflux disease

(a) Pain in the chest
(b) Swallowing problems
(c) Heartburn
(d) All of these

6. Symptoms of gastroesophageal reflux disease

(a) Pain in the chest

(b) Swallowing problems

(c) Heartburn

(d) All of these

Explanation:

Symptoms of gastroesophageal reflux disease (GERD) can include:

Pain in the chest: Often described as a burning sensation, which can be mistaken for heart-related issues.

Swallowing problems: Known as dysphagia, this can occur due to irritation or inflammation of the esophagus.

Heartburn: A common symptom characterized by a burning sensation in the chest or throat due to stomach acid backing up into the esophagus.

7. Symptoms of alcoholic liver disease

(a) Nausea
(b) Jaundice
(c) Loss of appetite
(d) All of these

7. Symptoms of alcoholic liver disease

(a) Nausea
(b) Jaundice
(c) Loss of appetite
(d) All of these

Explanation:

Symptoms of alcoholic liver disease can include:

Nausea: Commonly experienced due to liver dysfunction.

Jaundice: A yellowing of the skin and eyes, indicating liver damage and impaired bile metabolism.

Loss of appetite: Often occurs as a result of liver dysfunction and general malaise.

8. Gastroesophageal reflux disease (GERD) is also known as

(a) Acid reflux
(b) Crohn's disease
(c) Pectic ulcer
(d) None of these

8. Gastroesophageal reflux disease (GERD) is also known as

(a) Acid reflux

(b) Crohn's disease

(c) Pectic ulcer

(d) None of these

Explanation:

Gastroesophageal reflux disease (GERD) is commonly referred to as acid reflux, which describes the condition where stomach acid frequently flows back into the esophagus, causing symptoms such as heartburn and regurgitation.

9. Helicobacter pylori (H. pylori) are responsible for

(a) Gastric ulcer
(b) Duodenal Ulcer
(c) Both (a) and (b)
(d) None of these

9. Helicobacter pylori (H. pylori) are responsible for

(a) Gastric ulcer

(b) Duodenal Ulcer

(c) Both (a) and (b)

(d) None of these

Explanation:

Helicobacter pylori (H. pylori) is a type of bacteria that is known to cause both gastric ulcers (ulcers in the stomach) and duodenal ulcers (ulcers in the first part of the small intestine). H. pylori infection is a major risk factor for the development of these types of ulcers.

10. Triggers of Crohn's except disease include all

(a) Stress

(b) Smoking

(c) Infectious enteritis

(d) Dietary

10. Triggers of Crohn's except disease include all

(a) Stress

(b) Smoking

(c) Infectious enteritis

(d) Dietary

Explanation:

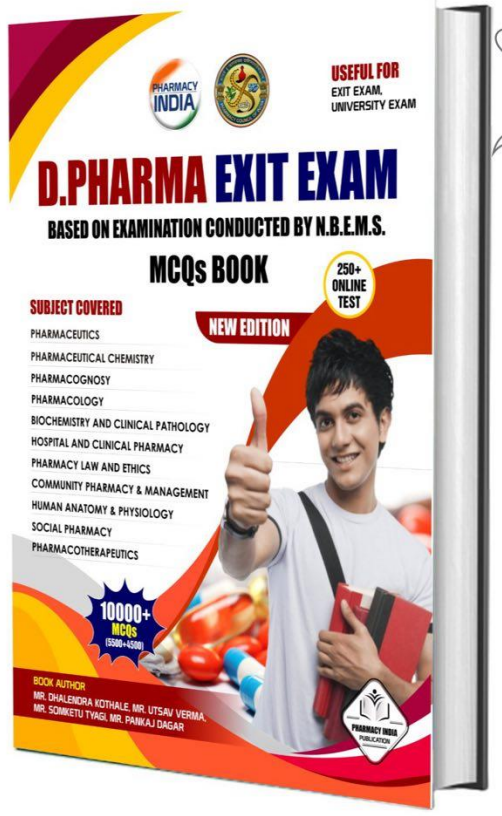
While stress, smoking, and dietary factors are known to potentially trigger or exacerbate Crohn's disease symptoms, infectious enteritis refers to inflammation of the intestines due to infection and is not considered a direct trigger of Crohn's disease itself. Instead, it may be a separate condition that can occur alongside Crohn's but does not cause it.

DPHARMA EXIT EXAM MCQ BOOK

INDIA'S MOST DEMANDED BOOK

Available on Flipkart

PHARMACY INDIA



1,000+ people ordered this in the last 30 days

Pharmacy India D. Pharma Exit Exam Competitive MCQ Book (Hardcover, Pharmacy India)

4.2 • 240 ratings

Special Features:

- ✓Covered all 11 Subjects
- ✓Based on NBEMS New Syllabus
- ✓10000+ MCQs
- ✓250+ Pages
- ✓Available on FLIPKART & AMAZON

FOR ANY QUERY:

CONTACT- 9389516306

CLICK ON BANNER TO ORDER

D Pharma Exit Exam

Your Ultimate Resource for D Pharma Exit Exam Success

For Latest D.PHARMA EXIT EXAM Updates
Visit: DPEE.ORG

PHARMACY INDIA

HOME | CRASH COURSE | BOOKS | MCQS | MODEL PAPERS | QUIZZES | TEST SERIES | BLOG | ABOUT US | ACCOUNT

Preparing for the D Pharma Exit Exam? 📚💊

Unlock the best resources to ace your exam with our comprehensive offerings:

- **D Pharma Exit Exam Crash Course:** Boost your preparation with our targeted crash course. Get expert guidance and targeted study materials to enhance your exam preparation.

D Pharma Exit Exam Crash Course

- **D Pharma Exit Exam Books:** Explore our selection of essential books covering everything you need to know for the exam.

FOLLOW US

CATEGORIES

Books

Crash Courses

11. The most prevalent form of anaemia in India is

(a) Iron deficiency anemia
(b) Megaloblastic anemia
(c) Hemorrhagic anemia
(d) Sickle cell anemia

11. The most prevalent form of anaemia in India is

(a) Iron deficiency anemia

(b) Megaloblastic anemia

(c) Hemorrhagic anemia

(d) Sickle cell anemia

Explanation:

Iron deficiency anemia is the most prevalent form of anemia in India, primarily due to dietary deficiencies, particularly among women and children. This type of anemia occurs when the body lacks sufficient iron to produce hemoglobin, leading to a reduced capacity of the blood to carry oxygen.

While other forms of anemia exist in India, such as megaloblastic anemia (often due to vitamin B12 or folate deficiency) and sickle cell anemia (more common in certain regions), iron deficiency anemia is the most common overall.

12. The normal hemoglobin range in adults is

(a) 13.5-17.5 g/dl

(b) 10.0-11.5 g/dl

(c) 8.5-11.5 g/dl

(d) Both (b) and (c)

12. The normal hemoglobin range in adults is

(a) 13.5-17.5 g/dl

(b) 10.0-11.5 g/dl

(c) 8.5-11.5 g/dl

(d) Both (b) and (c)

Explanation:

The normal hemoglobin range for adults is typically around 13.5 to 17.5 grams per deciliter (g/dl) for men, and slightly lower for women, usually around 12.0 to 15.5 g/dl.

13. Numbness in limbs is a symptom of

(a) Iron deficiency anaemia

(b) Megaloblastic anaemia

(c) Both (a) and (b)

(d) None of these

13. Numbness in limbs is a symptom of

(a) Iron deficiency anaemia

(b) Megaloblastic anaemia

(c) Both (a) and (b)

(d) None of these

Explanation:

Numbness in the limbs is often associated with megaloblastic anemia, which can result from vitamin B12 deficiency. This deficiency can lead to neurological symptoms, including numbness and tingling in the hands and feet.

14. Pernicious anaemia is megaloblastic anaemia caused by

(a) Lack of vitamin B12
(b) Lack of vitamin B9
(c) Both (a) and (b)
(d) None of these

14. Pernicious anaemia is megaloblastic anaemia caused by

(a) Lack of vitamin B12

(b) Lack of vitamin B9

(c) Both (a) and (b)

(d) None of these

Explanation:

Pernicious anemia is a type of megaloblastic anemia specifically caused by a deficiency of vitamin B12. This condition is often due to an inability to absorb vitamin B12 from the gastrointestinal tract, often related to a lack of intrinsic factor, a protein necessary for vitamin B12 absorption.

15. The condition associated with increased demand of vitamin B12 is

(a) Megaloblastic anaemia
(b) Hypothyroidism
(c) Pregnancy
(d) Splenectomy

15. The condition associated with increased demand of vitamin B12 is

(a) Megaloblastic anaemia

(b) Hypothyroidism

(c) Pregnancy

(d) Splenectomy

Explanation:

During pregnancy, there is an increased demand for various nutrients, including vitamin B12, to support fetal development and maternal health. While megaloblastic anemia is caused by a deficiency of vitamin B12, the condition itself does not denote an increased demand.

16. Consequence of vitamin B 12 deficiency is impaired

(a) Absorption of iron

(b) Folic acid synthesis

(c) Production of intrinsic factor

(d) DNA synthesis

16. Consequence of vitamin B 12 deficiency is impaired

(a) Absorption of iron

(b) Folic acid synthesis

(c) Production of intrinsic factor

(d) DNA synthesis

Explanation:

Vitamin B12 plays a crucial role in DNA synthesis. Its deficiency leads to megaloblastic anemia, characterized by the production of abnormally large and immature red blood cells due to impaired DNA synthesis.

17. Megaloblastic anaemia is caused by

(a) Cobalamin deficiency

(b) Folate deficiency

(c) Both (a) and (b)

(d) None of these

17. Megaloblastic anaemia is caused by

(a) Cobalamin deficiency

(b) Folate deficiency

(c) Both (a) and (b)

(d) None of these

Explanation:

Megaloblastic anemia can be caused by deficiencies in either vitamin B12 (cobalamin) or folate (vitamin B9). Both vitamins are essential for proper DNA synthesis and cell division. A deficiency in either can lead to the production of abnormally large red blood cells (megaloblasts), resulting in megaloblastic anemia.

18. Medical treatment for megaloblastic anaemia is

(a) Nascobal
(b) Deplin
(c) Folic acid
(d) All of these

18. Medical treatment for megaloblastic anaemia is

(a) Nascobal

(b) Deplin

(c) Folic acid

(d) All of these

Explanation:

Megaloblastic anemia can be treated with:

(a) Nascobal: This is a formulation of vitamin B12 (cobalamin) used to treat vitamin B12 deficiency.

(b) Deplin: This is a medical food that contains L-methylfolate, which is a form of folate that can help in cases of folate deficiency.

(c) Folic acid: This is a common supplement used to treat folate deficiency.

19. The substance in the diet which favours iron absorption is

(a) Oxalate
(b) Tannate
(c) Ascorbic acid
(d) Phytate

19. The substance in the diet which favours iron absorption is

(a) Oxalate

(b) Tannate

(c) Ascorbic acid

(d) Phytate

Explanation:

Ascorbic acid, also known as vitamin C, enhances the absorption of non-heme iron (the type of iron found in plant-based foods) by reducing it to a more soluble form that is easier for the body to absorb.

(a) Oxalate, (b) Tannate, and (d) Phytate are all compounds that can inhibit iron absorption by binding to iron and making it less available for absorption.

20. Microcytic anaemia caused due to deficiency of

(a) Folic acid

(b) Iron

(c) Vit B12

(d) Both (a) and (c)

20. Microcytic anaemia caused due to deficiency of

(a) Folic acid

(b) Iron

(c) Vit B12

(d) Both (a) and (c)

Explanation:

Microcytic Anemia: This type of anemia is characterized by the presence of smaller-than-normal red blood cells (microcytes) and is often associated with lower levels of hemoglobin.

Iron Deficiency: The most common cause of microcytic anemia. Iron is essential for hemoglobin production; without enough iron, the body cannot produce adequate hemoglobin, leading to smaller red blood cells.

Folic Acid (a): Deficiency in folic acid results in macrocytic anemia, where red blood cells are larger than normal, not smaller.

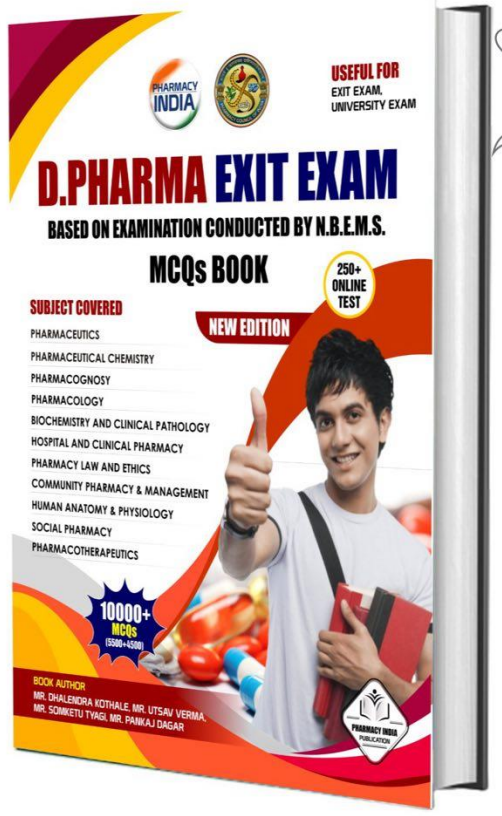
Vitamin B12 (c): Like folic acid, a deficiency in vitamin B12 also causes macrocytic anemia for similar reasons as folic acid.

DPHARMA EXIT EXAM MCQ BOOK

INDIA'S MOST DEMANDED BOOK

Available on Flipkart

PHARMACY INDIA



1,000+ people ordered this in the last 30 days

Pharmacy India D. Pharma Exit Exam Competitive MCQ Book (Hardcover, Pharmacy India)

4.2 • 240 ratings

Special Features:

- ✓Covered all 11 Subjects
- ✓Based on NBEMS New Syllabus
- ✓10000+ MCQs
- ✓250+ Pages
- ✓Available on FLIPKART & AMAZON

FOR ANY QUERY:

CONTACT- 9389516306

CLICK ON BANNER TO ORDER

D Pharma Exit Exam

Your Ultimate Resource for D Pharma Exit Exam Success

For Latest D.PHARMA EXIT EXAM Updates
Visit: DPEE.ORG

PHARMACY INDIA

HOME | CRASH COURSE | BOOKS | MCQS | MODEL PAPERS | QUIZZES | TEST SERIES | BLOG | ABOUT US | ACCOUNT

Preparing for the D Pharma Exit Exam? 📚💊

Unlock the best resources to ace your exam with our comprehensive offerings:

- **D Pharma Exit Exam Crash Course:** Boost your preparation with our targeted crash course. Get expert guidance and targeted study materials to enhance your exam preparation.

D Pharma Exit Exam Crash Course

- **D Pharma Exit Exam Books:** Explore our selection of essential books covering everything you need to know for the exam.

FOLLOW US

CATEGORIES

Books

Crash Courses

21. Which statement is INCORRECT concerning TB?

(a) Infection with TB is via inhalation
(b) Susceptibility to TB is greater in the elderly
(c) Infection results in formation of a granuloma
(d) Infection is caused by virus

21. Which statement is INCORRECT concerning TB?

(a) Infection with TB is via inhalation

(b) Susceptibility to TB is greater in the elderly

(c) Infection results in formation of a granuloma

(d) Infection is caused by virus

Explanation:

Infection is caused by virus: This is incorrect. TB is caused by the bacterium Mycobacterium tuberculosis, not a virus.

22. Which one of the following is a first line drug for TB TREATMENT?

(a) Pyrazinamide
(b) PASA
(c) Kanamycin
(d) Cycloserine

22. Which one of the following is a first line drug for TB TREATMENT?

(a) Pyrazinamide

(b) PASA

(c) Kanamycin

(d) Cycloserine

Explanation:

(a) Pyrazinamide: This is a first-line anti-TB drug commonly used in combination with other first-line drugs.

(b) PASA (p-aminosalicylic acid): This is considered a second-line drug for TB treatment.

(c) Kanamycin: This is also a second-line drug, typically used for drug-resistant TB.

(d) Cycloserine: This is another second-line drug used for multidrug-resistant TB.

23. The causative agent of tuberculosis is

(a) Virus
(b) Bacterium
(c) Malnutrition
(d) Protozoan

23. The causative agent of tuberculosis is

(a) Virus

(b) Bacterium

(c) Malnutrition

(d) Protozoan

Explanation:

Bacterium: The specific bacterium that causes tuberculosis is Mycobacterium tuberculosis.

24. Which of the following is true about primary TB

(a) Symptomatic
(b) Localized
(c) Occurs in people who infected before
(d) Has the ability to spread

24. Which of the following is true about primary TB

(a) Symptomatic

(b) Localized

(c) Occurs in people who infected before

(d) Has the ability to spread

Explanation:

Has the ability to spread: Even during primary TB, the bacteria can spread to other parts of the body or be transmitted to others, particularly if the infection progresses to active TB.

25. Pneumonia refers to inflammation of

(a) Lungs
(b) Bronchi
(c) Trachea
(d) All of these

25. Pneumonia refers to inflammation of

(a) Lungs

(b) Bronchi

(c) Trachea

(d) All of these

Explanation:

Lungs: Pneumonia specifically affects the lung tissue, leading to inflammation and fluid accumulation in the alveoli.

Bronchi: Inflammation of the bronchi is known as bronchitis, not pneumonia.

Trachea: Inflammation of the trachea is referred to as tracheitis, also distinct from pneumonia.

26. The possible route of entry of microorganisms in lungs includes all except

(a) Inhalation
(b) Blood
(c) Aspiration
(d) Cyst ingestion

26. The possible route of entry of microorganisms in lungs includes all except

(a) Inhalation

(b) Blood

(c) Aspiration

(d) Cyst ingestion

Explanation:

(a) Inhalation: This is a primary route for microorganisms to enter the lungs, especially through airborne pathogens.

(b) Blood: Microorganisms can enter the lungs via the bloodstream in cases of septicemia or other systemic infections.

(c) Aspiration: This occurs when foreign materials, including food, liquid, or microorganisms, are inhaled into the lungs, leading to potential infection.

(d) Cyst ingestion: This typically refers to the ingestion of cysts (like those from certain parasites) through the gastrointestinal tract and does not directly lead to entry into the lungs.

27. Nosocomial Pneumonia refers to 1 pneumonia occurs in

(a) Hospitalized person
(b) Non-hospitalized person
(c) Normal person
(d) None of these

27. Nosocomial Pneumonia refers to 1 pneumonia occurs in

(a) Hospitalized person
(b) Non-hospitalized person
(c) Normal person
(d) None of these

Explanation:

Hospitalized person: Nosocomial pneumonia, also known as hospital-acquired pneumonia (HAP), occurs in patients who are hospitalized and may develop pneumonia after 48 hours of admission.

Non-hospitalized person: This refers to community-acquired pneumonia (CAP), not nosocomial pneumonia.

Normal person: While any person can develop pneumonia, nosocomial pneumonia specifically refers to cases that arise in a hospital setting.

28. For Tuberculosis, the drugs used to combat it are

(a) Streptomycin, Pyrazinamide

(b) Isoniazid, Rifampicin

(c) Both (a) and (b)

(d) None of these

28. For Tuberculosis, the drugs used to combat it are

(a) Streptomycin, Pyrazinamide

(b) Isoniazid, Rifampicin

(c) Both (a) and (b)

(d) None of these

Explanation:

Streptomycin, Pyrazinamide: Both are used in the treatment of tuberculosis. Streptomycin is an antibiotic that is part of the second-line treatment for TB, while pyrazinamide is a first-line drug.

Isoniazid, Rifampicin: These are both first-line drugs commonly used in the treatment of TB.

29. Urinary tract infection may also result due to the infection in the kidneys; the infection is also called

(a) Urethritis
(b) Cystitis
(c) Acute pyelonephritis
(d) Sinusitis

29. Urinary tract infection may also result due to the infection in the kidneys; the infection is also called

(a) Urethritis

(b) Cystitis

(c) Acute pyelonephritis

(d) Sinusitis

Explanation:

Urethritis: This refers to inflammation of the urethra, usually due to infection.

Cystitis: This is the inflammation of the bladder, often caused by a urinary tract infection.

Pyelonephritis: This is a specific type of urinary tract infection that involves the kidneys and can lead to serious complications if not treated.

Sinusitis: This refers to inflammation of the sinuses and is unrelated to urinary tract infections.

30. The first person who discovered Mycobacterium tuberculosis was

(a) Louis Pasteur
(b) Robert Koch
(c) Edward Jenner
(d) None of these

30. The first person who discovered Mycobacterium tuberculosis was

(a) Louis Pasteur

(b) Robert Koch

(c) Edward Jenner

(d) None of these

Explanation:

Louis Pasteur: Known for his work in microbiology and vaccination, but he did not discover Mycobacterium tuberculosis.

Robert Koch: He identified the bacterium Mycobacterium tuberculosis in 1882 and is considered one of the founders of modern bacteriology.

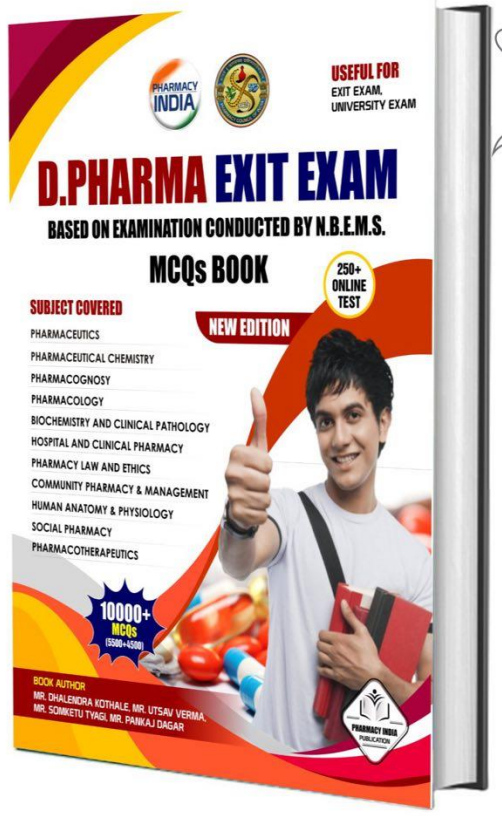
Edward Jenner: Known for developing the smallpox vaccine, but he was not involved in the discovery of TB.

DPHARMA EXIT EXAM MCQ BOOK

INDIA'S MOST DEMANDED BOOK

Available on Flipkart

PHARMACY INDIA



1,000+ people ordered this in the last 30 days

Pharmacy India D. Pharma Exit Exam Competitive MCQ Book (Hardcover, Pharmacy India)

4.2 • 240 ratings

Special Features:

- ✓Covered all 11 Subjects
- ✓Based on NBEMS New Syllabus
- ✓10000+ MCQs
- ✓250+ Pages
- ✓Available on FLIPKART & AMAZON

FOR ANY QUERY:

CONTACT- 9389516306

CLICK ON BANNER TO ORDER

D Pharma Exit Exam

Your Ultimate Resource for D Pharma Exit Exam Success

For Latest D.PHARMA EXIT EXAM Updates
Visit: DPEE.ORG

PHARMACY INDIA

HOME | CRASH COURSE | BOOKS | MCQS | MODEL PAPERS | QUIZZES | TEST SERIES | BLOG | ABOUT US | ACCOUNT

Preparing for the D Pharma Exit Exam? 📚💊

Unlock the best resources to ace your exam with our comprehensive offerings:

- **D Pharma Exit Exam Crash Course:** Boost your preparation with our targeted crash course. Get expert guidance and targeted study materials to enhance your exam preparation.

D Pharma Exit Exam Crash Course

- **D Pharma Exit Exam Books:** Explore our selection of essential books covering everything you need to know for the exam.

FOLLOW US

CATEGORIES

Books

Crash Courses

31. Hepatitis C virus belongs to which one of the following virus groups

(a) Picorna viruses
(b) Herpes viruses
(c) Hepadna viruses
(d) Flavi viruses

31. Hepatitis C virus belongs to which one of the following virus groups

(a) Picorna viruses
(b) Herpes viruses
(c) Hepadna viruses
(d) Flavi viruses

Explanation:

(a) Picorna viruses: This group includes viruses like poliovirus and rhinovirus but does not include hepatitis C.

(b) Herpes viruses: This group includes viruses such as herpes simplex virus and varicella-zoster virus, but not hepatitis C.

(c) Hepadna viruses: This group includes hepatitis B virus, but not hepatitis C.

(d) Flavi viruses: Hepatitis C virus is classified within the Flaviviridae family, which includes other viruses such as West Nile virus and dengue virus.

32. The causative microorganism of Syphilis is

(a) Treponema pallidum
(b) Neisseria gonorrhoea
(c) Haemophilus ducreyi
(d) Chlamydia trachomatis

32. The causative microorganism of Syphilis is

(a) Treponema pallidum

(b) Neisseria gonorrhoea

(c) Haemophilus ducreyi

(d) Chlamydia trachomatis

Explanation:

(a) Treponema pallidum: This is the spirochete bacterium responsible for causing syphilis.

(b) Neisseria gonorrhoea: This bacterium causes gonorrhea, not syphilis.

(c) Haemophilus ducreyi: This bacterium is responsible for chancroid, another sexually transmitted infection.

(d) Chlamydia trachomatis: This bacterium causes chlamydia, not syphilis.

33. The causative microorganism of gonorrhoea is

(a) Treponema pallidum
(b) Neisseria gonorrhoeae
(c) Haemophilus ducreyi
(d) Chlamydia trachomatis

33. The causative microorganism of gonorrhoea is

(a) Treponema pallidum

(b) Neisseria gonorrhoeae

(c) Haemophilus ducreyi

(d) Chlamydia trachomatis

Explanation:

(a) Treponema pallidum: This is the spirochete bacterium responsible for causing syphilis.

(b) Neisseria gonorrhoea: This bacterium causes gonorrhea, not syphilis.

(c) Haemophilus ducreyi: This bacterium is responsible for chancroid, another sexually transmitted infection.

(d) Chlamydia trachomatis: This bacterium causes chlamydia, not syphilis.

34. Malaria is a parasitic infection caused by

(a) Plasmodium falciparum

(b) Plasmodium ovale

(c) Both (a) and (b)

(d) None of these

34. Malaria is a parasitic infection caused by

(a) Plasmodium falciparum

(b) Plasmodium ovale

(c) Both (a) and (b)

(d) None of these

Explanation:

Malaria can be caused by multiple species of Plasmodium, including both P. falciparum and P. ovale, as well as others like Plasmodium vivax and Plasmodium malariae.

35. Which of the following causes most severe malaria

(a) Plasmodium Vivax

(b) Plasmodium Malariae

(c) Plasmodium Falciparum

(d) None of these

35. Which of the following causes most severe malaria

(a) Plasmodium Vivax

(b) Plasmodium Malariae

(c) Plasmodium Falciparum

(d) None of these

Explanation:

Plasmodium falciparum: This species is known for causing the most severe forms of malaria, including complications such as cerebral malaria, severe anemia, and multi-organ failure.

36. Perinatal transmission is said to occur when a pathogen is transmitted from

(a) Non-human to human
(b) Infected to uninfected
(c) Mother to infant
(d) All of these

36. Perinatal transmission is said to occur when a pathogen is transmitted from

(a) Non-human to human

(b) Infected to uninfected

(c) Mother to infant

(d) All of these

Explanation:

Mother to infant: This is the correct definition of perinatal transmission, which involves the transfer of pathogens from the mother to the infant during pregnancy, childbirth, or shortly after birth.

37. The confirmation of HIV infection is made by

(a) ELISA

(b) Western Blotting

(c) RT-PCR

(d) All of these

37. The confirmation of HIV infection is made by

(a) ELISA

(b) Western Blotting

(c) RT-PCR

(d) All of these

Explanation:

(a) ELISA: While ELISA (Enzyme-Linked Immunosorbent Assay) is commonly used as a screening test for HIV, it is not definitive for confirmation.

(b) Western Blotting: This test is considered a confirmatory test for HIV infection after a positive ELISA result. It detects specific HIV proteins.

(c) RT-PCR: This test can detect the virus's genetic material and is used for diagnosis, especially in early infection or for monitoring viral load, but it is not the standard confirmatory test.

(d) All of these: While all of these tests can be related to HIV diagnosis and monitoring, only Western Blotting is recognized as the confirmatory test.

38. HIV viral RNA is converted to proviral DNA using enzyme

(a) Reverse transcriptase
(b) Integrase
(c) Helicases
(d) Proteinase

38. HIV viral RNA is converted to proviral DNA using enzyme

(a) Reverse transcriptase

(b) Integrase

(c) Helicases

(d) Proteinase

Explanation:

(a) Reverse transcriptase: This enzyme is responsible for converting viral RNA into DNA, a crucial step in the HIV life cycle.

(b) Integrase: This enzyme is involved in integrating the proviral DNA into the host cell's genome after it has been formed.

(c) Helicases: These enzymes are involved in unwinding DNA or RNA but do not directly convert RNA to DNA.

(d) Proteinase: This enzyme is involved in processing viral proteins but is not responsible for the conversion of RNA to DNA.

39. The causative microorganism of tuberculosis

(a) Mycobacterium avium-intracellulare
(b) Mycobacterium tuberculosis
(c) Mycobacterium bovis
(d) None of these

39. The causative microorganism of tuberculosis

(a) Mycobacterium avium-intracellulare

(b) Mycobacterium tuberculosis

(c) Mycobacterium bovis

(d) None of these

40. The sexual cycle of Plasmodium is completed in

(a) Liver
(b) RBCs
(c) Gut of mosquito
(d) Salivary glands of mosquito

40. The sexual cycle of Plasmodium is completed in

(a) Liver

(b) RBCs

(c) Gut of mosquito

(d) Salivary glands of mosquito

Explanation:

(a) Liver: The liver is where the asexual cycle occurs in humans, leading to the production of merozoites, but not the sexual cycle.

(b) RBCs: Red blood cells (RBCs) are involved in the asexual cycle, where the parasite multiplies, but not in the sexual reproduction.

(c) Gut of mosquito: This is where the sexual cycle takes place. After a mosquito bites an infected human, the gametocytes are taken up, and fertilization occurs in the mosquito's gut.

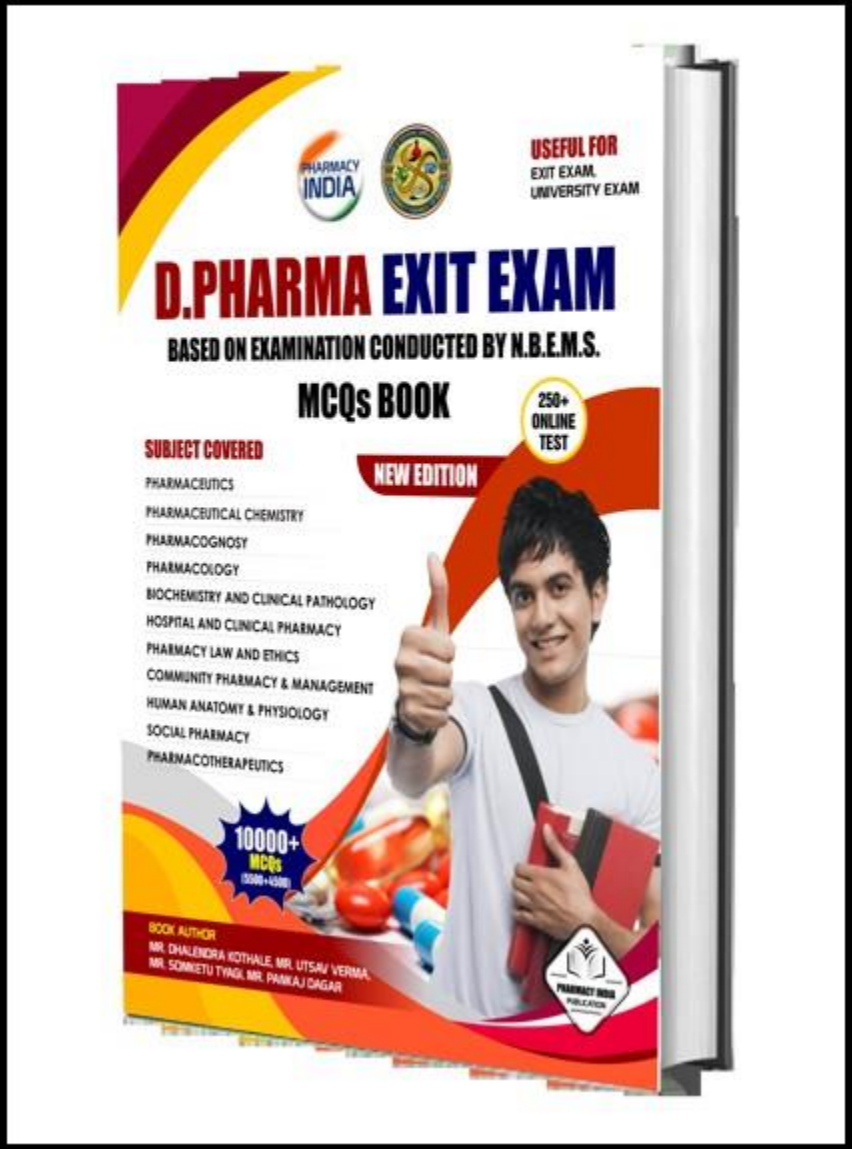
(d) Salivary glands of mosquito: While the sporozoites develop here after the sexual cycle, the actual sexual cycle is not completed in the salivary glands.

DOWNLOAD "PHARMACY INDIA" MOBILE APP

Mobile Phone Par Click karein

DPHARMA EXIT EXAM MCQ BOOK

INDIA'S MOST DEMANDED BOOK



Special Features:

- ✓Covered all 11 Subjects
- ✓Based on NBEMS New Syllabus
- ✓10000+ MCQs
- ✓250+ Pages
- ✓Available on FLIPKART & AMAZON

FOR ANY QUERY:

CONTACT- 9389516306

D Pharma Exit Exam

Your Ultimate Resource for D Pharma Exit Exam Success

Preparing for the D Pharma Exit Exam?

Unlock the best resources to ace your exam with our comprehensive offerings:

CATEGORIES

Books

6395596959

Connect for admission related queries

DAILY UPDATES

जुड़िए PHARMACY INDIA

के साथ.....

WHATSAPP & TELEGRAM SE JUDNE KE LIYE ICONS PAR CLICK KARE

WhatsApp