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MARATHON CLASS

TIME -
09:00 A.M



TOTAL 150 QUESTION



3 HOURS

PAPER - 2

PAPER 2		
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2.	Pharmacology	50
3.	Pharmacotherapeutics	50
	Total	150

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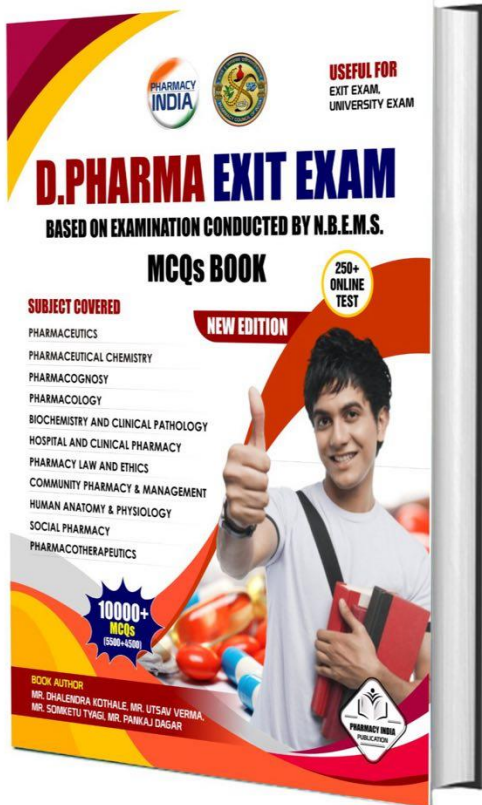
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1. Which is Not a Function of Insulin

- a) Decreasing glycogenolysis
- b) Lipogenesis
- c) Gluconeogenesis
- d) Glycogenesis





1. Which is Not a Function of Insulin

- a) Decreasing glycogenolysis
- b) Lipogenesis
- c) Gluconeogenesis**
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2. What are the Action of Parathormone in the Human Body

- a) Decreases blood sodium level
- b) Increases blood sodium level
- c) Decreases blood calcium level
- d) Increases blood calcium level





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- a) Decreases blood sodium level
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3. Glucagon

- a) Accelerates protein synthesis within cells
- b) Accelerates the conversion of glycogen into glucose
- c) Decreases the conversion of glycogen into glucose
- d) Slows down glucose formation from lactic acid



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4. Pituitary Hormone Triggering the Male Testes to Generate Sperm and in Females, Triggering Follicular Development Every Month Is

- a) Prolactin
- b) Growth hormone
- c) Follicle-stimulating hormone
- d) Luteinizing hormone



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5. The tough, fibrous membrane that covers the surface of bones is called:

- a) Periosteum
- b) Endosteum
- c) Articular cartilage
- d) Medullary cavity



5. The tough, fibrous membrane that covers the surface of bones is called:

- a) **Periosteum**
- b) Endosteum
- c) Articular cartilage
- d) Medullary cavity



6. Which joint allows for the flexion and extension of the forearm, similar to the movement of opening and closing a door?

- a) Ball-and-socket joint
- b) Hinge joint
- c) Gliding joint
- d) Pivot joint



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7. which Hormone is Not Secreted by Hypothalamus

- a) PRH
- b) FSH
- c) CRH
- d) TRH





7. which Hormone is Not Secreted by Hypothalamus

- a) PRH
- b) FSH**
- c) CRH
- d) TRH





8. Which part of the central nervous system is responsible for higher cognitive functions such as thinking, memory, and decision-making?

- a) Cerebellum
- b) Brainstem
- c) Cerebrum
- d) Thalamus



8. Which part of the central nervous system is responsible for higher cognitive functions such as thinking, memory, and decision-making?

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- c) Cerebrum**
- d) Thalamus



9. The central nervous system is protected by three layers of membranes known as:

- a) Cerebral ventricles
- b) Neurons
- c) Neurotransmitters
- d) Meninges



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- a) Cerebral ventricles
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10. Which of the Following Hormones Regulate Blood Sodium and Potassium Levels in the Body?

- a) Aldosterone
- b) Cortisol
- c) Glycogens
- d) Pheromones



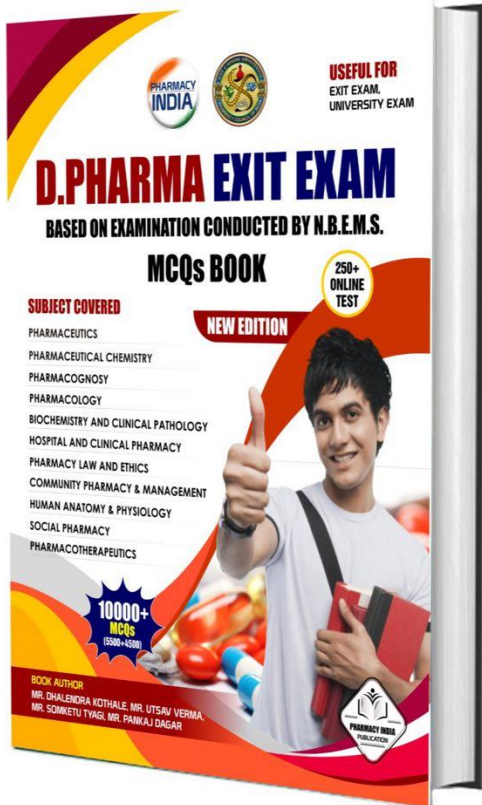
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11. In Which of the Following Pairs, the Hormone of Endocrine Glands and Its Primary Action Is Incorrect or Mismatched?

- a) Calcitonin - Lower blood calcium levels
- b) Parathyroid - Raises blood calcium levels
- c) Somatostatin - Inhibits release of glucagon
- d) Melatonin - Regulates the rate of cellular metabolism



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12. Damage to the occipital lobe of the brain is most likely to result in:

- a) Impaired vision and visual perception
- b) Difficulties with language and speech
- c) Memory loss and cognitive decline
- d) Loss of motor coordination and balance



12. Damage to the occipital lobe of the brain is most likely to result in:

- a) Impaired vision and visual perception
- b) Difficulties with language and speech
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- d) Loss of motor coordination and balance



13. What is the triangular area on the floor of the bladder that is defined by the openings of the ureters and the urethra called?

- a) Renal hilum
- b) Trigone
- c) Nephron
- d) Glomerulus



13. What is the triangular area on the floor of the bladder that is defined by the openings of the ureters and the urethra called?

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- b) Trigone**
- c) Nephron
- d) Glomerulus





15. The elastic tissue which connects the cauda epididymis to the scrotal sac is

- (a) Caput epididymis
- (b) Scrotal ligament
- (c) Gubernaculum
- (d) Tendinous cord



14. Which of the following conditions is characterized by the formation of kidney stones composed of calcium oxalate crystals?

- A) Nephrotic syndrome
- B) Renal cysts
- C) Renal calculi**
- D) Pyelonephritis



15. What is the primary function of the renal pelvis in the urinary system?

- A) Filtration of blood
- B) Storage of urine
- C) Transportation of urine from the kidneys to the bladder
- D) Reabsorption of water



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16. Which of the following drugs is commonly used to treat hypertension by blocking the renin-angiotensin-aldosterone system?

- A) Hydrochlorothiazide
- B) Enalapril
- C) Furosemide
- D) Spironolactone





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- C) Furosemide
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17. The seminiferous tubules of the testis are lined by the germinal epithelium consisting of

- (a) spermatids
- (b) cells of Sertoli
- (c) spermatogonium
- (d) spermatocytes





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18. These cells of the testes secrete testosterone

- (a) Sertoli cells
- (b) cells of germinal epithelium
- (c) Cells of Leydig or interstitial cells
- (d) secondary spermatocytes



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19. There is a connective tissue cord extending between the testis and abdominal wall known as

- (a) mesenteric cord
- (b) gubernaculum
- (c) testis cord
- (d) spermatic cord





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20. The olfactory epithelium, responsible for the sense of smell, is located in which part of the nose?

- a) Nostrils
- b) Nasal septum
- c) Turbinates
- d) Roof of the nasal cavity



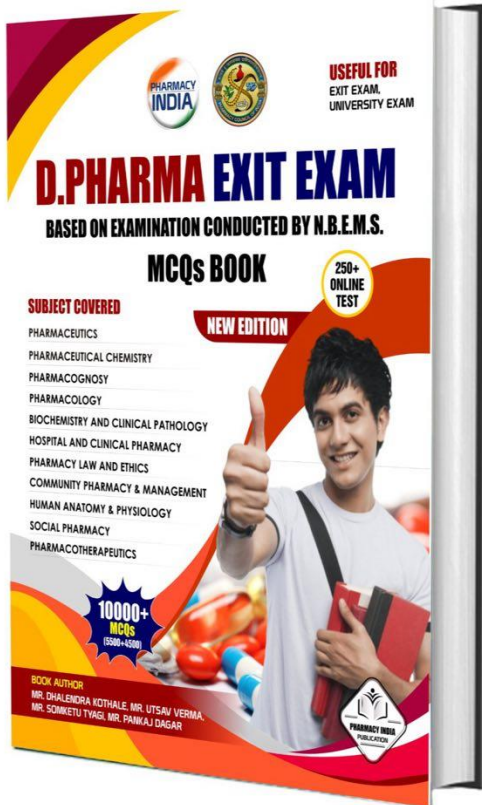
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21. What is the role of the detrusor muscle in the urinary bladder?

- A) Filtration of urine
- B) Storage of urine
- C) Contraction to expel urine
- D) Reabsorption of water



21. What is the role of the detrusor muscle in the urinary bladder?

- A) Filtration of urine
- B) Storage of urine
- C) Contraction to expel urine**
- D) Reabsorption of water



22. Which structure in the inner ear is responsible for detecting sound vibrations and transmitting them to the auditory nerve?

- a) Tympanic membrane
- b) Cochlea
- c) Vestibule
- d) Semicircular canals



22. Which structure in the inner ear is responsible for detecting sound vibrations and transmitting them to the auditory nerve?

- a) Tympanic membrane
- b) Cochlea**
- c) Vestibule
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23. Which hormone stimulates the production of red blood cells in response to low oxygen levels?

- a) Insulin
- b) Aldosterone
- c) Erythropoietin
- d) Parathyroid hormone



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- c) Erythropoietin**
- d) Parathyroid hormone





24. In man, Cryptorchidism is the condition when

- (a) testes do not descent into the scrotum
- (b) there are two testes in each scrotum
- (c) testis degenerates in the scrotum
- (d) testis enlarges in the scrotum



24. In man, Cryptorchidism is the condition when

(a) testes do not descent into the scrotum

(b) there are two testes in each scrotum

(c) testis degenerates in the scrotum

(d) testis enlarges in the scrotum



25. In female mammals, Bartholin's glands open into the

- (a) fallopian tubes and release a secretion which makes sperms motile
- (b) uterus and release a lubricating fluid during the birth of young ones
- (c) urinary bladder and assist in the release of urine
- (d) vestibule and release a lubricating fluid in the vagina



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(d) vestibule and release a lubricating fluid in the vagina





26. After ovulation, the Graafian follicle becomes an endocrine organ called

- (a) fibrin
- (b) ovarian tube
- (c) globulin
- (d) corpus luteum





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- (a) fibrin
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- (c) globulin
- (d) corpus luteum**



27. Which part of the eye contains photoreceptor cells responsible for detecting light and color?

- a) Cornea
- b) Retina
- c) Lens
- d) Optic nerve



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- a) Cornea
- b) Retina**
- c) Lens
- d) Optic nerve





28. The stroma of the ovary consists of blood vessels, nerves, muscle fibres and a type of protein called

- (a) Fibrin
- (b) Collagen
- (c) Albumin
- (d) Globulin



28. The stroma of the ovary consists of blood vessels, nerves, muscle fibres and a type of protein called

- (a) Fibrin
- (b) Collagen**
- (c) Albumin
- (d) Globulin



29. Name the three phases of cardiac cycle in the order _____

- a) early diastole, mid-to-late diastole, ventricular systole
- b) ventricular systole, mid-to-late diastole, Early diastole
- c) mid-to-late diastole, Ventricular systole, Early diastole
- d) early diastole, Ventricular systole, mid-to-late diastole



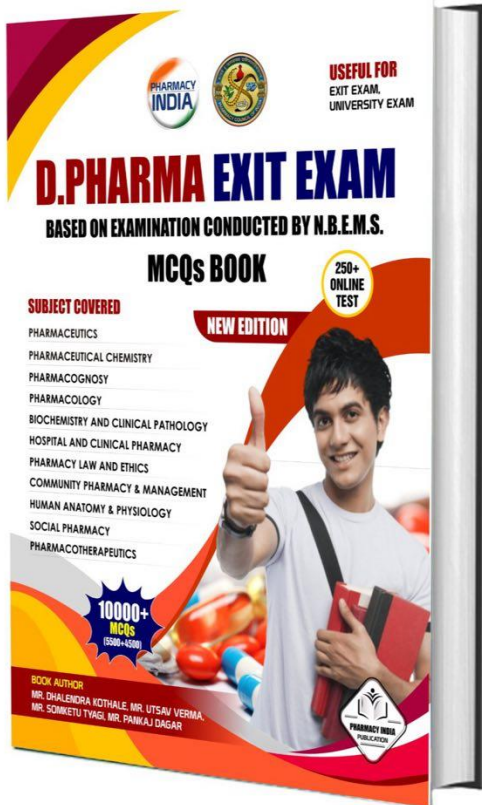
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- b) ventricular systole, mid-to-late diastole, Early diastole
- c) mid-to-late diastole, Ventricular systole, Early diastole**
- d) early diastole, Ventricular systole, mid-to-late diastole



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30. An electrocardiogram is a graphic illustration of

- a) cardiac conduction system
- b) cardiac cycle
- c) cardiac output
- d) systemic and pulmonary circuits



30. An electrocardiogram is a graphic illustration of

- a) cardiac conduction system
- b) cardiac cycle
- c) cardiac output
- d) systemic and pulmonary circuits





31. Which of the following are the constituents of pancreatic juice?

- A. water
- B. inactive enzymes
- C. mineral salts
- D. all of the above



31. Which of the following are the constituents of pancreatic juice?

- A. water
- B. inactive enzymes
- C. mineral salts
- D. all of the above**



32. Regulation of normal activities of the human heart takes place

- (a) by the autonomic nervous system
- (b) intrinsically
- (c) by the diencephalon
- (d) by the brain stem



32. Regulation of normal activities of the human heart takes place

(a) by the autonomic nervous system

(b) intrinsically

(c) by the diencephalon

(d) by the brain stem





33. The location of the neuro centre activity of the heart is

- (a) Midbrain
- (b) Pons
- (c) Cerebrum
- (d) Medulla Oblongata





33. The location of the neuro centre activity of the heart is

- (a) Midbrain
- (b) Pons
- (c) Cerebrum
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34. Which layer of stomach wall contains the gastric glands?

- A. adventitia
- B. muscle layer
- C. mucosa
- D. sub-mucosa





34. Which layer of stomach wall contains the gastric glands?

- A. adventitia
- B. muscle layer
- C. mucosa**
- D. sub-mucosa



35. The reason why tricuspid and bicuspid valves are closed is

- (a) ventricular relaxation
- (b) ventricular filling
- (c) atrial systole
- (d) attempted backflow of blood into the atria



35. The reason why tricuspid and bicuspid valves are closed is

- (a) ventricular relaxation
- (b) ventricular filling
- (c) atrial systole

(d) attempted backflow of blood into the atria





36. Which of these events will not take place if the semilunar valves did not function?

- (a) ventricular contraction
- (b) atrial contraction
- (c) blood flow
- (d) Production of heart sound





36. Which of these events will not take place if the semilunar valves did not function?

- (a) ventricular contraction
- (b) atrial contraction
- (c) blood flow
- (d) Production of heart sound**



37. The reason why the SA node (sino-atrial node) is the natural pacemaker is

- (a) generates an action potential which is more in size than other parts of the conducting system
- (b) only part of the conducting system generating impulse
- (c) located in the right atrium
- (d) generates the highest number of action potentials in the conducting system



37. The reason why the SA node (sino-atrial node) is the natural pacemaker is

(a) generates an action potential which is more in size than other parts of the conducting system

(b) only part of the conducting system generating impulse

(c) located in the right atrium

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38. The tricuspid valve is present between

- (a) Ventricle and pulmonary artery
- (b) Ventricle and aorta
- (c) left auricle and left ventricle
- (d) right auricle and right ventricle





38. The tricuspid valve is present between

- (a) Ventricle and pulmonary artery
- (b) Ventricle and aorta
- (c) left auricle and left ventricle
- (d) right auricle and right ventricle**





39. Bundle of His is a network of

- (a) Muscle fibres present only in the ventricle wall
- (b) Nerve fibres distributed in ventricles
- (c) muscle fibres distributed throughout the heart walls
- (d) nerve fibres found throughout the heart





39. Bundle of His is a network of

(a) Muscle fibres present only in the ventricle wall

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(c) muscle fibres distributed throughout the heart walls

(d) nerve fibres found throughout the heart



40. Which of the following applies to the thoracic duct?

- a) it drains the entire body above the diaphragm
- b) it empties its contents into the subclavian vein
- c) it carries blood into the lymphatic system
- d) it arises in the vessels of the brain



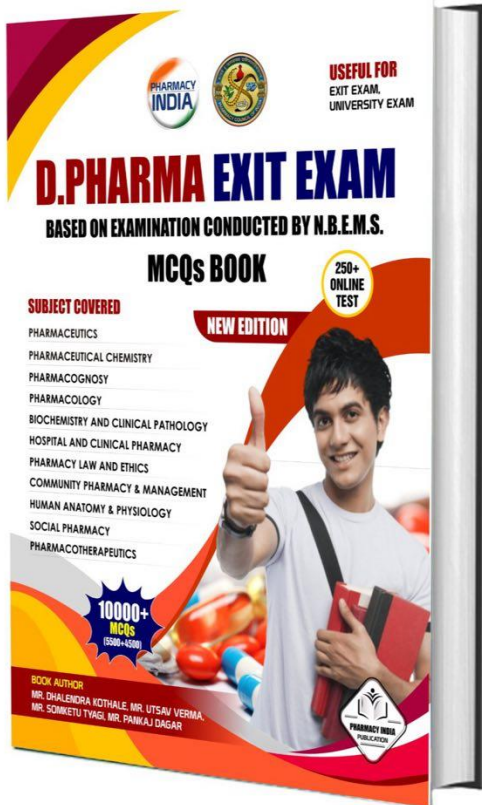
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41. Lymphatic capillaries resemble blood capillaries because lymphatic capillaries

- a) have the same permeability as blood capillaries
- b) lead to the vena cava
- c) have a lining of endothelium
- d) are thick-walled tubes





41. Lymphatic capillaries resemble blood capillaries because lymphatic capillaries

- a) have the same permeability as blood capillaries
- b) lead to the vena cava
- c) **have a lining of endothelium**
- d) are thick-walled tubes



42. The fluid that passes through the lymphatic vessels

- a. Flows toward the lungs
- b. Passes from the lymphatic vessels into the arteries
- c. Enters the left ventricle of the heart through the right thoracic duct
- d. Moves in a single direction toward the heart



42. The fluid that passes through the lymphatic vessels

- a. Flows toward the lungs
- b. Passes from the lymphatic vessels into the arteries
- c. Enters the left ventricle of the heart through the right thoracic duct
- d. Moves in a single direction toward the heart**



43. The t-lymphocytes and b-lymphocytes are the major cells of the

- A) Lymph nodes
- B) Lymphatic vessels
- C) Adrenal gland
- D) Thymus





43. The t-lymphocytes and b-lymphocytes are the major cells of the

A) Lymph nodes

B) Lymphatic vessels

C) Adrenal gland

D) Thymus





44. Which of the following is NOT the content of bile

- A. mineral salts
- B. bile pigment
- c. amylase
- D. water



44. Which of the following is NOT the content of bile

A. mineral salts

B. bile pigment

C. amylase

D. water





45. The oblique fissure of right lung separates which of the two lobes?

- A. middle lobe from inferior lobe
- b. inferior lobe to superior
- c. superior to inferior
- D. inferior lobe to the part of superior lobe





45. The oblique fissure of right lung separates which of the two lobes?

- A. middle lobe from inferior lobe
- b. inferior lobe to superior
- c. superior to inferior
- D. inferior lobe to the part of superior lobe**



46. Which of the following is the key function of pleural cavity?

- A. Reduces friction between membranes
- B. Slide easily on one another
- c. allows membrane to adhere on one another
- D. all of the above



46. Which of the following is the key function of pleural cavity?

- A. Reduces friction between membranes
- B. Slide easily on one another
- c. allows membrane to adhere on one another
- D. all of the above**





47. The spleen's sinuses are filled with _____

- a) Blood
- b) Lymph
- c) Salts
- d) Water





47. The spleen's sinuses are filled with _____

- a) Blood
- b) Lymph
- c) Salts
- d) Water





48. Nodule of spleen contains?

- a) Red pulp and white pulp
- b) Hormone producing cells
- c) Glucose stored as glycogen
- d) Cells producing platelets





48. Nodule of spleen contains?

- a) Red pulp and white pulp
- b) Hormone producing cells
- c) Glucose stored as glycogen
- d) Cells producing platelets





49. White pulp contains mostly _____

- a) Lymphocytes
- b) Water
- c) Macrophages
- d) Red blood cells





49. White pulp contains mostly _____

- a) Lymphocytes
- b) Water
- c) Macrophages
- d) Red blood cells



50. Trabeculae in the lymph nodes are formed of

- a) Lymphocytes
- b) Fibrous tissue
- c) Blood vessels
- d) Lymphatic vessels



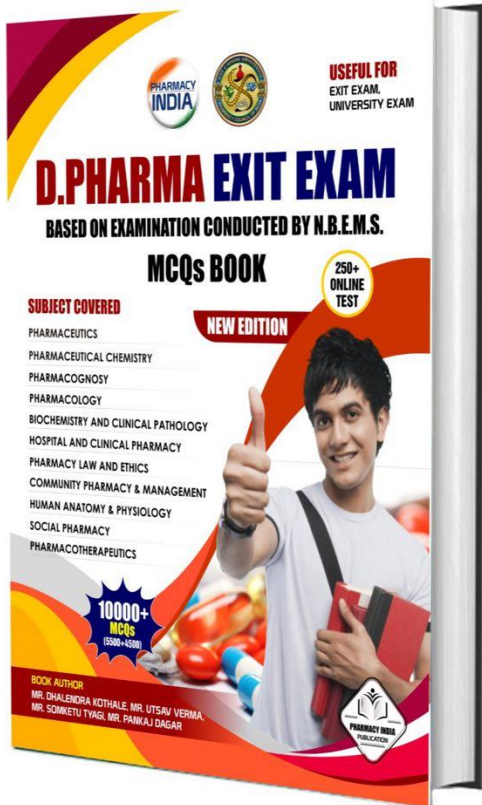
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1. Which of the following is NOT a route of drug administration?

- A) Oral
- B) Topical
- C) Intramuscular
- D) Intracardiac



1. Which of the following is NOT a route of drug administration?

- A) Oral
- B) Topical
- C) Intramuscular
- D) Intracardiac**





2. The study of drugs and their interactions with living organisms is known as:

- A) Physiology
- B) Pharmacology
- C) Pathology
- D) Anatomy





2. The study of drugs and their interactions with living organisms is known as:

A) Physiology

B) Pharmacology

C) Pathology

D) Anatomy



3. A drug that blocks the action of a neurotransmitter is called a(n):

- A) Agonist
- B) Antagonist
- C) Sympathomimetic
- D) Parasympathetic



3. A drug that blocks the action of a neurotransmitter is called a(n):

A) Agonist

B) Antagonist

C) Sympathomimetic

D) Parasympathetic





4. Drugs that are obtained from natural sources like plants or animals are called:

- A) Synthetic drugs
- B) Chemical drugs
- C) Pharmacological drugs
- D) Biologics



4. Drugs that are obtained from natural sources like plants or animals are called:

- A) Synthetic drugs
- B) Chemical drugs
- C) Pharmacological drugs
- D) Biologics**



5. Which of the following is an example of a Schedule II controlled substance?

- A) Diazepam
- B) Codeine
- C) Lorazepam
- D) Morphine



5. Which of the following is an example of a Schedule II controlled substance?

- A) Diazepam
- B) Codeine
- C) Lorazepam
- D) Morphine**





6. The generic name of a drug is also known as its:

- A) Brand name
- B) Chemical name
- C) Trade name
- D) Prescription name





6. The generic name of a drug is also known as its:

A) Brand name

B) Chemical name

C) Trade name

D) Prescription name



7. Which drug formulation is designed to release the drug over an extended period?

- A) Immediate-release
- B) Delayed-release
- C) Sustained-release
- D) Enteric-coated



7. Which drug formulation is designed to release the drug over an extended period?

- A) Immediate-release
- B) Delayed-release
- C) Sustained-release**
- D) Enteric-coated





8. The therapeutic index of a drug is a measure of:

- A) Its side effects
- B) Its effectiveness
- C) Its safety
- D) Its dosage





8. The therapeutic index of a drug is a measure of:

- A) Its side effects
- B) Its effectiveness
- C) Its safety**
- D) Its dosage





9. Which class of drugs is used to reduce fever?

- A) Antipyretics
- B) Antidepressants
- C) Antihistamines
- D) Anticoagulants





9. Which class of drugs is used to reduce fever?

- A) Antipyretics
- B) Antidepressants
- C) Antihistamines
- D) Anticoagulants





10. The term 'side effect' of a drug refers to:

- A) The intended effect
- B) An unexpected or undesirable effect
- C) The duration of action
- D) The route of administration





10. The term 'side effect' of a drug refers to:

A) The intended effect

B) An unexpected or undesirable effect

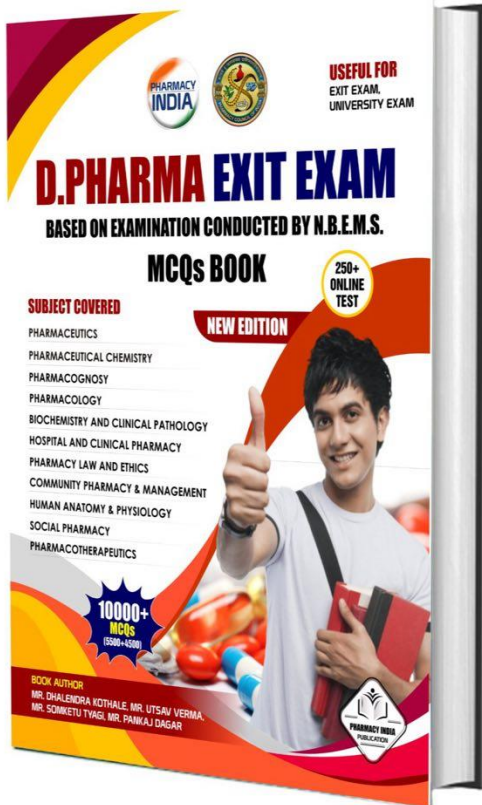
C) The duration of action

D) The route of administration



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11. Which phase of clinical trials involves a small group of healthy volunteers?

- A) Phase I
- B) Phase II
- C) Phase III
- D) Phase IV



11. Which phase of clinical trials involves a small group of healthy volunteers?

- A) Phase I**
- B) Phase II
- C) Phase III
- D) Phase IV





12. Drugs that have a high potential for abuse and no accepted medical use are categorized as:

- A) Schedule I
- B) Schedule II
- C) Schedule III
- D) Schedule IV





12. Drugs that have a high potential for abuse and no accepted medical use are categorized as:

- A) Schedule I**
- B) Schedule II
- C) Schedule III
- D) Schedule IV



13. Which of the following is an example of a beta-blocker used in the treatment of hypertension?

- A) Amlodipine
- B) Metoprolol
- C) Lisinopril
- D) Losartan



13. Which of the following is an example of a beta-blocker used in the treatment of hypertension?

A) Amlodipine

B) Metoprolol

C) Lisinopril

D) Losartan



14. Which of the following is a common side effect of opioids?

- A) Sedation
- B) Hypertension
- C) Insomnia
- D) Dry mouth



14. Which of the following is a common side effect of opioids?

A) Sedation

B) Hypertension

C) Insomnia

D) Dry mouth



15. Which type of drug interaction occurs when the combination of two drugs leads to a greater effect than expected?

- A) Additive
- B) Antagonistic
- C) Synergistic
- D) Inhibitory



15. Which type of drug interaction occurs when the combination of two drugs leads to a greater effect than expected?

- A) Additive
- B) Antagonistic
- C) Synergistic**
- D) Inhibitory



16. Which of the following is a symptom of an allergic reaction to a drug?

- A) Headache
- B) Rash
- C) Drowsiness
- D) Muscle pain



16. Which of the following is a symptom of an allergic reaction to a drug?

A) Headache

B) Rash

C) Drowsiness

D) Muscle pain



17. Which class of drugs is used to lower cholesterol levels?

- A) Antibiotics
- B) Diuretics
- C) Statins
- D) ACE inhibitors



17. Which class of drugs is used to lower cholesterol levels?

- A) Antibiotics
- B) Diuretics
- C) Statins**
- D) ACE inhibitors



18. Which of the following is an example of a selective serotonin reuptake inhibitor (SSRI) used in the treatment of depression?

- A) Fluoxetine
- B) Diazepam
- C) Amitriptyline
- D) Haloperidol



18. Which of the following is an example of a selective serotonin reuptake inhibitor (SSRI) used in the treatment of depression?

- A) Fluoxetine
- B) Diazepam
- C) Amitriptyline
- D) Haloperidol





19. Which of the following is an example of an over-the-counter (OTC) drug?

- A) Ibuprofen
- B) Warfarin
- C) Insulin
- D) Metformin





19. Which of the following is an example of an over-the-counter (OTC) drug?

- A) Ibuprofen
- B) Warfarin
- C) Insulin
- D) Metformin





20. Which of the following routes of drug administration bypasses the gastrointestinal tract?

- A) Oral
- B) Sublingual
- C) Rectal
- D) Intravenous



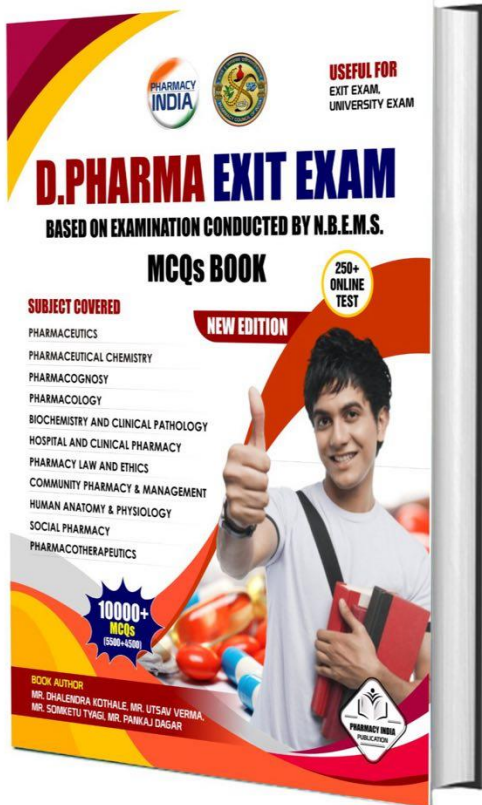
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21. The duration of action of a drug is influenced by its:

- A) Absorption rate
- B) Metabolism rate
- C) Half-life
- D) Excretion rate



21. The duration of action of a drug is influenced by its:

- A) Absorption rate
- B) Metabolism rate
- C) Half-life**
- D) Excretion rate





22. Which of the following is an example of a local anesthetic?

- A) Morphine
- B) Lidocaine
- C) Warfarin
- D) Digoxin



22. Which of the following is an example of a local anesthetic?

A) Morphine

B) Lidocaine

C) Warfarin

D) Digoxin





23. The term 'bioavailability' of a drug refers to:

- A) Its potency
- B) Its ability to cross the blood-brain barrier
- C) The fraction of the administered dose that reaches the systemic circulation
- D) Its half-life





23. The term 'bioavailability' of a drug refers to:

A) Its potency

B) Its ability to cross the blood-brain barrier

C) The fraction of the administered dose that reaches the systemic circulation

D) Its half-life





24. Which of the following is an example of a bronchodilator used in the treatment of asthma?

- A) Prednisone
- B) Albuterol
- C) Metformin
- D) Furosemide





24. Which of the following is an example of a bronchodilator used in the treatment of asthma?

- A) Prednisone
- B) Albuterol**
- C) Metformin
- D) Furosemide



25. Which chamber of the heart receives oxygenated blood from the lungs?

- A) Right atrium
- B) Left atrium
- C) Right ventricle
- D) Left ventricle



25. Which chamber of the heart receives oxygenated blood from the lungs?

A) Right atrium

B) Left atrium

C) Right ventricle

D) Left ventricle



Pharmacology

26. Biotransformation of drugs is primarily directed to

- (a) Activate the drug
- (b) Inactivate the drug
- (c) Convert lipid-soluble drugs into non-lipid soluble metabolites
- (d) Convert non-lipid soluble drugs into lipid soluble metabolites



26. Biotransformation of drugs is primarily directed to

- (a) Activate the drug
- (b) Inactivate the drug
- (c) Convert lipid-soluble drugs into non-lipid soluble metabolites
- (d) Convert non-lipid soluble drugs into lipid soluble metabolites

Explanation:- Biotransformation primarily aims to convert lipid-soluble drugs into non-lipid-soluble metabolites to facilitate their excretion.





27. All are local routes of drug administration except

- (a) Topical**
- (b) Intranasal**
- (c) Oral**
- (d) Transdermal**





27. All are local routes of drug administration except

- (a) Topical
- (b) Intranasal
- (c) Oral**
- (d) Transdermal



Explanation:- Oral administration is a systemic route, not a local one.



28. About rectal route, true is

- (a) Used for irritant and unpleasant drugs
- (b) Cannot be used in unconscious patients
- (c) There is predictable absorption of the drug
- (d) Diazepam cannot be given via the rectal route of administration





- 28. About rectal route, true is**
- (a) Used for irritant and unpleasant drugs**
 - (b) Cannot be used in unconscious patients**
 - (c) There is predictable absorption of the drug**
 - (d) Diazepam cannot be given via the rectal route of administration**



Explanation:- The rectal route can be used for irritant and unpleasant drugs.



29. Pharmacokinetics includes the study of all EXCEPT

- (a) Absorption**
- (b) Distribution**
- (c) Adverse effects**
- (d) Excretion**



29. Pharmacokinetics includes the study of all EXCEPT

- (a) Absorption
- (b) Distribution
- (c) Adverse effects
- (d) Excretion



Explanation:- Pharmacokinetics deals with the absorption, distribution, metabolism, and excretion (ADME) of drugs, but not adverse effects, which are studied under pharmacodynamics.



30. Pharmacodynamics includes

- (a) Drug elimination
- (b) Drug excretion
- (c) Drug absorption
- (d) Mechanism of action





30. Pharmacodynamics includes

(a) Drug elimination

(b) Drug excretion

(c) Drug absorption

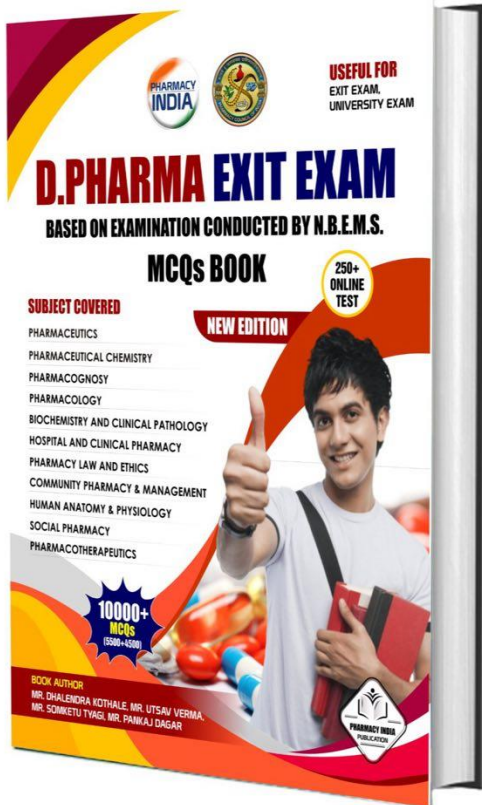
(d) Mechanism of action



Explanation:- Pharmacodynamics studies the effects of drugs and their mechanism of action.

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31. Maximum first-pass metabolism is seen by which route

- (a) Intravenous**
- (b) Intra-arterial**
- (c) Rectal**
- (d) Oral**



31. Maximum first-pass metabolism is seen by which route

- (a) Intravenous
- (b) Intra-arterial
- (c) Rectal
- (d) Oral**



Explanation:- Oral administration subjects the drug to significant first-pass metabolism in the liver.



32. The bioavailability of the drug depends upon

- (a) First-pass metabolism
- (b) Second-pass metabolism
- (c) Volume of distribution
- (d) Excretion



32. The bioavailability of the drug depends upon

- (a) First-pass metabolism
- (b) Second-pass metabolism
- (c) Volume of distribution
- (d) Excretion



Explanation:- Bioavailability refers to the fraction of an administered dose that reaches the systemic circulation, and first-pass metabolism can significantly reduce bioavailability.



33. Drug administered through the following route is most likely to be subjected to first-pass metabolism

- (a) Oral
- (b) Sublingual
- (c) Subcutaneous
- (d) Rectal



33. Drug administered through the following route is most likely to be subjected to first-pass metabolism

- (a) Oral
- (b) Sublingual
- (c) Subcutaneous
- (d) Rectal



Explanation:- Drugs administered orally pass through the liver before entering systemic circulation, where they undergo first-pass metabolism.



34. Tick the feature of the sublingual route

(a) Pretty fast absorption

(b) A drug is exposed to gastric secretion

(c) A drug is exposed to more prominent liver metabolism

(d) A drug can be administered in a variety of doses





34. Tick the feature of the sublingual route

(a) Pretty fast absorption

(b) A drug is exposed to gastric secretion

(c) A drug is exposed to more prominent liver metabolism

(d) A drug can be administered in a variety of doses



Explanation:- The sublingual route allows drugs to bypass the gastrointestinal tract and the liver, leading to fast absorption into systemic circulation.



35. Parenteral administration

(a) Cannot be used in unconscious patients

(b) Generally, results in a less accurate dosage than oral administration

(c) Usually produces a more rapid response than oral administration

(d) Is too slow for emergency use



35. Parenteral administration

- (a) Cannot be used in unconscious patients
- (b) Generally, results in a less accurate dosage than oral administration
- (c) Usually produces a more rapid response than oral administration
- (d) Is too slow for emergency use

Explanation:- Parenteral administration usually produces a more rapid response than oral administration. It is often used for rapid response in emergencies.





36. The science which deals with the drug and their action on human body is called-

- (a) Physiology**
- (b) Pathology**
- (c) Pharmacology**
- (d) Microbiology**





36. The science which deals with the drug and their action on human body is called-

- (a) Physiology
- (b) Pathology
- (c) Pharmacology**
- (d) Microbiology





37. Which of the following is a source for obtaining drugs-

(a) Animals and plants

(b) Micro-organisms

(c) Synthetic origin

(d) All of the above





37. Which of the following is a source for obtaining drugs-

(a) Animals and plants

(b) Micro-organisms

(c) Synthetic origin

(d) All of the above





- 38. Half-life ($t_{1/2}$) is the time required to**
- (a) Change the amount of a drug in plasma by half during elimination**
 - (b) Metabolize half of an introduced drug into the active metabolite**
 - (c) Absorb half of an introduced drug**
 - (d) Bind half of an introduced drug to plasma proteins**





- 38. Half-life ($t_{1/2}$) is the time required to**
- (a) Change the amount of a drug in plasma by half during elimination**
 - (b) Metabolize half of an introduced drug into the active metabolite**
 - (c) Absorb half of an introduced drug**
 - (d) Bind half of an introduced drug to plasma proteins**

Explanation:- The half-life of a drug is the time it takes for its concentration in plasma to reduce by 50%.





39. Pharmacodynamics involves the study of the following EXCEPT

- (a) Biological and therapeutic effects of drugs
- (b) Absorption and distribution of drugs
- (c) Mechanisms of drug action
- (d) Drug interactions





39. Pharmacodynamics involves the study of the following EXCEPT

- (a) Biological and therapeutic effects of drugs
- (b) Absorption and distribution of drugs**
- (c) Mechanisms of drug action
- (d) Drug interactions



Explanation:- Pharmacodynamics focuses on the effects and mechanism of drugs, while absorption and distribution are aspects of pharmacokinetics.

40. The main mechanism of most drug absorption in the GI tract is

- (a) Active transport (carrier-mediated diffusion)
- (b) Filtration (aqueous diffusion)
- (c) Endocytosis and exocytosis
- (d) Passive diffusion (lipid diffusion)





40. The main mechanism of most drug absorption in the GI tract is

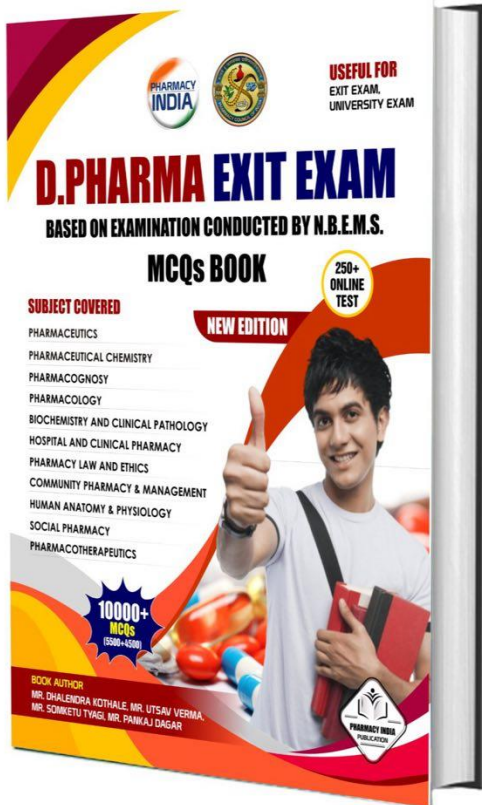
- (a) Active transport (carrier-mediated diffusion)
- (b) Filtration (aqueous diffusion)
- (c) Endocytosis and exocytosis
- (d) **Passive diffusion (lipid diffusion)**



Explanation:- Most drugs are absorbed in the GI tract by passive diffusion, moving from areas of high concentration to low concentration.

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41. Bioavailability of a drug refers to

- (a) Percentage of administered dose that reaches systemic circulation in unchanged form**
- (b) Ratio of oral to parenteral dose**
- (c) Ratio of orally administered drug to that excreted in the feces**
- (d) Ratio of drug excreted unchanged in urine to that**



41. Bioavailability of a drug refers to

(a) Percentage of administered dose that reaches systemic circulation in unchanged form

(b) Ratio of oral to parenteral dose

(c) Ratio of orally administered drug to that excreted in the feces

(d) Ratio of drug excreted unchanged in urine to that excreted as metabolites

Explanation:- Bioavailability is the proportion of a drug that enters circulation unchanged after administration.





42. Post-marketing surveillance is a part of which clinical trial phase?

- (a) Phase I**
- (b) Phase II**
- (c) Phase III**
- (d) Phase IV**





42. Post-marketing surveillance is a part of which clinical trial phase?

- (a) Phase I
- (b) Phase II
- (c) Phase III
- (d) Phase IV**



Explanation:- Phase IV trials involve monitoring the safety and effectiveness of drugs after they have been marketed.



43. Which dosage form produces quick systemic absorption of the drug?

- (a) Enteric-coated tablets**
- (b) Sustained release tablets**
- (c) Spansules**
- (d) Sublingual tablets**





43. Which dosage form produces quick systemic absorption of the drug?

- (a) Enteric-coated tablets
- (b) Sustained release tablets
- (c) Spansules
- (d) Sublingual tablets**



Explanation:- Sublingual tablets are absorbed quickly into the bloodstream through the mucous membranes under the tongue.



44. Which of the following is NOT a pharmacokinetics process?

- (a) Absorption**
- (b) Distribution**
- (c) Metabolism**
- (d) Side effects**





44. Which of the following is NOT a pharmacokinetics process?

- (a) Absorption**
- (b) Distribution**
- (c) Metabolism**
- (d) Side effects**



Explanation:- Pharmacokinetics involves absorption, distribution, metabolism, and excretion, while side effects are part of pharmacodynamics.



45. Most drugs and metabolites are excreted by

- (a) Kidneys
- (b) Lungs
- (c) Bile
- (d) Perspiration, saliva, and tears





45. Most drugs and metabolites are excreted by

(a) Kidneys

(b) Lungs

(c) Bile

(d) Perspiration, saliva, and tears

Explanation:- The kidneys are the primary route of excretion for most drugs and their metabolites.





46. The rate of absorption of a drug is affected by

(a) Route of drug administration

(b) Solubility of the drug

(c) Site of administration

(d) All of the above





46. The rate of absorption of a drug is affected by

(a) Route of drug administration

(b) Solubility of the drug

(c) Site of administration

(d) All of the above





47. Putting a drug in liquid form into a body cavity or body orifice, is known as-

- (a) Inhalation**
- (b) Instillation**
- (c) Insertion**
- (d) Insufflation**





47. Putting a drug in liquid form into a body cavity or body orifice, is known as-

- (a) Inhalation**
- (b) Instillation**
- (c) Insertion**
- (d) Insufflation**



48. Which of the following statement regarding drug administration is incorrect-

- (a) When drug is administered by injection, there is very rapid response of drug.**
- (b) By parenteral route the drug go directly into the blood so no absorption is required.**
- (c) Parenteral route can be used in case of a unconscious patient.**
- (d) Parenteral route can not be used in case of a unconscious patient.**



48. Which of the following statement regarding drug administration is incorrect-

- (a) When drug is administered by injection, there is very rapid response of drug.**
- (b) By parenteral route the drug go directly into the blood so no absorption is required.**
- (c) Parenteral route can be used in case of a unconscious patient.**
- (d) Parenteral route can not be used in case of a unconscious patient.**



49. Drugs used to relieve pain are-

- (a) Antipyretics
- (b) Analgesics
- (c) Antibiotics
- (d) Anti-pruritics



49. Drugs used to relieve pain are-

(a) Antipyretics

(b) Analgesics (Pain Killers)

(c) Antibiotics

(d) Anti-pruritics



50. Substances used to counteract the effects of poison are-

- (a) Antitussives
- (b) Antidotes
- (c) Anti-inflammatory
- (d) Anaesthetics



50. Substances used to counteract the effects of poison are-

(a) Antitussives

(b) Antidotes

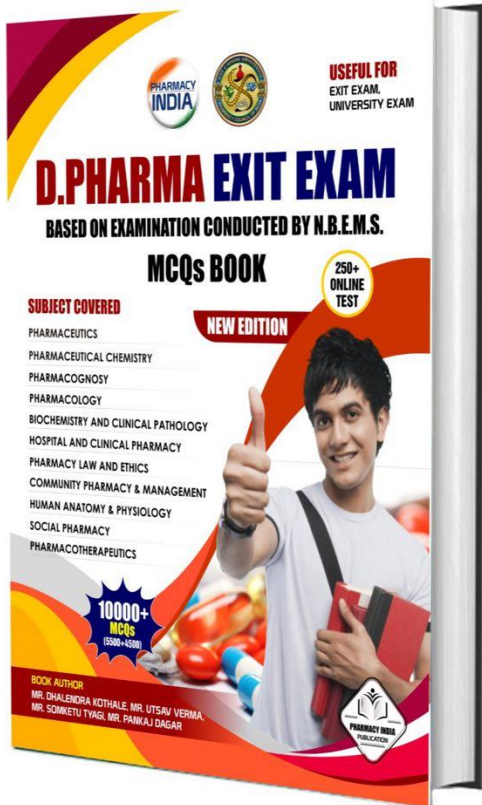
(c) Anti-inflammatory

(d) Anaesthetics



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Pharmacotherapeutics

1. Application of pharmacological information together with the knowledge of disease for its prevention, mitigation, or cure is:

- (a) Pharmacology**
- (b) Pharmaceutical Chemistry**
- (c) Pharmacotherapeutics**
- (d) None of these**





1. Application of pharmacological information together with the knowledge of disease for its prevention, mitigation, or cure is:

- (a) Pharmacology
- (b) Pharmaceutical Chemistry
- (c) Pharmacotherapeutics**
- (d) None of these



Explanation - Pharmacotherapeutics involves the application of pharmacological information for the treatment of diseases.



2. Cause and development of a disease is:

- (a) Etiology
- (b) Pathogenesis
- (c) Pharmacology
- (d) Pharmacotherapeutics



2. Cause and development of a disease is:

(a) Etiology

(b) Pathogenesis

(c) Pharmacology

(d) Pharmacotherapeutics

Explanation: Etiology refers to the development and progression of a disease.



3. How many drugs are present in NLEM 2022?

- (a) 376
- (b) 364
- (c) 384
- (d) 318



3. How many drugs are present in NLEM 2022?

(a) 376

(b) 364

(c) 384

(d) 318

Explanation: The National List of Essential Medicines (NLEM) 2022 includes 384 drugs)



4. Physical result of some kind of illness or disease is:

- (a) Etiology
- (b) Clinical manifestation
- (c) Pathogenesis
- (d) Infection



4. Physical result of some kind of illness or disease is:

- (a) Etiology
- (b) Clinical manifestation**
- (c) Pathogenesis
- (d) Infection

Explanation: Clinical manifestation refers to the physical signs and symptoms of a disease.



5. Non-Pharmacological Management of disease involves:

- (a) Use of medicine
- (b) Do not use of medicine
- (c) Etiology
- (d) None of these



5. Non-Pharmacological Management of disease involves:

(a) Use of medicine

(b) Do not use of medicine

(c) Etiology

(d) None of these

Explanation: Non-pharmacological management includes methods that do not involve medication.



6. Scope of Pharmacotherapeutics includes:

- (a) Pathophysiology of disease
- (b) Therapeutic management of disease
- (c) Therapeutics of disease
- (d) All of these



6. Scope of Pharmacotherapeutics includes:

- (a) Pathophysiology of disease
- (b) Therapeutic management of disease
- (c) Therapeutics of disease
- (d) All of these**

Explanation: Pharmacotherapeutics covers all aspects related to the therapeutic management of diseases and its pathophysiology.



7. In which year did WHO release the first Essential Medicine List?

- (a) 1986
- (b) 1967
- (c) 1977
- (d) 1958



7. In which year did WHO release the first Essential Medicine List?

- (a) 1986
- (b) 1967
- (c) 1977**
- (d) 1958

Explanation: The first Essential Medicine List was released by WHO in 1977.



8. Full form of NLEM is:

- (a) National List of Essential Medicine
- (b) National List of Exceptional Medicine
- (c) National List of Excess Medicine
- (d) None of these



8. Full form of NLEM is:

(a) National List of Essential Medicine

(b) National List of Exceptional Medicine

(c) National List of Excess Medicine

(d) None of these

Explanation: NLEM stands for National List of Essential Medicines





9. Aspects of NLEM consist of:

- (a) Cost
- (b) Safety
- (c) Efficacy
- (d) All of these





9. Aspects of NLEM consist of:

- (a) Cost
- (b) Safety
- (c) Efficacy
- (d) All of these**

Explanation: The NLEM considers cost, safety, and efficacy of medicines.



10. Myocardial infarction is also known as:

- (a) Heart attack
- (b) Myocardial Heart failure
- (c) Coronary artery disease
- (d) None of these



10. Myocardial infarction is also known as:

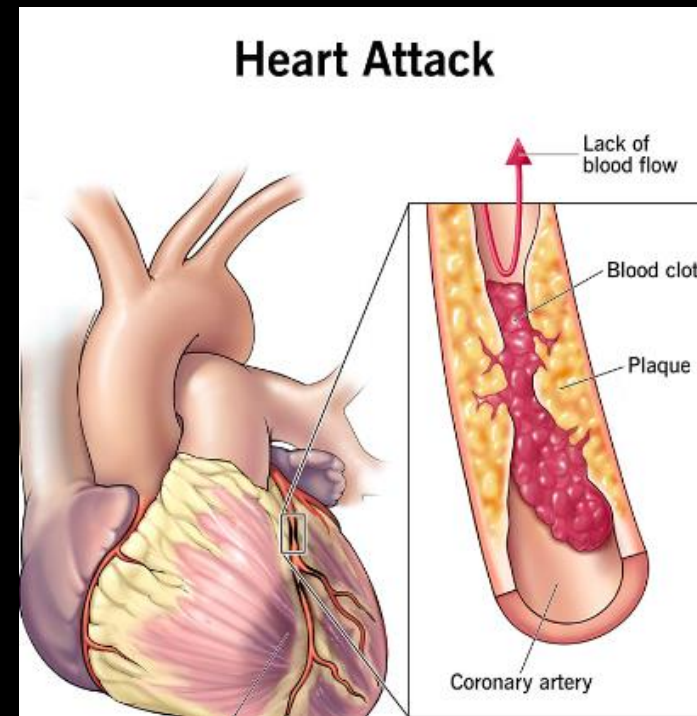
(a) Heart attack

(b) Myocardial Heart failure

(c) Coronary artery disease

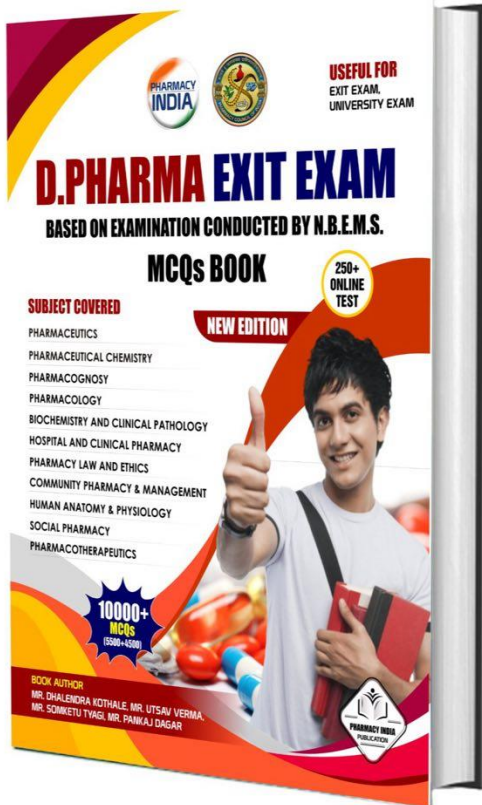
(d) None of these

Explanation: Myocardial infarction is commonly referred to as a heart attack



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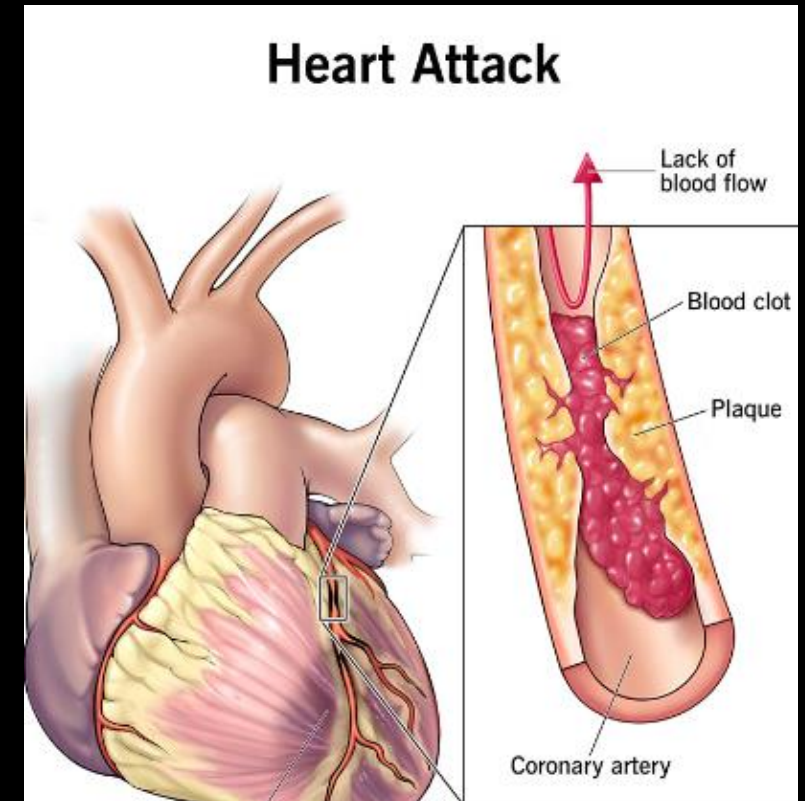
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11. What drugs are used in the treatment of myocardial infarction?

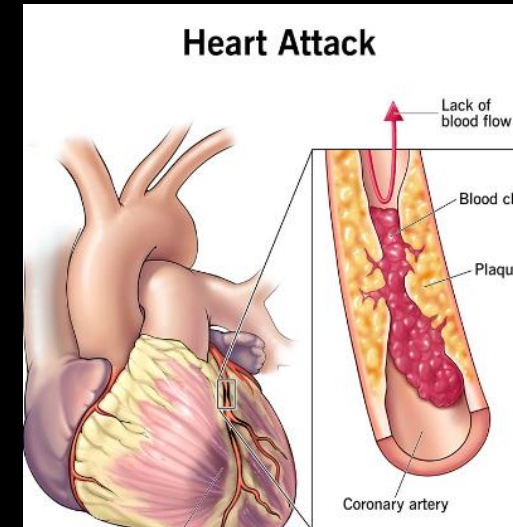
- (a) Vasodilators
- (b) Angiotensin receptor blockers
- (c) ACE Inhibitors
- (d) All of these



11. What drugs are used in the treatment of myocardial infarction?

- (a) Vasodilators
- (b) Angiotensin receptor blockers
- (c) ACE Inhibitors
- (d) All of these**

Explanation: Vasodilators, Angiotensin receptor blockers and ACE Inhibitors are commonly used in the treatment of myocardial infarction to improve blood flow.



12. Angina is also called as:

- (a) Angina Pectoris
- (b) Heart failure
- (c) Coronary artery disease
- (d) None of these





12. Angina is also called as:

(a) Angina Pectoris

(b) Heart failure

(c) Coronary artery disease

(d) None of these

Explanation: Angina pectoris refers to chest pain caused by reduced blood flow to the heart.



13. Full form of CAD is:

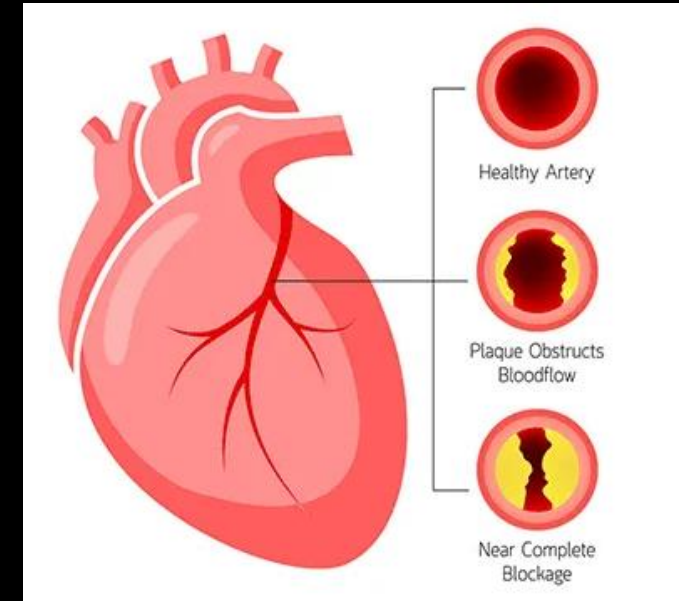
- (a) Chronic artery disease
- (b) Coronary artery disease
- (c) Cardiac aorta disease
- (d) None of these



13. Full form of CAD is:

- (a) Chronic artery disease
- (b) Coronary artery disease**
- (c) Cardiac aorta disease
- (d) None of these

Explanation: CAD stands for Coronary Artery Disease.



14. Which factor can trigger secondary hypertension?

- (a) Thyroid issues
- (b) Kidney issues
- (c) Sleep apnea
- (d) All of these



14. Which factor can trigger secondary hypertension?

- (a) Thyroid issues
- (b) Kidney issues
- (c) Sleep apnea
- (d) All of these**

Explanation: Secondary hypertension can be triggered by various factors including thyroid issues, kidney problems, and sleep apnea



15. Primary hyperlipidemia originates from:

- (a) Genetic disorders
- (b) Unhealthy diet
- (c) Medication
- (d) All of these



15. Primary hyperlipidemia originates from:

(a) Genetic disorders

(b) Unhealthy diet

(c) Medication

(d) All of these

Explanation: A condition of high lipid levels in the blood that originates from genetic factors rather than diet or medication.



16. Diagnosis of angina is:

- (a) Blood tests
- (b) Chest x-ray
- (c) Chest CT scan
- (d) All of these



16. Diagnosis of angina is:

- (a) Blood tests
- (b) Chest x-ray
- (c) Chest CT scan
- (d) All of these**

Explanation: Various diagnostic tests including blood tests, chest x-ray, and CT scan can be used to diagnose angina.



17. The most common symptom of heart failure is:

- (a) Dyspnea**
- (b) Vomiting**
- (c) Tachycardia**
- (d) None of these**



17. The most common symptom of heart failure is:

- (a) **Dyspnea**
- (b) Vomiting
- (c) Tachycardia
- (d) None of these

Explanation: Dyspnea, or shortness of breath, is a common symptom of heart failure.



18. The factors that can cause congestive heart failure are:

- (a) Heart Muscle loss (or tissue loss)
- (b) Pressure or volume overload
- (c) Primary heart muscle disease
- (d) All of these



18. The factors that can cause congestive heart failure are:

- (a) Heart Muscle loss (or tissue loss)
- (b) Pressure or volume overload
- (c) Primary heart muscle disease
- (d) All of these**

Explanation; Congestive heart failure can be caused by various factors including muscle loss, overload, and primary muscle disease.



19. A reduction in the heart pumping capacity leads to:

- (a) CHF (Congestive Heart Failure)**
- (b) Angina**
- (c) Hyperlipidemia**
- (d) None of these**



19. A reduction in the heart pumping capacity leads to:

(a) CHF (Congestive Heart Failure)

(b) Angina

(c) Hyperlipidemia

(d) None of these

Explanation: A reduction in pumping capacity results in Congestive Heart Failure (CHF).



20. Cholesterol in the body is produced by:

- (a) Liver
- (b) Pancreas
- (c) Kidney
- (d) All of these



20. Cholesterol in the body is produced by:

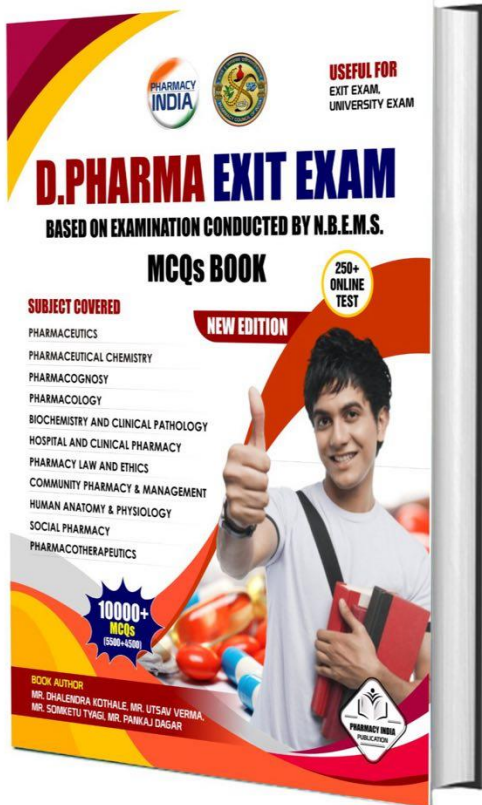
- (a) Liver
- (b) Pancreas
- (c) Kidney
- (d) All of these

Explanation: The liver is responsible for producing cholesterol



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21. Most of the cholesterol in our diet comes from:

- (a) Meat and poultry
- (b) Fish and dairy
- (c) Both (a) and (b)**
- (d) None of these



21. Most of the cholesterol in our diet comes from:

- (a) Meat and poultry
- (b) Fish and dairy
- (c) Both (a) and (b)**
- (d) None of these



22. Out of the following, which drug is used in the treatment of angina?

- (a) Verapamil
- (b) Metoprolol
- (c) Glyceryl trinitrate
- (d) All of these



22. Out of the following, which drug is used in the treatment of angina?

- (a) Verapamil
- (b) Metoprolol
- (c) Glyceryl trinitrate
- (d) All of these

Explanation: All these drugs are used to treat angina by helping to relax blood vessels.



23. Hyperlipidemia is known as:

- (a) Hypercholesterolemia
- (b) Atherogenesis
- (c) CHD
- (d) None of these



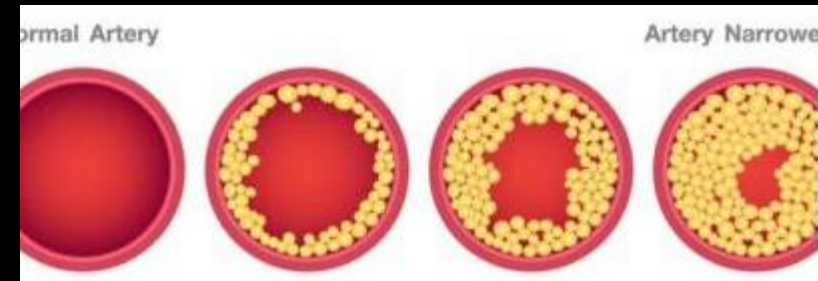
23. Hyperlipidemia is known as:

(a) Hypercholesterolemia

(b) Atherogenesis

(c) CHD

(d) None of these



Explanation: Hyperlipidemia is commonly known as hypercholesterolemia when referring to high cholesterol levels.

24. Symptom of angina is:

- (a) Squeezing on chest
- (b) Discomfort in shoulders
- (c) Discomfort in arms
- (d) All of these



24. Symptom of angina is:

- (a) Squeezing on chest
- (b) Discomfort in shoulders
- (c) Discomfort in arms
- (d) All of these



Explanation: Angina often presents as a squeezing sensation in the chest, though it can also cause discomfort in other areas.

25. The meaning of myocardial infarction is irrevocable death of:

- (a) Aorta**
- (b) Artery**
- (c) Tissue**
- (d) Heart Muscle**



25. The meaning of myocardial infarction is irrevocable death of:

- (a) Aorta
- (b) Artery
- (c) Tissue
- (d) Heart Muscle**

Explanation: Myocardial infarction refers to the irreversible death of heart muscle tissue due to lack of blood supply.

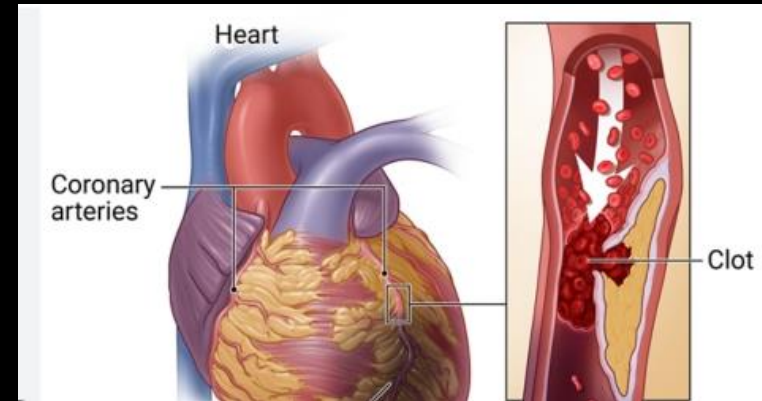


26. The heart attack occurs when there is blood clotting in:

- (a) Renal arteries
- (b) Mesenteric arteries
- (c) Hepatic arteries
- (d) Coronary arteries

26. The heart attack occurs when there is blood clotting in:

- (a) Renal arteries
- (b) Mesenteric arteries
- (c) Hepatic arteries
- (d) Coronary arteries**



Explanation: A heart attack occurs when a blood clot blocks a coronary artery, obstructing blood flow to the heart muscle..

27. Myocardial infarction is also known as:

- (a) Diabetes
- (b) Cholesterol
- (c) Heart attack
- (d) Hypertension



27. Myocardial infarction is also known as:

- (a) Diabetes
- (b) Cholesterol
- (c) Heart attack**
- (d) Hypertension

Explanation: Myocardial infarction is commonly known as a heart attack.



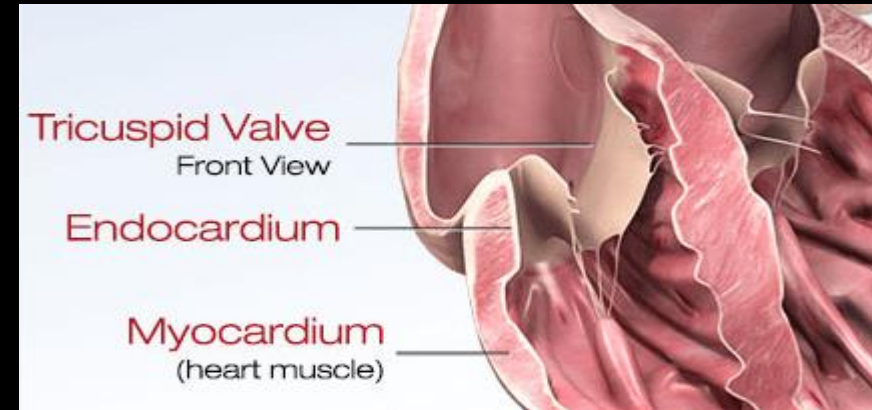
28. The meaning of myocardium is:

- (a) Skeletal muscle
- (b) Connective muscle
- (c) Cardiac muscle
- (d) Heart-muscle



28. The meaning of myocardium is:

- (a) Skeletal muscle
- (b) Connective muscle
- (c) Cardiac muscle**
- (d) Heart-muscle



Explanation: Myocardium refers to the cardiac muscle of the heart.



29. Myocardial infarction is a condition which is caused by:

- (a) Reduced blood flow in a coronary artery (to heart)
- (b) Increased blood flow in a coronary artery
- (c) Reduced blood flow in a hepatic artery (to liver)
- (d) Increased blood flow in a hepatic artery



29. Myocardial infarction is a condition which is caused by:

- (a) **Reduced blood flow in a coronary artery (to Heart)**
- (b) Increased blood flow in a coronary artery
- (c) Reduced blood flow in a hepatic artery (to Liver)
- (d) Increased blood flow in a hepatic artery

Explanation: Myocardial infarction is caused by reduced blood flow in a coronary artery, leading to heart tissue damage.



30. Chronic bronchitis is _____ of the bronchial tubes:

- (a) Inflammation**
- (b) Irritation**
- (c) Both (a) and (b)**
- (d) None of these**



30. Chronic bronchitis is _____ of the bronchial tubes:

(a) Inflammation

(b) Irritation

(c) Both (a) and (b)

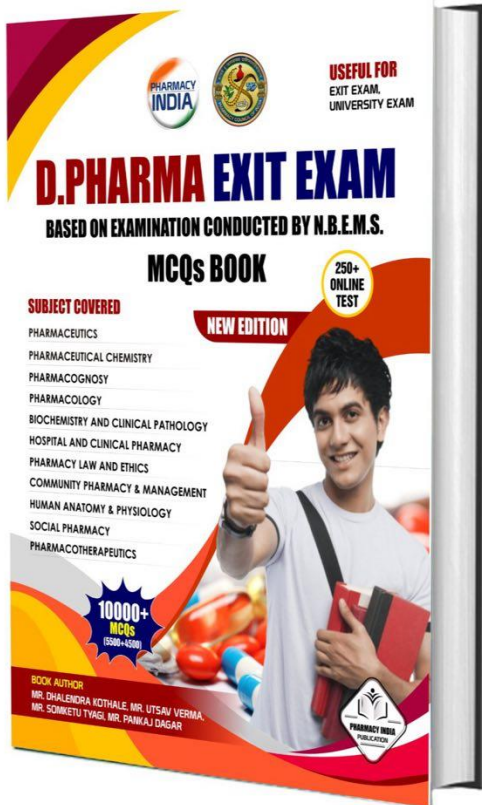
(d) None of these



Explanation: Chronic bronchitis involves inflammation of the bronchial tubes, leading to irritation due to cough and mucus production.

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31. Emphysema is characterized by:

- (a) Enlargement of airspaces
- (b) No change in air space
- (c) Shrinkage of air space
- (d) Constriction of bronchioles



31. Emphysema is characterized by:

(a) Enlargement of airspaces

(b) No change in air space

(c) Shrinkage of air space

(d) Constriction of bronchioles

Explanation: Emphysema is a type of chronic obstructive pulmonary disease (COPD) characterized by the enlargement and destruction of the airspaces in the lungs.



32. Pharmacological Management of disease involve

- (a) Use of medicine
- (b) Diet Change
- (c) Physical Activity
- (d) None of these



32. Pharmacological Management of disease involve

- (a) Use of medicine
- (b) Diet Change
- (c) Physical Activity
- (d) None of these



33. Which of the following is an obstructive lung disease?

- (a) Asthma**
- (b) Sarcoidosis**
- (c) Pneumoconiosis**
- (d) Idiopathic pulmonary fibrosis**



33. Which of the following is an obstructive lung disease?

(a) Asthma

(b) Sarcoidosis (skin disease)

(c) Pneumoconiosis

(d) Idiopathic pulmonary fibrosis

Explanation: Asthma is classified as an obstructive lung disease due to its effect on airflow.



34. What is an asthma attack?

- (a) When the lungs fill with water
- (b) When airways tighten and the lungs don't get enough air
- (c) When the heart beats too fast
- (d) None of these



34. What is an asthma attack?

(a) When the lungs fill with water

(b) When airways tighten and the lungs don't get enough air

(c) When the heart beats too fast

(d) None of these

Explanation: An asthma attack occurs when the airways become constricted,



35. Asthma can be managed by:

- (a) Use of inhalers
- (b) Avoidance of triggers
- (c) Medication
- (d) All of these



35. Asthma can be managed by:

- (a) Use of inhalers
- (b) Avoidance of triggers
- (c) Medication
- (d) All of these**

Explanation: Asthma management includes medication, inhalers, and avoiding known triggers.



36. COPD stands for:

- (a) Chronic obstructive pulmonary disorder
- (b) Chronic obstructive pulmonary disease
- (c) Chronic obstructive pneumonia disorder
- (d) Chronic obstructive pulmonary disorder



36. COPD stands for:

- (a) Chronic obstructive pulmonary disorder
- (b) Chronic obstructive pulmonary disease**
- (c) Chronic obstructive pneumonia disorder
- (d) Chronic obstructive pulmonary disorder

Explanation: COPD stands for Chronic Obstructive Pulmonary Disease



37. The term "chronic" in chronic bronchitis means:

- (a) Occurring occasionally
- (b) Long-lasting
- (c) Recurrent
- (d) Both b & c



37. The term "chronic" in chronic bronchitis means:

- (a) Occurring occasionally
- (b) Long-lasting
- (c) Recurrent
- (d) Both b & c**

Explanation: Chronic bronchitis is defined by long lasting and recurrent (occurring again after a period)



38. There is a reduction in forced expiratory volume in

- (a) Bronchial Asthma**
- (b) Emphysema**
- (c) Chronic bronchitis**
- (d) All of these**



38. There is a reduction in forced expiratory volume in

- (a) Bronchial Asthma
- (b) Emphysema
- (c) Chronic bronchitis
- (d) All of these**

Explanation: Forced expiratory volume is typically reduced in all of these due to the damage and loss of elastic recoil in the lungs.



39. The primary symptom of emphysema is:

- (a) Persistent cough**
- (b) Fever**
- (c) Shortness of breath**
- (d) Chest pain**



39. The primary symptom of emphysema is:

- (a) Persistent cough
- (b) Fever
- (c) Shortness of breath**
- (d) Chest pain

Explanation: Emphysema commonly causes shortness of breath due to damage to the alveoli.



40. The main function of the respiratory system is:

- (a) Circulation of blood
- (b) Digestion of food
- (c) Regulation of body temperature
- (d) Gas exchange



40. The main function of the respiratory system is:

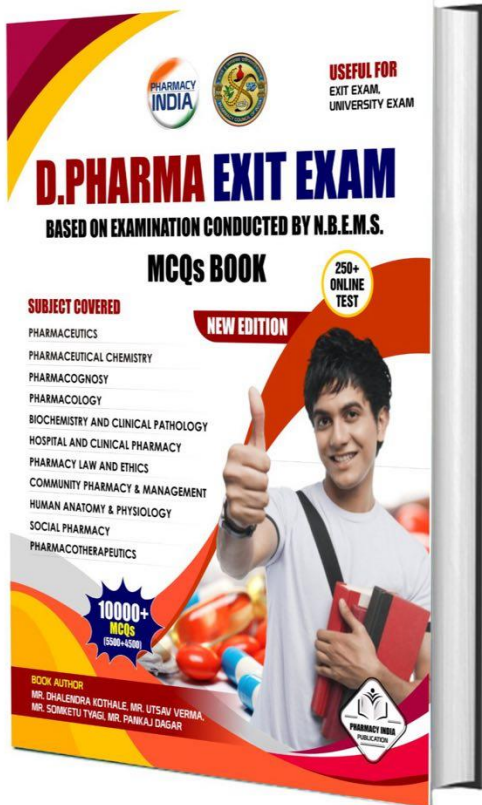
- (a) Circulation of blood
- (b) Digestion of food
- (c) Regulation of body temperature
- (d) Gas exchange



Explanation: The primary function of the respiratory system is to facilitate gas exchange between the body and the environment.

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41. Mostly COPD is caused by

- (a) Pollution
- (b) Dust
- (c) Smoking
- (d) Exposure to asbestos



41. Mostly COPD is caused by

- (a) Pollution
- (b) Dust
- (c) Smoking**
- (d) Exposure to asbestos

Explanation: Smoking is the primary cause of chronic obstructive pulmonary disease (COPD).



42. Short-Acting Beta-Agonists (a type of bronchodilator) used in asthma are

- (a) Cromolyn
- (b) Fluticasone
- (c) Albuterol
- (d) Montelukast



42. Short-Acting Beta-Agonists used in asthma are

- (a) Cromolyn
- (b) Fluticasone
- (c) Albuterol**
- (d) Montelukast

Explanation: Albuterol is a short-acting beta-agonist that helps to quickly relieve asthma symptoms by relaxing the airways



43. People usually experience COPD symptoms after

- (a) Smoking 10 cigarettes
- (b) Smoking cigarettes for 2 years
- (c) Smoking their first cigarette
- (d) Smoking for more than 20 years



43. People usually experience COPD symptoms after

- (a) Smoking 10 cigarettes
- (b) Smoking cigarettes for 2 years
- (c) Smoking their first cigarette
- (d) Smoking for more than 20 years**

Explanation: COPD symptoms generally develop around 20 years of smoking.



44. Medically speaking, breathlessness or being short of breath is called

- (a) Dyspnea**
- (b) Asthma**
- (c) Bronchitis**
- (d) Winded**



44. Medically speaking, breathlessness or being short of breath is called

(a) Dyspnea

(b) Asthma

(c) Bronchitis

(d) Winded

Explanation: Dyspnea refers to difficulty or discomfort in breathing.



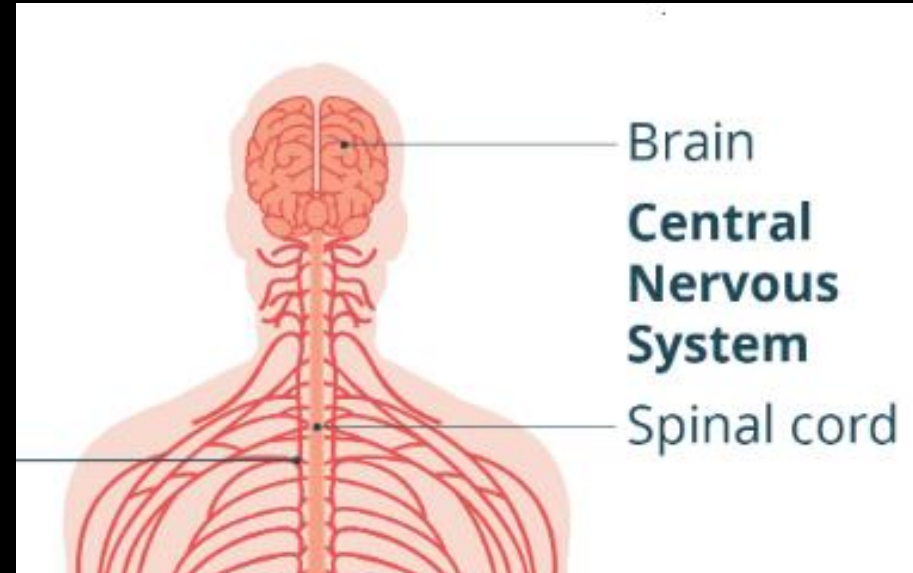
45. CNS is making up of

- (a) Spinal Cord
- (b) Brain
- (c) Both a & b
- (d) None of these



45. CNS is making up of

- (a) Spinal Cord
- (b) Brain
- (c) Both a & b
- (d) None of these



46. What are the common symptoms of diabetes mellitus and diabetes insipidus?

- (a) Increased hunger**
- (b) Increased urine output**
- (c) Increased glucose levels**
- (d) None of these**



46. What are the common symptoms of diabetes mellitus and diabetes insipidus?

- (a) Increased hunger
- (b) Increased urine output**
- (c) Increased glucose levels
- (d) None of these

Explanation: Both diabetes mellitus and diabetes insipidus are associated with increased urine output.



The study of absorption, distribution, metabolism and excretion of drug is known as-

- (a) Pharmacy**
- (b) Pharmacokinetics**
- (c) Pharmacodynamics**
- (d) Pharmacopoeia**



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48. Type II diabetes is characterized by

- (a) Absolute lack of insulin
- (b) Increase in insulin (hyperinsulinemia)
- (c) No change in insulin
- (d) None of these



48. Type II diabetes is characterized by

- (a) Absolute lack of insulin**
- (b) Increase in insulin (hyperinsulinemia)**
- (c) No change in insulin**
- (d) None of these**

Explanation: Type II diabetes is often characterized by insulin resistance and initially increased insulin levels, though over time insulin production may decrease.



49. Type 1 diabetes is caused by

- (a) Genetic factors
- (b) Environmental factors
- (c) Both (a) and (b)
- (d) None of these



49. Type 1 diabetes is caused by

- (a) Genetic factors**
- (b) Environmental factors**
- (c) Both (a) and (b)**
- (d) None of these**

Explanation: Type 1 diabetes is thought to be caused by a combination of genetic and environmental factors.



50. Type I diabetes mellitus is characterized by

- (a) Low insulin production
- (b) High insulin production
- (c) No change in insulin
- (d) All of these



50. Type I diabetes mellitus is characterized by

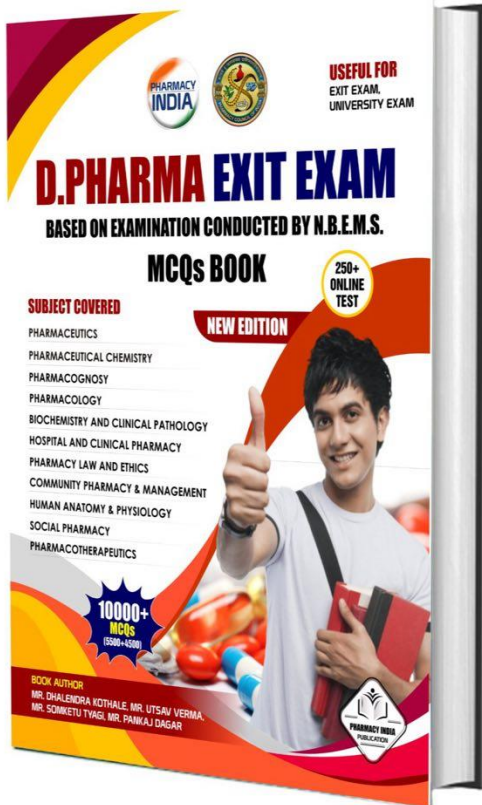
- (a) Low insulin production**
- (b) High insulin production**
- (c) No change in insulin**
- (d) All of these**



Explanation: Type I diabetes is characterized by low or absent insulin production due to autoimmune destruction of pancreatic beta cells.

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